

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/14/2020
NAME OF PROVIDER OF SUPPLIER VENTURA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 7900 VENTURE CENTER WAY BOYNTON BEACH, FL 33437	
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 0580 Level of harm - Potential for minimal harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, record review, and policy review, the facility failed to notify the resident's representative of the decision to transfer a resident to home for 1 of 3 sampled residents reviewed for admission/transfer and discharge, Resident #1. The findings included: On 07/14/20 at 11:30 AM, a record review for the discharge of Resident #1 revealed the resident was discharged home on[DATE]. A review of the Nursing Home Transfer and Discharge Notice revealed the date that the notice was given was 03/28/20 and the effective date was 03/28/20. There was no evidence the resident's representative was notified of the discharge per record review. A review of the policy dated August, 2017 titled Discharging/Transferring the Resident reveals Before a facility transfers or discharges a resident, the facility must notify the resident and the resident's representative of the transfer or discharge and the reasons for the move. An interview that was conducted with the Director of Nursing on 07/14/20 at 2:00 PM confirmed that the resident's representative was not notified. During a telephone care plan conference on 03/03/20, the record revealed that the representative was notified that the resident would be discharged home but no date was given.		
F 0623 Level of harm - Potential for minimal harm Residents Affected - Some	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to notify the resident and resident's representative in writing and send a copy of the notice to the ombudsman for transfer home for 2 of 3 sampled residents investigated for admission/transfer and discharge, Residents #1 and #3. The findings included: On 07/14/20 at 11:30 AM, record reviews for discharge for Resident #1 and Resident # 3 were conducted. A review of Resident #1's record revealed the resident was discharged home on[DATE]. A review of the Nursing Home Transfer and Discharge Notice revealed the date that the notice was given was 03/28/20 and the effective date was 03/28/20. There was no evidence that the resident's representative was notified of the discharge and that the ombudsman was notified of the discharge. There was no evidence that a 30-day notice was given. A review of Resident #3's record revealed the resident was discharged from the facility on 06/18/20. The record revealed that the facility did not complete a Nursing Home and Discharge Notice or notify the ombudsman. In an email dated 07/14/20 from the office of the Long-Term Care Ombudsman, it revealed that I have received monthly logs of voluntary discharges from Ventura for the month of January, February and April of 2020, but we do not have any 30-day notices, and In the discharge logs received we have not recieved any notices for Resident #1 and Resident #3. An interview that was conducted with the Director of Nursing on 07/14/20 at 2:00 PM confirmed that a notice was not completed for Resident #3, and notices were not sent to the ombudsman for Resident #1 and Resident #3.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.