

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2021
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|---|----------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105762 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/14/2021 |
| NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY OAKS | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410 | | |
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| F 000 | INITIAL COMMENTS An unannounced Recertification and Complaint survey, #2021011567, was conducted on through at Heartland Health Care Center - Prosperity Oaks. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. The complaint was not substantiated. | F 000 | | | |
| F 679 SS=D | Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on observations, record review and staff interview, the facility failed to provide individual activities for bed bound and/or residents based on their comprehensive assessments, care plans and personal preferences to support their physical, mental, and well-being for 5 of 5 sampled residents (Resident #16, #43, #52, #69, and #73) reviewed for activities. The findings included: 1) Record review revealed Resident #16 has | F 679 | 1. The residents found to be affected by the deficient practice have been reviewed by the IDT. Reviews consisted of the individuals medical record, comprehensive assessments, care plan and personal preferences. #16 The resident remains in the facility. Her personal preferences document she enjoys music and religious services. The Activity Director has acquired portable radio/cassette player for this resident to listen to music. Met with clergy to start | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 679 | <p>Continued From page 1</p> <p>diagnoses which include _____ with _____ with Behaviors, Repeated _____, Major _____, and _____ Her most recent quarterly MDS (Minimum Data Set) assessment, dated _____ documents a Brief Interview for Mental Score (_____) of 3, indicating severe _____</p> <p>Resident #16's Annual MDS, dated _____, documents for her "Activity Preferences" that it was very important for this resident to listen to music she likes and to participate in religious services. It was somewhat important to be around animals, such as pets, do things with groups of people, and for her to do her favorite activities.</p> <p>Resident #16's Care Plan, dated _____ documents, "[Resident #16] has _____ and needs assistance with activities she enjoys. Examples: listening to a variety of music, current events, social special events, conversation with others." Some of the interventions included in her Care Plan were:</p> <p>a) being assisted to/from events as tolerated by resident.</p> <p>b) being encouraged to continue to visit/talk with family, peers, and staff.</p> <p>c) being encouraged to participate in things which she states she enjoys such as Catholic related activities, music and visiting with family, peers, and staff.</p> <p>The most recent Recreation/Activity Evaluation dated _____ due to Significant Change, documents: Resident likes to keep busy...Pets, Children and Grandchildren, and current events</p> | F 679 | <p>scheduling visits at the facility.</p> <p>#43 The resident remains in the facility. The Activity Director has acquired portable radio/cassette player for this resident to listen to gospel and R&B music. His personal preferences have been modified based on his physical and _____ level at this time. The Activity Director has created a schedule for talking books based on his interests. Met with clergy to start scheduling visits at the facility.</p> <p>#52 The resident remains in the facility. The Activity Director met with clergy to start scheduling visits at the facility. The Activity Director has acquired portable radio/cassette player for this resident to listen to Jazz. His personal preferences have been modified based on his physical and _____ level at this time. She enjoys watching TV.</p> <p>#69 No longer in the facility. #73 No longer in the facility.</p> <p>2. The facility has done a review of resident: _____ is that have potential to be affected by the deficient practice with 1:1 activity. Affected resident: _____'s personal preferences have been reviewed by the IDT and modified as necessary to ensure they are participating in 1:1 activity. The Activity Director is customizing residents schedule to make sure their needs are met. Unit staff have been educated on the importance of 1:1 activity for residents.</p> | | |

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| F 679 | <p>Continued From page 2</p> <p>are all current interests. The last Activity Progress Note was dated _____, and it instructs to refer to evaluation for details.</p> <p>During the survey process from _____ to _____, the following observations of Resident #16 were made:</p> <p>On _____ at 10:35 AM, the resident was sleeping in her bed; there was no TV available to this resident in the resident's room, nor was there any music playing.</p> <p>On _____ at 12:50 PM, the resident was laying in bed; no activity being completed. No TV available in the room, and no music was playing. There were no interactions with staff.</p> <p>On _____ at 10:00 AM, the resident was sleeping in her bed. No TV available in the room, and no music playing.</p> <p>On _____ at 1:43 PM, the resident was in bed, with the _____ of the bed elevated. The resident was awake, but no activities were being completed. No TV in the room, no music playing, and no interactions with staff.</p> <p>On _____ at 10:07 AM, the resident was in bed sleeping. No TV in the room and no music playing.</p> <p>On _____ at 11:58 AM, the resident was in bed sleeping and dressed in hospital gown. No TV in the room, and no music playing.</p> <p>A review of "One to One" Activity Documentation shows that in the months of _____ and _____, the only 1:1 activity being done with</p> | F 679 | <p>3. The Activity Director/designee will audit 1:1 programs and participation weekly X 4 and month X 2 months to insure compliance.</p> <p>4. The Activity Director/designee will report audits results and participation to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.</p> | | |

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| F 679 | <p>Continued From page 3</p> <p>Resident #16 was "Socializing/Conversing" and television, both of which were occurring on the same day.</p> <p>In _____, the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st.</p> <p>In _____, the dates of Socializing/Conversing and TV were on the 2nd, 7th, 14th, and 21st.</p> <p>In _____, the dates of Socializing/Conversing and TV were on 1st and 7th.</p> <p>The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering the room and spending and unknown and undocumented amount of time conversing with the resident. There is no documentation regarding "Television" activity, except as noted above. On the days of observation during the survey, it was noted that Resident #16 had no television available for her viewing in her room.</p> <p>2) Record review revealed Resident #43 has diagnoses which include _____, _____, Aphasia, Non- _____, and _____.</p> <p>Resident #43's Annual MDS, dated _____, records the resident's _____ as a 0 on scale of 0-15. Resident 43's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music he likes, keep up with the news, participate in his favorite activities, and participate in religious services or programs.</p> <p>Resident #43's Care Plan, currently revised on _____, documents that Resident #43 once enjoyed activities such as singing, listening to gospel and R&B (Rhythm and Blues) music and</p> | F 679 | | | |

