Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910371	A. BUILDING: _____ B. WING _____	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBRIDGE TERRACE ASSISTED LIV RES - EDGEW	23305 BLUE WATER CIRCLE BOCA RATON, FL 33433

(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
A 000	Initial Comments An unannounced Relicensure, Extended Congregate Care (ECC) and Generator Monitoring survey was conducted at Oakbridge Terrace Assisted Living Res - Edgewater at Boca Pointe on . The facility had deficiencies at the time of the survey.	A 000		
A 034	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on review of policy and procedure, observation, record review and interview, the facility failed to ensure that it obtained a physician's order for a soft collar brace for 1 of 3 sampled residents reviewed, Resident #8. The findings included:	A 034		

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A 034	Continued From page 1 Review of the facility policy titled, Assistive Devices provided by the Director of Health (DHW), issued documented in the Policy Statement: To strive to ensure that assistive devices used by residents are in proper functioning condition to maintain safe usage. Procedure: 1. Upon observation of or report by a resident or their representative of the of an assistive device, the nurse or nursing assistant will inspect the device to determine if the device may cause injury to the resident and or if it can be repaired ....3. An electronic work order will be entered into the application for maintenance ....5. The staff will inspect and clean the device as needed, prior to reissuance to the resident ... Resident #8's facility move-in date was with diagnoses which included , Major , , Generalized , and ---under Hospice Trustbridge. Resident #8's cognition was described as alert and oriented, with periods of forgetfulness and . On at 10:36 AM, an observation was conducted of Resident #8, who was sitting up in her room in her recliner chair watching television with her private duty aide (PDA) present. Resident #8 was also observed wearing a soft collar brace. The resident stated she wears a collar to support her and during the day only, and she added that she has done so for the past two (2) years. On Resident #8's Agency for Healthcare Administration (AHCA) 1823 Health Assessment	A 034		

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A 034	Continued From page 2 Form revealed, but only documented .... " / tilts forward to the left .....," under the section titled Physical or Sensory Limitations. On at 12:23 PM an interview was conducted with Staff E, Licensed Practical Nurse (LPN), in which he acknowledged that the Resident #8 does wear the soft collar brace for "posture", during the day and that she takes it off at bedtime. Staff E also revealed that, prior to today, there had been no order for the soft collar brace on file for the resident. Record review of several of the nurses' progress notes dated from to recognized and revealed the presence of Resident #8's soft collar brace. Further record review of the Resident #8's most recent Service plan revealed, but only documented ... "Resident #8 has and wears a brace for comfort ...." under the section titled, Activities of Daily Living (ADLs) self-care performance. In contrast, during a side-by-side record review and interview conducted on at 1:25 PM with the DHW, she acknowledged and revealed that there was no documented evidence to show that the resident's soft collar brace had been recorded in Resident #8's AHCA 1823 Health Assessment Form, nor was there evidence of coordination of care for the soft collar brace with Resident #8's Trustbridge Hospice provider, nor was there documented detailed direction for use. And, neither was it specified exactly who was responsible for the application and monitoring of the resident's soft collar brace. The DHW added that Resident # 8 had been	A 034		

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A 034	Continued From page 3 wearing her soft collar brace, on a daily basis. Moreover, there was no physician's order obtained for the use and application of the resident's soft collar brace, until after surveyor inquisition. The DHW further recognized and acknowledged on at 2:38 PM that a physician's order should have been obtained for the resident's soft collar brace. Class III	A 034		