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
	AL11969306	A. BUILDING: _____ B. WING _____	10/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MERIDIAN AT BOCA RATON	21865 PONDEROSA DR BOCA RATON, FL 33428

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A 000	Initial Comments An unannounced Change of Ownership (CHOW) with Limited Nursing Services (LNS) and a Capacity Increase survey was conducted on [redacted] through [redacted] at The Meridian at Boca Raton. The facility had deficiencies at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to	A 008		

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A 008	Continued From page 1 determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any	A 008		

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A 008	Continued From page 2 special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or [illegible] services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name,	A 008		

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A 008	Continued From page 3	A 008		

signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.
(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.
1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.
2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.
3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.
(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.
(d) Medical examinations of residents placed by

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A 008	Continued From page 4 the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and review of policy and procedure, it was determined that the facility failed to 1) to ensure that it completed the	A 008		

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A 008	Continued From page 5 resident's medical examination within the regulatory required time frame for (1) of (1) residents, (Resident #10). 2) And, the facility to do a complete and accurate 1823 AHCA Health Assessment for (1) of (1) residents, (Resident # 11). The findings included: a) During a record review conducted on at 1:30 PM of the Limited Nursing Service (LNS) log for Resident #10, in which it was noted that he was admitted to the facility on . . . . . under (LNS) services for , . Care. Resident #10, a , male admitted to the facility on with diagnoses which included . . . . . , Hyperkalemia, . . During a record review on at 1:40 PM, it was noted that the resident had an initial AHCA 1823 Health Assessment form dated ; three months or ninety (90) days prior to admission to the facility. A subsequent AHCA 1823 Health Assessment was conducted on ; almost two months or sixty (60) days after admission to the facility. The most recent AHCA 1823 Health Assessment was completed on . . . . . . An interview was conducted with both the Director of Health & Wellness (DHW) and with the Administrator regarding the timing of the initial AHCA 1823 Health Assessment of: and the resident's admission date to the facility of: . The DHA stated that these were the only three (3) health assessments that she had on file for this resident. And, both the DHW and the Administrator admitted and agreed that the resident's AHCA 1823 Health Assessment should	A 008		

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A 008	Continued From page 6 have been completed at least 60 days before or 30 days after the resident's admission to the facility; this was not done. Review of facility policy and procedure on at 2:30 PM for Assessments & Service Plans provided by the Director of Health & Wellness (DHW) revised indicated that An assessment and Service Plan is developed for residents admitted to the Community based on a comprehensive pre-admission assessment. The assessment includes information from the Medical Provider's examination, other Medical Providers if needed, assessment by a licensed nurse, and information obtained from the authorized responsible party and/or other family members. The assessment will also be used to determine the resident's level of care ...The executive director will assure staff responsible for assessments are authorized to assess and complete Service plans by licensure, certification or by a training program authorized by State Law and Regulations. The Wellness Director (or designee) will assure all residents have a comprehensive assessment and Service plan to identify and provide for their needs ...The Service plan will be updated per State Law and Regulations (at least annually) and upon a significant change ....And, review of 429.26( ) F.S and 59A-36.006(2) F.A.C. indicate that each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility and a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility.	A 008		

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A 008	Continued From page 7 b)On [redacted] a review of the resident record for Resident # 11 was conducted. Resident # 11 was admitted into the facility on [redacted]. The Florida Health Assessment Form (AHCA 1823 form) dated [redacted]. He suffers form the following diagnosis: Type II, [redacted] Retention, [redacted] Prostatic Hyperplasia, ([redacted]), [redacted], History of [redacted], and [redacted]. He has a [redacted] Bag, Unsteady [redacted]. He requires assistance with bathing, [redacted], self-care grooming, toileting and transferring. He requires supervision with eating. A review of the Activities of Daily Living section revealed that the section regarding ambulation was bland. On [redacted] at 12:30 PM, an observation was made of the Resident. He was observed asleep, sitting in a high [redacted] wheelchair. It was also revealed on this form that the section regarding medication assistance was marked blank. On /20019 at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 008		
A 032 SS=D	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement.	A 032		

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A 032	Continued From page 8 All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must	A 032		