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| F 679 | <p>Continued From page 4</p> <p>being around family. The Care Plan interventions are to include:</p> <p>a) being assisted with transport to & from activities and events of choice.</p> <p>b) encourage for his wife to continue to visit for support.</p> <p>c) invite/encourage to participate and observe activities of choice such as religion, music related activities such as R&B and Gospel.</p> <p>d) offering activity program directed toward specific interests/needs. Examples: listening to gospel and R&B music and visiting/talking with family and friends.</p> <p>e) provide 1:1 room visits for socialization weekly.</p> <p>The most recent Annual Recreation/Activity Evaluation, dated, documented: Resident was a former Pastor. He likes to spend time relaxing and enjoys participation in independent leisure activities. Resident is interested in Children and Grandchildren, and Current events.</p> <p>During the survey process from to, the following observations of Resident #43 were made:</p> <p>On at 10:00 AM, 11:30 AM, 12:30 PM and 2:00 PM, Resident #43 was observed laying in his bed, no TV (television) on, and not receiving any socialization. Resident #43's roommate did have his music playing fairly loudly in the room during these observations.</p> <p>On at 1:40 PM, Resident #43 was observed laying in his bed, his roommate was playing his music. No TV was on for viewing for this resident</p> | F 679 | | | |

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| F 679 | <p>Continued From page 5</p> <p>On at 10:01 AM, Resident #43 was in bed; the roommate had his music playing.</p> <p>On at 12:33 PM, Resident #43 was in bed; no music was being played by the roommate. Further observation revealed Resident #43 does have a small TV in his room, but it was not on during observation.</p> <p>On at 11:59 AM, Resident #43 was observed laying in bed, staring at the ceiling.</p> <p>On at 12:00 PM, during an interview Resident #43's roommate stated that Resident #43 doesn't do any activities, but his wife will come and visit him through the window, or they will bring a phone to him when his wife calls.</p> <p>The review of "One to One" Activity Documentation shows that in the months of, and, the only 1:1 activities being done with Resident #43 are "Socializing/Conversing" and television, both of which are occurring on the same day. Further review revealed in, the dates of Socializing/Conversing and TV were on the 3rd, 7th, 17th, and 21st.</p> <p>In, the dates of Socializing/Conversing and TV were on the 3rd, 8th, 14th, 18th, and 25th.</p> <p>In, the dates of Socializing/Conversing and TV were on 1st and 7th.</p> <p>The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident, and visits by resident's wife. There is no documentation regarding "Television" activity, except as noted</p> | F 679 | | | |

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| F 679 | <p>Continued From page 6 above.</p> <p>3) Record review revealed Resident #52 has diagnoses which include Orthopedic aftercare, _____ of _____, Displaced _____ of Left _____ of _____ and Structure of Right _____ of the _____, Reduced mobility, and _____.</p> <p>Resident #52's Annual MDS, dated _____, records the resident's _____ as a 4 on scale of 0-15, indicating severe _____.</p> <p>Resident 52's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music she likes, keep up with the news, and participate in her favorite activities.</p> <p>Resident #52's Care Plan, dated _____ documents that she enjoys/enjoyed activities such as reading, being around family, and music. She needs reminders about the activities, which she states she enjoys. The Care Plan interventions include:</p> <ul style="list-style-type: none"> a) encourage participation in one-to-one visits 2x's per week. b) encourage participation of activities of choice examples: music related such as Jazz, tv programs of choice, and socialization. c) encouraged to continue talking with family and friends. d) offer one to one visits 2x's a week with activity staff with items of interest examples: Jazz music, conversation, reminiscence, and socialization. e) provided supplies/materials for jazz music, magazines of choice, conversation. <p>During the survey process from _____ to _____</p> | F 679 | | | |

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| F 679 | <p>Continued From page 7</p> <p>... , the following observations of Resident #52 were made:</p> <p>On ... at 10:02 AM, 11:33 AM, 12:33 PM and 1:30 PM, Resident was observed in bed.</p> <p>On ... at 10:07 AM, Resident was sleeping in bed.</p> <p>On ... at 01:42 PM, Resident in room sleeping on her side.</p> <p>On ... at 10:06 AM, Resident was receiving care from CNA.</p> <p>On ... at 12:37 PM Resident was sleeping in bed; TV was on in her room, but the picture quality was poor.</p> <p>The review of "One to One" Activity Documentation shows that in the months of ... , and ... , the only 1:1 activity being done with Resident #52 are "Socializing/Conversing" and television, both of which are occurring on the same day.</p> <p>In ... , the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st.</p> <p>In ... , the dates of Socializing/Conversing and TV were on the 1st, 8th, 14th, 18th, and 24th.</p> <p>In ... , the dates of Socializing/Conversing and TV were on 1st and 7th.</p> <p>The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident. There was no documentation regarding "Television" activity, except as noted above,</p> | F 679 | | | |

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| F 679 | <p>Continued From page 8</p> <p>On _____ at 9:30 AM, there were only 2 residents observed sitting in the dining/activity area on POD 5. There was no coffee being served. The TV was turned on and set to a news/talk program.</p> <p>During an interview on _____ at 1:50 PM, the Activities Director confirmed that all 1:1 activities were recorded in the One-to-One activity binder by her activity assistant. She stated she was newly hired to this position. She stated that the activity for News and Current events consisted of the residents watching news on TV.</p> <p>4) During routine observations conducted of Resident #69 on _____/21 from 8 AM through 4 PM, it was noted that the resident remained in bed, _____, and had no in room activities provided to the resident. It was noted that the resident had a personal TV that was not turned on and did not have a radio at bedside for listening to music.</p> <p>A review of the clinical record for Resident #69 noted the following: Date Of Admission: _____ - Original Diagnoses: _____ w/o Behaviors, Assistance Needed with Personals Care Current MDS: dated _____ Section C: _____=4 (_____) Section G: _____ with _____ Locomotion/Transfer _____ Section F: Activity - Music Very Important A review of Progress Noted noted no current notes concerning Activities or Recreation Assessments: Further review noted an Activity Assessment conducted on _____ that documented the</p> | F 679 | | | |

