Printed: 06/06/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024		
NAME OF PROVIDER OR SUPPLIER  Deerfield Beach Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 401 East Sample Road Pompano Beach, FL 33064			
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0908  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Keep all essential equipment working safely.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50370  Based on observations, record reviews, and interviews, the facility failed to provide an essential equipment with safe operating condition, and failed to provide a safe, sanitary and comfortable environment for 2 of 2 sampled residents, Resident #4 and Resident #5, and random room observations, as evidenced by a leaking air conditioner with water pooling under Resident #4's bed and water with an offensive odor coming from the residents' bathroom / shower areas and additional offensive odors in the A-shower room and room [ROOM NUMBER].  The findings included:  1. Review of Resident #4's electronic health record on 11/13/24 at 11:15 AM with Staff H, Clinical Reimbursement Specialist, revealed he was admitted on [DATE] following surgery for Physical Therapy and Rehabilitation.  Review of the Minimum Data Set (MDS) assessment, Section C, revealed a Brief Interview of Mental Status (BIMS) score of 6, indicating severe impaired mental cognition. Section GG of the MDS revealed walking was not attempted due to medical condition. During an interview with Staff H on 11/13/24, she added Resident #4's MDS was not completed, since he was recently admitted on [DATE].  Review of Resident #5's electronic record with Staff G, Clinical Reimbursement Specialist, on 11/13/24 at 11:08 AM, revealed he was admitted on [DATE]. The MDS, Section C, revealed Resident #6 had a BIMS score of 15, indicating intact mental cognition. Section GG showed walking was not attempted due to medical condition on review date of 11/03/24. Physical Therapy assessment was done on 11/02/24 per verification of Staff G, a Clinical Reimbursement Specialist.  During a tour of the facility on 11/12/24 at 9:28 AM, Residents #4 and #5 were observed inside their room. A rectangular gray plastic pan (like a resident's bathing pan) was observed under a wall attached AC (Air Conditioner) unit. A warm temperature was immediately felt upon entra				

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.

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

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 105622

If continuation sheet Page 1 of 4

Printed: 06/06/2025 Form Approved OMB No. 0938-0391

			NO. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105622	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024	
NAME OF PROVIDER OR SUPPLIER  Deerfield Beach Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 East Sample Road Pompano Beach, FL 33064		
For information on the nursing home's plan to correct this deficiency, please		intact the nursing home or the state survey agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0908  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	(Each deficiency must be preceded by full regulatory or LSC identifying information)  Review of provided documentation, titled, Work History Report, submitted by Staff C, Maintenance Directo on 11/12/24 at 2:00 PM, with an HVAC-PTACS (heating, ventilation and air conditioning / packaged termin		by Staff C, Maintenance Director, iir conditioning / packaged terminal ne of 3 months, revealed that a were marked completed on indenser coils, cleaning as required, were marked done on 11/01/24.  For and Director of Nursing (DON), divide was working. The rectangular densation. The Administrator stated denance Director, who stated he rents are normal.  Figure 1. States of the water and who checked and verified that densation densation. The Administrator stated who checked and verified that densation densation densation densation. The Administrator stated he rents are normal.  Figure 2. States of the water and densation	

Printed: 06/06/2025 Form Approved OMB No. 0938-0391

eriters for Medicare & Medic	ald Services		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
Deerfield Beach Health and Rehabilitation Center		401 East Sample Road Pompano Beach, FL 33064	
For information on the nursing home's plan to correct this deficiency, please cont		tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0908  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few			

Printed: 06/06/2025 Form Approved OMB No. 0938-0391

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105622	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER  Deerfield Beach Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  401 East Sample Road Pompano Beach, FL 33064	
For information on the nursing home's p	olan to correct this deficiency, please con	Lact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few			ower room, revealed a blackish and vas an ammonia musty and a musty, ammonia smell inside the sink, a stronger musty smell and n 11/12/24 at 5:10 PM, it was noted