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A 032	Continued From page 9 provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct a minimum of two resident elopement prevention and drills per year. The facility failed to ensure that all administrators and direct care staff participate in the drills which shall include a review of procedures to address resident elopement. The findings included: On a review of the facility staff schedule was conducted. The following number of direct care staff are scheduled on these shifts: 1. 07:00 AM - 03:00 PM Assisted Living (AL) = 11, Memory Care (MC) = 07 2. 03:00 PM - 11:00 PM AL = 08, MC = 08 3. 11:00 AM - 07:00 AM AL = 09, MC = 04 The total number of staff for the general assisted living community and the memory care unit totals	A 032		

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A 032	Continued From page 10 47. On . . . . . a review of the facility elopement drill folder was conducted. It was revealed that the following drills were conducted. The facility conducted an elopement drill on . The following number of staff participated: 1. 07:00 AM -- 03:00 PM = 9 staff 2. 03:00 PM -- 11:00 PM = 5 staff 3. 11:00 PM -- 07:00 AM = 4 staff The total staff that attended the elopement drill on totals 18. The total direct care staff were not present for the elopement drill training. On . . . . . a review of the facility elopement drill folder was conducted. It was revealed that the following drills were conducted. The facility conducted an elopement drill on . The following number of staff participated: 1. 07:00 AM - 03:00 PM = 27 staff . . . . . 07:00 AM - 03:00 PM = 22 staff On . . . . . at 05:00 PM, an interview was conducted with the Executive Director, the Director of Nursing and the Maintenance Director. The findings were refuted. Class III	A 032		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an . . . . that is	A 052		

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A 052	Continued From page 11	A 052		

prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
(b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her .
(d) Applying , medications.
(e) Returning the medication container to proper storage.
(f) Keeping a record of when a resident receives assistance with self-administration under this section.
(g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the .
(h) Using a to perform - level checks.
(i) Assisting with putting on and taking off stockings.
(j) Assisting with applying and removing an but not with titrating the prescribed settings.
(k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
(l) Assisting with measuring vital signs.
(m) Assisting with bags.

(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid

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A 052	Continued From page 12	A 052		

medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications by way of a tube inserted in a , of the body.
(d) Administration of , preparations.
(e) Irrigations or debriding agents used in the treatment of a skin condition.
(f) , , or , preparations.
(g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with

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A 052	Continued From page 13 procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or	A 052		

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	AL11969306	A. BUILDING: _____ B. WING _____	10/22/2019

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A 052	Continued From page 14 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that Licensed Staff administered medications according to the physician orders for 1 of 3 sampled residents observed. (Specifically, Resident # 5). The findings included: On at 09:15 AM, an observation was made of the medication pass of Licensed Staff A. She assisted the following residents with their medications: 1. Resident # 4, 8 mg. 10 mg, , 5 mg. at 9:15 AM 2. Resident # 5, , 1 mg, Fish Oil 1,000 mg, 10 mg, 100 mg, Metroprolol 25 mg, at 9:33 AM	A 052		

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A 052	Continued From page 15 3. Resident # 6, Namzerci 28 mg, , 5 mg, , 20 mg, and Spray (each nostril) at 9:55 AM. On at 9:35 AM, Resident # 14 refused medication from Staff A. On /2919 at 9:45 AM, Resident # 15 refused medication from Staff A. On at 10:00 AM an interview was conducted with Staff A. She stated that she is required to pass medications to the entire secure Memory Care Unit, which consists of 42 residents. She stated at 10:00 AM, she provided the list of 12 resident names which she still was responsible for passing their medications (Residents # 17 - # 28). On a review of the physician orders for Resident # 5 and # 6. The physician order indicated the morning medication should be administered at 08:00 AM. On at 05:00 PM, an interview was conducted with the Administrator and the Director of Nursing. They acknowledged the findings. They indicated that they would provide assistance with the medication pass in the Memory Care Unit. Class III	A 052		
A 081 SS=D	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously	A 081		

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A 081	Continued From page 16 completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including	A 081		

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A 081	Continued From page 17 chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . ., neglect, and , . The facility must use its . . . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 081		