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| F 679 | <p>Continued From page 9 following:</p> <p>a) Likes to relax with own leisure activity's</p> <p>b) No interest in group or outdoor activities</p> <p>c) Past Religious Activity with little current interest</p> <p>Review of current care plan noted the following:</p> <p>a) Resident enjoys listening to music, TV, Movies, Religious Catholic .Prefers to stay in room, listening to music, TV, vies, and talking with family and friends</p> <p>b) Interests: Current Events/Music, talking-conversation /TV, Radio,</p> <p>c) Likes independent Activities</p> <p>Interview with the Director of Activities on noted that she has only been employed at the facility for approximately 3 weeks. She further stated that she has not been able to interact and become familiar with all the residents and did not know which residents required in . . . :1 activities. She further stated that there is only one other full time activity aide which would mean there are 4 days that there is only one activity staff working, which would included in- . . . :1:1 activity's , group activity's, Covid-19 assignments, and performing resident activity assessments and care plans.</p> <p>A review of the Daily Recreational Participation Documentation for and documented only Television and Independent Socializing activity's performed with the resident. It was discussed with the Director of Activity on that the resident did not have a television in the room.</p> <p>5) During routine observations of Resident #73 conducted hourly from 8 AM to 3 PM on . . . :21 it was noted the resident to be in bed</p> | F 679 | | | |

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| F 679 | <p>Continued From page 10</p> <p>and it was also noted that the resident did not have a personal television and had a clock radio. television was not on during any observations and no in- . . . :1 activity's were conducted with the resident.</p> <p>A Review of clinical record of Resident #73 on /21 noted the following: Date Of Admission: (original admission date) Diagnoses: Wasting and Atrophy, . . . , Pro-Calorie , ASHD, History of Falling Review of current MDS dated noted the following: Section C: =6 (Some) Section G: ADL's - Total Locomotion & Transfer</p> <p>Review of Progress Notes: - Resident continues to decline, unable to be out of bed for more than 1 hour, very weak and fatigued, Requires total care with ADL's . No Recreational /Activity Notes located - no Updated activity assessment Review of Recreational Assessments: : Only no further to present Occupation - Banking No Interest in group or outside activities Enjoys independent activities Interests - current events, Music, talking, TV-Radio,</p> <p>Review of Resident #73's Current Care Plan for Activities dated it was noted the plan included, participate in small groups related to activities of choice such as soccer circle, special events, socials, and . . . puzzles.</p> <p>Interview with Director of Activities on noted that she has started position just 3 weeks</p> | F 679 | | | |

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| F 679 | Continued From page 11 ago and did not know all the residents in this short time . She stated that there is only 1 other activity position besides herself, which means that there is only 1 activity person 4 days per week to perform in room activities, group activities, and Covid-19 visitations . It was also discussed with the Director that Resident #73 did not have a personal television and had a clock radio that was never observed on for the resident. Review of the Daily Activity Participation Documentation for last months provided by the Director revealed: - TV on 8 of 13 days (No TV in room) , Socializing 8 of 13 days - No Log provided - Hospitalized , TV, Socializing, Reminiscing - 23 of 25 days (NO TV in room). | F 679 | | | |
| F 689 SS=D | Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed ensure that the environment remained free of accident hazards that included excessive hot water temperatures in the resident rooms for 2 (100 and 200 Pod) of 6 residential Pods. | F 689 | 1. No residents affected by the deficient practice. When testing the water temperature in the water was noted to be hot/scalding to the touch. The temperature was recorded at 120 degrees F. Checks were made by the | | |

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| F 689 | <p>Continued From page 12</p> <p>The findings included:</p> <p>During the observation tour of the 200 POD on _____ at 10 AM, it was noted that the temperature of the hot water in the bathroom of # _____ was hot/scalding to the touch. At the request of the surveyor the temperature of the hot water was taken with the facility's calibrated bayonet thermometer and was recorded at 120 degrees F. The Maintenance Director who accompanied the surveyor stated that room temperatures are checked randomly and do not exceed 110 degrees F. The Director also stated that there are 2 hot water heaters that supply the North Wings Pods (100 & 200) . The boiler room was also observed that houses the hot water heaters and it was noted that the heater was set to 150 degrees F due to Legionnaires _____ and the mixing valve to the resident room was reading 110 degrees F. Hot water Temperatures in various rooms on the 200 and 100 PODS were also recorded at 120 degrees F.</p> <p>A review of random hot waters checks was conducted on _____ at 1:15 PM with the Administrator. The findings included:</p> <p># _____ (11:30 AM) = 107 F # _____ (11:30 AM) = 111 F # _____ (11:45 AM) = 111 F # _____ (11:45 AM) = 111 F</p> <p>On _____ the Administrator submitted a invoice dated _____ from a _____ plumbing company that documented that there mixing valve of the 2 hot water heaters located on the South 100 & 200 Pods was rusted and internal springs were broken which caused the</p> | F 689 | <p>Maintenance Director on the rest of the 200 and 100 pods with the surveyor, which found temperatures in the bathroom were out of range. The facility staff immediately turned off the sink water and placed signs to not use until repairs could be done. The mixing valve to the water tank was repaired the same day since the mixing value was found broken on _____ . Pictures of the repair was provided to the surveyor.</p> <p>2. The maintenance Director continue to randomly sample resident's bathrooms and showers water temperatures daily in the entire facility to ensure no one else is affected by water temperatures being out of range. Staff have been educated to notify the Maintenance Director when sinks or showers are hot/scalding to the touch.</p> <p>3. The Maintenance Director will randomly sample resident room bathroom water temperatures and general shower rooms during normal business hours. The Maintenance Director will track water temperatures using an audit tool during normal business hours daily for 3 months to insure compliance.</p> <p>4. The Maintenance Director will report water temperature audits to the Quality Assurance Performance Improvement Committee monthly to identify varies and safety concerns.</p> | | |

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| F 689 | Continued From page 13 spike in the hot water temperature. A new mixing valve was installed and hot water temperatures would return to safe temperature set at 110 degrees F. The Administrator also provided pictures of the mixing valve which clearly showed the extent of the rust and broken springs. During a follow up on _____ at 1:30, the surveyor observed hot water temperatures in resident rooms located on 100 & 200 Pods which were noted to be below scalding/burring temperature at approximately 110 degrees F. Review of temperature logs conducted on _____ /21 noted that the hot water temperatures in both the 100 and 200 Pods were at a safe temperature of approximately 105 - 110 degrees F. | F 689 | | | |
| F 695 SS=D | _____, Care and Suctioning CFR(s): 483.25(i) § 483.25(i) _____ care, including _____ care and _____ suctioning. The facility must ensure that a resident who needs _____ care, including _____ care and _____ suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, the nursing staff failed to ensure 1 of 1 sampled resident reviewed for _____ care (Resident #18) was provided _____ per physician's order. The findings included: | F 695 | 1. Resident #18 remains in the facility. The resident was not harmed by this deficient practice. The Director of Nursing/designee has educated nursing staff concerning physician orders matching setting on concentrator and/or _____ tanks. | | |

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| F 695 | <p>Continued From page 14</p> <p>Record review revealed Resident #18 was admitted to the facility on _____ with diagnoses which included Acute _____, Failure, and _____.</p> <p>On _____ at 10:30 AM, Resident #18's _____ () concentrator was observed to be set at 3.5 liters per minute (lpm); _____ tubing was dated _____ (photographic evidence obtained).</p> <p>A review of the electronic Treatment Administration Record (eTAR) and physician's orders related to _____ for Resident #18 showed a Physician's order, dated _____ for _____ at 2 liters via _____ for every shift for _____.</p> <p>On _____ at 12:35 PM, Staff A (Licensed Nurse assigned to POD 5) was notified to check _____ order and _____ concentrator setting for Resident #18. This nurse went into Resident #18's room and adjusted the _____ flow from 3.5 to 2 lpm. She also verified tubing was dated for _____ She thanked me for informing her of the incorrect setting on the _____ concentrator.</p> <p>On _____, a review of the eTAR showed that the previous Physician's Order for _____ was discontinued on _____, and a new order dated _____ was instituted. The new Physician's Order documented "_____ at 2l via N/C for _____ every shift for _____." The new order contained no change in dosage or instructions.</p> | F 695 | <p>2. Residents with _____ orders were reviewed. The Director of Nursing/designee audited those residents to make sure the physician order matches the concentrator and/or _____ tank setting. All resident's physician orders match the setting on the concentrator and/or _____ tank. Nursing staff have been educated on making sure physician orders for _____ match the concentrator and/or _____ tanks.</p> <p>3. The Director of Nursing/designee will randomly sample resident's on _____ to ensure physician orders match the concentrator and/or _____ tank. Nursing staff have been educated on the process. The audit will be weekly X 4 and month X 2 months to insure compliance.</p> <p>4. The Director of Nursing/designee will report _____ audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.</p> | | |
| F 770 SS=D | <p>Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services.</p> | F 770 | | | |

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| F 770 | <p>Continued From page 15</p> <p>§483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>(i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain physician ordered laboratory tests for 1 of 5 sampled resident reviewed (Resident #72).</p> <p>The findings included:</p> <p>On _____ at 3:11 PM clinical records review for Resident #72; revealed a Physician's order dated _____ for the following laboratory tests: 1. (_____ -stimulating hormone), the _____ is a small, butterfly-shaped _____ located near the _____, the _____ makes hormones that plays an important role in regulating _____, body temperature, _____ strength and _____.</p> <p>2. HGBA1c (hemoglobin A1c) a test that measures the amount of _____ attached to hemoglobin. Resident #72's records lacked evidence of these ordered test and there was no documentation of the reason for the omission of these labs.</p> <p>On _____ at 2:54 PM a side by side review of Resident #72's records and interview was conducted with the Director of Nursing (DON), an inquiry was made of the mentioned laboratory test results. The DON showed a lab requisition dated _____ that documented "someone else is coming to do the _____ culture".</p> | F 770 | <p>1. Resident 72 remains in the facility. The _____ (_____ -stimulating hormone) and HGBA1c (hemoglobin A1c) was done on _____. All within normal limits. Physician was notified concerning laboratory not done timely and a new order was acquired.</p> <p>2. The Director of Nursing/designee has randomly reviewed physician laboratory orders and documentation, all residents sampled are in compliance and safe.</p> <p>3. The Director of Nursing/designee will conduct random audits on physician laboratory orders and documentations when tests are completed. The audit will be weekly X 4 and month X 2 months to insure compliance. Nursing staff have been educated on the process.</p> <p>4. The Director of Nursing/designee will report _____ audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.</p> | | |

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| F 770 | Continued From page 16 On _____ at 2:56 PM a request was made for the DON to call the laboratory regarding the said lab test, the DON proceeded to call the laboratory on speaker phone, the representative indicated that he pulled the requisition, he did not see the _____ and HGbA1c. He did not see a lab entry for the mentioned labs. On _____ at 3:16 PM the DON was on speaker phone with the laboratory supervisor, she confirmed the _____, and the HGbA1c was not available. On _____ approximately at 09:30 AM the DON indicated he has contacted the care provider today (_____), the care provider re-ordered the said labs again. The DON presented a lab order dated for HGBA1c and _____. Additional records reviewed (nursing notes, census, MDS (Minimum Data Set), Physician orders) revealed Resident #72 was re-admitted to the facility on _____ with diagnoses included: progressive _____ conditions, and _____. The significant Change /Medicare - 5 day minimum data set (MDS) assessment, reference date _____ indicated a _____ score of 15 indicating Resident #72's cognition was intact. This MDS coded Resident #72's _____ was feeling down, depressed, or hopeless for _____ days. He had trouble falling or staying asleep or sleeping too much for _____ days. He was feeling tired or having little energy for _____ days. | F 770 | | | |
| F 810 SS=D | Assistive Devices - Eating Equipment/Utensils | F 810 | | | |

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| F 810 | <p>Continued From page 17 CFR(s): 483.60(g)</p> <p>§483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed to ensure 1 (Resident #69) of 4 sampled residents reviewed for Nutrition was assessed and provided with adaptive eating equipment that included all drinking cups and mugs to be provided with lids and straws.</p> <p>The findings included:</p> <p>Observation conducted of Resident #69 on at 12:15 PM noted the food tray was served to the room of Rresident #69. Further observation noted the diet tray card to document all drinking cups to have lids and straws and mug with a lid and straw. Observation of the resident during the meal noted that only a mug with a lid and straw was provided for the hot tea and no cups with lids and straws were provided for the 3 beverages. The resident was noted to be but eats independently with set-up from staff. It was also noted that the resident requested to eat from a semi reclining position and spillage from the hot and beverages was at a high potential. During this observation, Staff stated that the resident requested beverages to be served in a cup and mugs with all having a lid and straw.</p> | F 810 | <ol style="list-style-type: none"> Resident #69 is no longer in the facility The Dietician/designee and Occupational , /designee have reviewed similar residents who might need assistive devices. Residents needing specific devices have been issued them. Staff have been educated on the importance of assistive devices. The Dietician/designee and Occupational , /designee will conduct random audits on resident :s using assistive eating devices and/or those in need of assistive eating devices. The audit will be weekly X 4 and month X 2 months to insure compliance. The Dietician/designee will report assistive eating devices audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends. | | |