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A 081	Continued From page 18 failed to ensure that the following in-service training certificates for all staff; evidence of a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training, elopement training, incident reporting training, resident rights, recognizing, reporting . . . . , neglect training for 3 of 4 sampled staff employee records reviewed. (Staff A, B, and C). The findings included: On . . . . . a review of the employee record was conducted. The following was revealed: Staff A, was hired on . She is a Licensed Practical Nurse (LPN). The employee personnel file was missing the following in-service training certificates: 1. Incident Reporting 1 hour. Staff B, was hired on . She is a Certified Nursing Assistant (CNA). The employee personnel file was missing the following in-service training certificates: 2. Elopement response. 3. Incident Reporting 1 hour. 4. Resident rights and Recognizing , neglect training. Staff C, was hired on . . . . . She is a Licensed Practical Nurse (LPN). The employee personnel file was missing the following in-service certificates: 5. Pre-service orientation 2 hours. 6. Incident Reporting 1 hour. 7. Resident rights and Recognizing . . . . . , neglect training. 1 hour (1 half hour completed). On at 05:00 PM, an interview was	A 081		

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A 081	Continued From page 19 conducted with the Administrator. He acknowledged the findings. Class III	A 081		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.	A 084		

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A 084	Continued From page 20 (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , , , , , and , , , dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with , , , , , , ; j. Use a , , , to perform , testing; k. Assist residents with , , and continuous positive airway pressure (CPAP)	A 084		

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A 084	Continued From page 21 devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of rate, temperature, and rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule	A 084		

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A 084	Continued From page 22 the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Staff involved with the management of medications and assisting with the self-administration of medications must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training for 1 of 4 sampled employee records reviewed. (Staff B). The findings included: On a review of the employee personnel files was conducted. It was revealed that the certificates for assistance with self-administration of medication was missing from the employee personnel file for Staff B. Staff B was hired on to assist with self-administration of medication . The certificate in the file revealed 4 hours of training completed on . On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 084		
A 086 SS=D	59A-36.011(10) FAC Training - ADRD (10) AND RELATED ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that	A 086		

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A 086	Continued From page 23 they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , ..., ... and .. , ... shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " ..... and Related ..... Level I Training," must address the following subject areas: 1. Understanding .... 's ..... and related ; 2. Characteristics of ..... ; 3. Communicating with residents with 's ..... ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related ..... Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related ..... Level II Training," within 9	A 086		

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A 086	Continued From page 24 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents.	A 086		

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A 086	Continued From page 25 (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . or related . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that Facility staff who interact on a daily basis with residents with . . . . 's Related . . . . (ADRD) but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment and . . . . 's Training Level II within 9 months of hire, for 2 of 4 sampled employee personnel records for 1 of 4 sampled staff. (Specifically, Staff B).	A 086		

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A 086	Continued From page 26 The findings included: On . . . . . a review of the employee personnel records was conducted. It was revealed the . . . . . 's Training Level I and II training certificate was missing from the employee personnel file. Staff B was hired on . She works as a Certified Nursing Assistant (CNA). She provides direct resident care. On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 086		
A 090 SS=D	59A-36.011(11) FAC Training - . . . . . . (11) . . . . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that direct care staff and staff	A 090		

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THE MERIDIAN AT BOCA RATON	21865 PONDEROSA DR BOCA RATON, FL 33428

(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 090	Continued From page 27 involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . . . . . ( ), for 2 of 4 sampled employee personnel records reviewed (Staff A and C). The findings included: On . . . . . a review of the employee personnel records was conducted. It was revealed the certificate was missing from the file for Staff A. Staff A was hired on . . . . . She works as a Licensed Practical Nurse (LPN). A review of the employee personnel file was conducted for Staff C. Staff C was hired on . She is an LPN. The certificate for the training was missing from the personnel file. On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 090		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.	A 152		

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A 152	Continued From page 28 (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, interview and review of policy and procedure, it was determined that the facility failed to ensure that it properly stored and secured 3 of 14 small tanks and 4 of 5 large tanks for (1) of (3) residents reviewed for (Resident #12). The findings included: During observations between the dates of	A 152		