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| F 810 | <p>Continued From page 18</p> <p>Observation of the breakfast meal on at 8 AM noted the food tray served to the room of Resident #69. The Resident was served a Mechanical Soft/No Added Salt, Enhanced Diet. The Resident was noted to be alert and and Hard of Hearing. Staff stated she is able to feed self with set up and requests to be in a semi lying position during eating. Review of the diet tray card noted documentation to provide cup with lids and straws and mug with lid and straw. .</p> <p>Observation of the tray noted only the coffee was provided with a lid and straw. Three other beverages including a milkshake, a nutritional juice drink, and apple juice were provided with straws but no lids provided. Further observation of the meal noted that due to the residents request to be in a semi lying position that there was the potential to spill the hot and beverages .</p> <p>Interview with Occupational () on noted that the resident request to feed self in a reclining position and because of that there was a potential to spill hot & beverages. The issues was brought to the care plan team and a decision was made to require all cups (hot & to have secure lids and straw to prevent spillage . It was also discussed the trial of Sippy Cup to better reduce spillage and also discussed the potential for and from the use of a straw and resident is also and eats independently . The stated that the resident would be screened for the use of adaptive drinking cups on / or and the findings will be discussed with the surveyor. It was confirmed during the interview that the resident is not being provided with the cups with lids and straws on a regular basis.</p> | F 810 | | | |

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| F 810 | Continued From page 19 Interview conducted with the facility's Registered Dietitian on _____ also confirmed that she was not made aware that the resident was not receiving insulated cups, drinking cups, lids, and straws on a regular basis. The Dietitian also stated that the resident's current care plan documented that the cups, lids, straws were documented on the resident's nutritional care plan. A review of the clinical record of Resident #69 on _____ noted the following: MDS: dated _____ Sec C: _____ = 4 (_____) Sec G: Eat = Requires Set Up/Supervision Sec K: No Swallow issues, 62"/ _____ #, NO _____ loss/gain Sec L: No dental / _____ issues Physician Ordered: Mechanical Soft, No Added Salt, and Enhanced Food Diet | F 810 | | | |

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER
HEARTLAND HEALTH CARE CENTER PROSPERITY C

STREET ADDRESS, CITY, STATE, ZIP CODE
**11375 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

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| N 000 | <p>INITIAL COMMENTS</p> <p>A Relicensure survey and Complaint investigation (#2021011567), was conducted at Heartland Health Care Center - Prosperity Oaks on ... through ... The facility had deficiencies related to the Relicensure at the time of the survey.</p> | N 000 | | |
| N 110 SS=D | <p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined that the facility failed ensure that the environment remained free of accident hazards that included excessive hot water temperatures in the resident rooms for 2 (100 and 200 Pod) of 6 residential Pods.</p> <p>The findings included:</p> <p>During the observation tour of the 200 POD on at 10 AM, it was noted that the temperature of the hot water in the bathroom of # was hot/scalding to the touch. At the request of the surveyor the temperature of the hot water was taken with the facility's calibrated</p> | N 110 | <p>1. No residents affected by the deficient practice. When testing the water temperature in the water was noted to be hot/scalding to the touch. The temperature was recorded at 120 degrees F. Checks were made by the Maintenance Director on the rest of the 200 and 100 pods with the surveyor, which found temperatures in the bathroom were out of range. The facility staff immediately turned off the sink water and placed signs to not use until repairs could be done. The mixing valve to the water tank was repaired the same day since the mixing valve was found broken on</p> | |

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X8) DATE

/21

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/14/2021 |
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| NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C | STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410 |
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| N 110 | <p>Continued From page 1</p> <p>bayonet thermometer and was recorded at 120 degrees F. The Maintenance Director who accompanied the surveyor stated that room temperatures are checked randomly and do not exceed 110 degrees F. The Director also stated that there are 2 hot water heaters that supply the North Wings Pods (100 & 200) . The boiler room was also observed that houses the hot water heaters and it was noted that the heater was set to 150 degrees F due to Legionnaires and the mixing valve to the resident room was reading 110 degrees F. Hot water Temperatures in various rooms on the 200 and 100 PODS were also recorded at 120 degrees F.</p> <p>A review of random hot waters checks was conducted on ... at 1:15 PM with the Administrator. The findings included:</p> <p>... # ... (11:30 AM = 107 F # ... (11:30 AM) = 111 F ... # ... (11:45 AM = 111 F # ... (11:45 AM) = 111 F</p> <p>On ... the Administrator submitted a invoice dated ... from a plumbing company that documented that there mixing valve of the 2 hot water heaters located on the South 100 & 200 Pods was rusted and internal springs were broken which caused the spike in the hot water temperature. A new mixing valve was installed and hot water temperatures would return to safe temperature set at 110 degrees F. The Administrator also provided pictures of the mixing valve which clearly showed the extent of the rust and broken springs.</p> <p>During a follow up on ... at 1:30, the surveyor observed hot water temperatures in resident rooms located on 100 & 200 Pods which</p> | N 110 | <p>Pictures of the repair was provided to the surveyor.</p> <p>2. The maintenance Director continue to randomly sample resident :s bathrooms and showers water temperatures daily in the entire facility to ensure no one else is affected by water temperatures being out of range. Staff have been educated to notify the Maintenance Director when sinks or showers are hot/scalding to the touch.</p> <p>3. The Maintenance Director will randomly sample resident room bathroom water temperatures and general shower rooms during normal business hours. The Maintenance Director will track water temperatures using an audit tool during normal business hours daily for 3 months to insure compliance.</p> <p>4. The Maintenance Director will report water temperature audits to the Quality Assurance Performance Improvement Committee monthly to identify varies and safety concerns.</p> | |
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N 110

Continued From page 2

were noted to be below scalding/burring temperature at approximately 110 degrees F. Review of temperature logs conducted on /21 noted that the hot water temperatures in both the 100 and 200 Pods were at a safe temperature of approximately 105 - 110 degrees F.

Class III

N 110

N 201
SS=D

400.022(1)(l), FS Right to Adequate and Appropriate Health Care

(l) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.

This Statute or Rule is not met as evidenced by: Based on observations, interview and record review, the nursing staff failed to ensure 1 of 1 sampled resident reviewed for care (Resident #18) was provided per physician's order; and the facility failed to provide individual activities for bed bound and/or residents based on their comprehensive assessments, care plans and personal preferences to support their physical, mental, and well-being for 5 of 5 sampled residents (Resident #16, #43, #52, #69, and #73) reviewed for activities.

The findings included:

N 201

Activities

1. The residents found to be affected by the deficient practice have been reviewed by the IDT. Reviews consisted of the individuals medical record, comprehensive assessments, care plan and personal preferences.

#16 The resident remains in the facility. Her personal preferences document she enjoys music and religious services. The Activity Director has acquired portable radio/cassette player for this resident to listen to music. Met with clergy to start

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| N 201 | <p>Continued From page 3</p> <p>1) Record review revealed Resident #16 has diagnoses which include _____ with _____ with Behaviors, _____ Repeated _____ Major _____ and _____ Her most recent quarterly MDS (Minimum Data Set) assessment, dated _____ documents a Brief Interview for Mental Score (_____) of 3, indicating severe _____</p> <p>Resident #16's Annual MDS, dated _____ documents for her "Activity Preferences" that it was very important for this resident to listen to music she likes and to participate in religious services. It was somewhat important to be around animals, such as pets, do things with groups of people, and for her to do her favorite activities.</p> <p>Resident #16's Care Plan, dated _____ documents, "[Resident #16] has _____ and needs assistance with activities she enjoys. Examples: listening to a variety of music, current events, social special events, conversation with others." Some of the interventions included in her Care Plan were:</p> <p>a) being assisted to/from events as tolerated by resident.</p> <p>b) being encouraged to continue to visit/talk with family, peers, and staff.</p> <p>c) being encouraged to participate in things which she states she enjoys such as Catholic related activities, music and visiting with family, peers, and staff.</p> <p>The most recent Recreation/Activity Evaluation dated _____ due to Significant Change, documents: Resident likes to keep busy...Pets,</p> | N 201 | <p>scheduling visits at the facility.</p> <p>#43 The resident remains in the facility. The Activity Director has acquired portable radio/cassette player for this resident to listen to gospel and R&B music. His personal preferences have been modified based on his physical and _____ level at this time. The Activity Director has created a schedule for talking books based on his interests. Met with clergy to start scheduling visits at the facility.</p> <p>#52 The resident remains in the facility. The Activity Director met with clergy to start scheduling visits at the facility. The Activity Director has acquired portable radio/cassette player for this resident to listen to Jazz. His personal preferences have been modified based on his physical and _____ level at this time. She enjoys watching TV.</p> <p>#69 No longer in the facility. #73 No longer in the facility.</p> <p>2. The facility has done a review of resident _____s that have potential to be affected by the deficient practice with 1:1 activity. Affected resident _____s personal preferences have been reviewed by the IDT and modified as necessary to ensure they are participating in 1:1 activity. The Activity Director is customizing residents schedule to make sure their needs are met. Unit staff have been educated on the importance of 1:1 activity for residents.</p> <p>3. The Activity Director/designee will audit 1:1 programs and participation weekly X 4</p> | |
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Continued From page 4

Children and Grandchildren, and current events are all current interests. The last Activity Progress Note was dated _____, and it instructs to refer to evaluation for details.

During the survey process from _____ to _____, the following observations of Resident #16 were made:

On _____ at 10:35 AM, the resident was sleeping in her bed; there was no TV available to this resident in the resident's room, nor was there any music playing.

On _____ at 12:50 PM, the resident was laying in bed; no activity being completed. No TV available in the room, and no music was playing. There were no interactions with staff.

On _____ at 10:00 AM, the resident was sleeping in her bed. No TV available in the room, and no music playing.

On _____ at 1:43 PM, the resident was in bed, with the _____ of the bed elevated. The resident was awake, but no activities were being completed. No TV in the room, no music playing, and no interactions with staff.

On _____ at 10:07 AM, the resident was in bed sleeping. No TV in the room and no music playing.

On _____ at 11:58 AM, the resident was in bed sleeping and dressed in hospital gown. No TV in the room, and no music playing.

A review of "One to One" Activity Documentation shows that in the months of _____ and _____, the only 1:1 activity being done with

N 201

and month X 2 months to insure compliance.

4. The Activity Director/designee will report audits results and participation to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.

Order

1. Resident #18 remains in the facility. The resident was not harmed by this deficient practice. The Director of Nursing/designee has educated nursing staff concerning physician orders matching setting concentrator and/or _____ tank.

2. Residents with _____ orders were reviewed. The Director of Nursing/designee audited those residents to make sure the physician order matches the concentrator and/or _____ tank setting. All resident's physician orders match the setting on the concentrator and/or _____ tank. Nursing staff have been educated on making sure physician orders for _____ match the concentrator and/or _____ tanks.

3. The Director of Nursing/designee will randomly sample resident's on _____ to ensure physician orders match the concentrator and/or _____ tank. Nursing staff have been educated on the process. The audit will be weekly X 4 and month X 2 months to insure compliance.

4. The Director of Nursing/designee will report _____ audits to the Quality

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Resident #16 was "Socializing/Conversing" and television, both of which were occurring on the same day.

In _____, the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st.

In _____, the dates of Socializing/Conversing and TV were on the 2nd, 7th, 14th, and 21st.

In _____, the dates of Socializing/Conversing and TV were on 1st and 7th.

The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering the room and spending and unknown and undocumented amount of time conversing with the resident. There is no documentation regarding "Television" activity, except as noted above. On the days of observation during the survey, it was noted that Resident #16 had no television available for her viewing in her room.

2) Record review revealed Resident #43 has diagnoses which include _____, _____, Aphasia, Non- _____, and _____.

Resident #43's Annual MDS, dated _____, records the resident's _____ as a 0 on scale of 0-15. Resident 43's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music he likes, keep up with the news, participate in his favorite activities, and participate in religious services or programs.

Resident #43's Care Plan, currently revised on _____, documents that Resident #43 once enjoyed activities such as singing, listening to gospel and R&B (Rhythm and Blues) music and being around family. The Care Plan interventions

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Assurance Performance Improvement Committee monthly to identify patterns and trends.

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| N 201 | <p>Continued From page 6</p> <p>are to include:</p> <ul style="list-style-type: none"> a) being assisted with transport to & from activities and events of choice. b) encourage for his wife to continue to visit for support. c) invite/encourage to participate and observe activities of choice such as religion, music related activities such as R&B and Gospel. d) offering activity program directed toward specific interests/needs. Examples: listening to gospel and R&B music and visiting/talking with family and friends. e) provide 1:1 room visits for socialization weekly. <p>The most recent Annual Recreation/Activity Evaluation, dated _____, documented: Resident was a former Pastor. He likes to spend time relaxing and enjoys participation in independent leisure activities. Resident is interested in Children and Grandchildren, and Current events.</p> <p>During the survey process from _____ to _____, the following observations of Resident #43 were made:</p> <p>On _____ at 10:00 AM, 11:30 AM, 12:30 PM and 2:00 PM, Resident #43 was observed laying in his bed, no TV (television) on, and not receiving any socialization. Resident #43's roommate did have his music playing fairly loudly in the room during these observations.</p> <p>On _____ at 1:40 PM, Resident #43 was observed laying in his bed, his roommate was playing his music. No TV was on for viewing for this resident</p> <p>On _____ at 10:01 AM, Resident #43 was in bed; the roommate had his music playing.</p> | N 201 | | |
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| N 201 | <p>Continued From page 7</p> <p>On _____ at 12:33 PM, Resident #43 was in bed; no music was being played by the roommate. Further observation revealed Resident #43 does have a small TV in his room, but it was not on during observation.</p> <p>On _____ at 11:59 AM, Resident #43 was observed laying in bed, staring at the ceiling.</p> <p>On _____ at 12:00 PM, during an interview Resident #43's roommate stated that Resident #43 doesn't do any activities, but his wife will come and visit him through the window, or they will bring a phone to him when his wife calls.</p> <p>The review of "One to One" Activity Documentation shows that in the months of _____, _____, and _____, the only 1:1 activities being done with Resident #43 are "Socializing/Conversing" and television, both of which are occurring on the same day. Further review revealed in _____, the dates of Socializing/Conversing and TV were on the 3rd, 7th, 17th, and 21st.</p> <p>In _____, the dates of Socializing/Conversing and TV were on the 3rd, 8th, 14th, 18th, and 25th.</p> <p>In _____, the dates of Socializing/Conversing and TV were on 1st and 7th.</p> <p>The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident, and visits by resident's wife. There is no documentation regarding "Television" activity, except as noted above.</p> <p>3) Record review revealed Resident #52 has</p> | N 201 | | |
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| N 201 | <p>Continued From page 8</p> <p>diagnoses which include Orthopedic aftercare, of , Displaced of Left of of and Structure of Right of the , Reduced mobility, and</p> <p>Resident #52's Annual MDS, dated , records the resident's as a 4 on scale of 0-15, indicating severe . Resident 52's "Activity Preferences" noted it being "somewhat important" for this resident to have books, newspapers, and magazines; listen to music she likes, keep up with the news, and participate in her favorite activities.</p> <p>Resident #52's Care Plan, dated , documents that she enjoys/enjoyed activities such as reading, being around family, and music. She needs reminders about the activities, which she states she enjoys. The Care Plan interventions include:</p> <ul style="list-style-type: none"> a) encourage participation in one-to-one visits 2x's per week. b) encourage participation of activities of choice examples: music related such as Jazz, tv programs of choice, and socialization. c) encouraged to continue talking with family and friends. d) offer one to one visits 2x's a week with activity staff with items of interest examples: Jazz music, conversation, reminiscence, and socialization. e) provided supplies/materials for jazz music, magazines of choice, conversation. <p>During the survey process from to , the following observations of Resident #52 were made:</p> <p>On at 10:02 AM, 11:33 AM, 12:33 PM</p> | N 201 | | |
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| N 201 | <p>Continued From page 9</p> <p>and 1:30 PM, Resident was observed in bed.</p> <p>On at 10:07 AM, Resident was sleeping in bed.</p> <p>On at 01:42 PM, Resident in room sleeping on her side.</p> <p>On at 10:06 AM, Resident was receiving care from CNA.</p> <p>On at 12:37 PM Resident was sleeping in bed; TV was on in her room, but the picture quality was poor.</p> <p>The review of "One to One" Activity Documentation shows that in the months of , and , the only 1:1 activity being done with Resident #52 are "Socializing/Conversing" and television, both of which are occurring on the same day. In , the dates of Socializing/Conversing and TV were on the 3rd, 7th, 10th, 14th, and 21st. In , the dates of Socializing/Conversing and TV were on the 1st, 8th, 14th, 18th, and 24th. In , the dates of Socializing/Conversing and TV were on 1st and 7th.</p> <p>The activity notes regarding the dates noted on the log document that the Socializing/Conversing entailed activity staff entering room and spending and unknown and undocumented amount of time conversing with the resident. There was no documentation regarding "Television" activity, except as noted above.</p> <p>On at 9:30 AM, there were only 2 residents observed sitting in the dining/activity area on POD 5. There was no coffee being served. The TV was turned on and set to a</p> | N 201 | | |

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| N 201 | <p>Continued From page 10</p> <p>news/talk program.</p> <p>During an interview on _____ at 1:50 PM, the Activities Director confirmed that all 1:1 activities were recorded in the One-to-One activity binder by her activity assistant. She stated she was newly hired to this position. She stated that the activity for News and Current events consisted of the residents watching news on TV.</p> <p>Record review revealed Resident #18 was admitted to the facility on _____ with diagnoses which included Acute _____, Failure, and _____.</p> <p>On _____ at 10:30 AM, Resident #18's _____ () concentrator was observed to be set at 3.5 liters per minute (lpm); _____ tubing was dated _____ (photographic evidence obtained).</p> <p>A review of the electronic Treatment Administration Record (eTAR) and physician's orders related to _____ for Resident #18 showed a Physician's order, dated _____, for _____ at 2 liters via _____ for every shift for _____.</p> <p>On _____ at 12:35 PM, Staff A (Licensed Nurse assigned to POD 5) was notified to check _____ order and _____ concentrator setting for Resident #18. This nurse went into Resident #18's room and adjusted the _____ flow from 3.5 to 2 lpm. She also verified tubing was dated for _____. She thanked me for informing her of the incorrect setting on the _____ concentrator.</p> <p>On _____, a review of the eTAR showed that the previous Physician's Order for _____ was discontinued on _____, and a new order dated _____</p> | N 201 | | |
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Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95038 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/14/2021 |
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| NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C | STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|--|---------------|---|--------------------|
| N 201 | <p>Continued From page 11</p> <p>... was instituted. The new Physician's Order documented " ... at 2l via N/C for every shift for ...". The new order contained no change in dosage or instructions.</p> <p>Class III</p> <p>4) During routine observations conducted of Resident #69 on /21 from 8 AM through 4 PM, it was noted that the resident remained in bed, ... and had no in room activities provided to the resident. It was noted that the resident had a personal TV that was not turned on and did not have a radio at bedside for listening to music.</p> <p>A review of the clinical record for Resident #69 noted the following: Date Of Admission: ... - Original Diagnoses: ... w/o Behaviors, Assistance Needed with Personals Care Current MDS: dated ... Section C: =4 (...) Section G: ... with Locomotion/Transfer Section F: Activity - Music Very Important A review of Progress Noted noted no current notes concerning Activities or Recreation Assessments: Further review noted an Activity Assessment conducted on ... that documented the following: a) Likes to relax with own leisure activity's b) No interest in group or outdoor activities c) Past Religious Activity with little current interest</p> <p>Review of current care plan noted the following: a) Resident enjoys listening to music, TV, Movies, Religious Catholic .Prefers to stay in room, listening to music, TV, vies, and talking with family and friends</p> | N 201 | | |

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NAME OF PROVIDER OR SUPPLIER
HEARTLAND HEALTH CARE CENTER PROSPERITY C

STREET ADDRESS, CITY, STATE, ZIP CODE
**11375 PROSPERITY FARMS ROAD
PALM BEACH GARDENS, FL 33410**

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|--------------------|---|---------------|---|--------------------|
| N 201 | <p>Continued From page 12</p> <p>b) Interests: Current Events/Music, talking-conversation /TV, Radio, c) Likes independent Activities</p> <p>Interview with the Director of Activities on noted that she has only been employed at the facility for approximately 3 weeks. She further stated that she has not been able to interact and become familiar with all the residents and did not know which residents required in :1 activities. She further stated that there is only one other full time activity aide which would mean there are 4 days that there is only one activity staff working, which would included in- :1:1 activity's, group activity's, Covid-19 assignments, and performing resident activity assessments and care plans.</p> <p>A review of the Daily Recreational Participation Documentation for and documented only Television and Independent Socializing activity's performed with the resident. It was discussed with the Director of Activity on that the resident did not have a television in the room.</p> <p>5) During routine observations of Resident #73 conducted hourly from 8 AM to 3 PM on /21 it was noted the resident to be in bed and . It was also noted that the resident did not have a personal television and had a clock radio. television was not on during any observations and no in- :1 activity's were conducted with the resident.</p> <p>A Review of clinical record of Resident #73 on /21 noted the following: Date Of Admission: (original admission date) Diagnoses: Wasting and Atrophy, ,</p> | N 201 | | |

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NAME OF PROVIDER OR SUPPLIER
HEARTLAND HEALTH CARE CENTER PROSPERITY C

STREET ADDRESS, CITY, STATE, ZIP CODE
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PALM BEACH GARDENS, FL 33410**

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N 201

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Pro-Calorie ASHD, History of Falling
Review of current MDS dated noted the following:
Section C: =6 (Some)
Section G: ADL's - Total Locomotion & Transfer

Review of Progress Notes:
. - Resident continues to decline, unable to be out of bed for more than 1 hour, very weak and fatigued, Requires total care with ADL's .
No Recreational /Activity Notes located - no Updated activity assessment
Review of Recreational Assessments: :
Only no further to present
Occupation - Banking
No Interest in group or outside activities
Enjoys independent activities
Interests - current events, Music, talking, TV-Radio,

Review of Resident #73's Current Care Plan for Activities dated it was noted the plan included, participate in small groups related to activities of choice such as soccer circle, special events, socials, and puzzles.

Interview with Director of Activities on noted that she has started position just 3 weeks ago and did not know all the residents in this short time . She stated that there is only 1 other activity position besides herself, which means that there is only 1 activity person 4 days per week to perform in room activities, group activities, and Covid-19 visitations .
It was also discussed with the Director that Resident #73 did not have a personal television and had a clock radio that was never observed on for the resident.
Review of the Daily Activity Participation Documentation for last months provided by the

N 201

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| NAME OF PROVIDER OR SUPPLIER HEARTLAND HEALTH CARE CENTER PROSPERITY C | STREET ADDRESS, CITY, STATE, ZIP CODE 11375 PROSPERITY FARMS ROAD PALM BEACH GARDENS, FL 33410 |
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| N 201 | Continued From page 14 Director revealed: - TV on 8 of 13 days (No TV in room) , Socializing 8 of 13 days - No Log provided - Hospitalized _____ , TV, Socializing, Reminiscing - 23 of 25 days (NO TV in room). Class III | N 201 | | |
| CZ814 | 435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print _____ notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic _____ submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; _____; and race. Individuals, persons, applicants, | CZ814 | | |

Agency for Health Care Administration

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CZ814

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and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.

This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the initial employment status of 3 of 10 sampled employees within the Agency's BGS (Background Screening) clearinghouse within 10 business days of hire (Staff B, C, and D).

The findings included:

During employee record review for Staff B (whose hire date is _____), Staff C (whose hire date is _____), and Staff D (whose hire date is _____), it was revealed that these 3 sampled staff had not been added to the facility's Employee Roster located within the Agency's Background Screening Clearinghouse.

On _____ at approximately 9:30 AM, during interview with the Human Resource Director, she acknowledged that the 3 sampled employees had not been added to the employee Roster in the BGS Clearinghouse. She stated she would immediately rectify the error.

Unclassified

CZ814

1. No residents were affected by this deficiency practice.
2. The Director of Human Resources/designee entered the 3 employees in AHCA Employee Roster located within the Agency's Background Screening Clearinghouse on _____. Results were provided to the surveyor. The Director of Human Resources/designee will continue to audit AHCA Employee Roster after hiring. The audit will be weekly X 4 and month X 2 months to insure compliance.
3. The Human Resources Director/designee will report AHCA Employee Roster audits to the Quality Assurance Performance Improvement Committee monthly to identify patterns and trends.