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A 152	Continued From page 29 at 2:01 PM and at 10:15 AM of the facility's Locked Memory Care Unit, it was noted that there was a grand total of nineteen (19) tanks consisting of five (5) large ones,four (4) of which are unsecured, loose, cluttered and leaning/propped up against the resident's wall directly on the floor wedged between each of the resident's two dressers (one near the resident's closet and the other three (3) near the entrance doorway. And, fourteen (14) small/mini tanks---three (3) of the fourteen (14) mini tanks were observed to be unsecured, loose, cluttered and leaning/propped up against the resident's wall directly on the floor next to the resident's closet door. Four (4) of the five (5) large tanks had a white tab/tag on them indicating/signifying that they are full and unused. And there were four (4) of five (5) small/mini tanks that also had a white tab/tag on them indicating/signifying that they are full and unused, as well. (See attached photos) Resident #12, an female admitted to the facility on with diagnoses which included History of ( ), ( ), and High (HBP). During an interview conducted with Staff D, a Home Health Aide (HHA) and Resident#12's personal, private duty aide on at 10:01 AM, she admitted to this surveyor that she ordered the "extra/additional" tanks herself from the company, Aerocare, earlier this year in preparation for the "impending" Hurricane. The HHA/personal, private duty aide for Resident #12 stated that the resident normally has only one (1) case of six mini tanks in his room, at any one time.	A 152		

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A 152	Continued From page 30 An interview was conducted with Staff E, a Certified Nurses' Assistant (CNA) on at 10:15 AM in which she acknowledged and stated that all of the multiple tanks of varying sizes have been in Resident#12's room, in their exact locations, for more than two (2) months. An interview was conducted with Staff F, a Licensed Practical Nurse (LPN) on at 10:24 AM. According to Staff F, an LPN, she stated that the resident has ordered at two (2) liters continuously. The nurse also admitted that the resident usually has multiple tanks, some in containers/cases and some which are "loose" in her room because the resident goes out frequently with her family. On at 10:47 AM An interview was conducted with the Director of Health & Wellness (DHW) and she admitted that there was an excess of tanks in Resident #12's bedroom; she said that a minimum of six mini tanks would be sufficient in the resident's room. The DHW "briefly" checked all nineteen (19) of the large and small tanks with a small black "handler" which opens up the tanks and indicates whether they are filled with and ready to go; this was established. The DHW admitted and agreed that the "-filled/unsecured", unopened and opened tanks present a potential safety hazard to the resident and to others in the room. She was asked if there is any other place that these "excess" tanks could be stored in the facility, in the meantime, and she stated that the facility has no extra storage space for any of the resident's tanks; therefore, the resident's rooms/apartments are used for storage. The DHW added that the resident's private aide	A 152		

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A 152	Continued From page 31 should not have been ordering that many [redacted] tanks, on her own. Review of facility policy and procedure on [redacted] at 2 PM for [redacted] provided by the Director of Health & Wellness (DHW) revised [redacted] indicated that the community will monitor the safety of all residents and employees when [redacted] is being used in the building ...All staff will be properly trained and in-serviced on the proper storage and use of [redacted] ...Store [redacted] cylinders as required by the National Fire Protection Agency in locations that are ....such that the cylinder(s) will not be damaged by passing or falling objects ....able to properly secure the tank. The community will comply with all local fire codes and will disclose the locations of all stored [redacted] during fire safety inspections. Class III	A 152		
A 161 SS=B	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member	A 161		

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A 161	Continued From page 32 must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ˬ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 161		

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A 161	Continued From page 33 failed to ensure that a copy of the employment application, job description with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . was present in the employee personnel file for the Administrator. The findings included: On a review of the employee personnel file was conducted. It was revealed the a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . was missing. A review of the employee record was conducted. The Administrator was hired on . On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 161		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency	A 181		

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A 181	Continued From page 34 management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by Palm Beach County. The findings include: The Administrator provided the last CEMP approval letter dated - . The surveyor informed the Administrator that the CEMP approval letter had expired. The Administrator provided a receipt from the Department of Public Safety Division of Emergency Management that revealed the last	A 181		

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A 181	Continued From page 35 submission from the previous company was on . The Administrator stated that the CEMP submission was conducted before he was hired at the facility. He stated that there were no mutual aid agreements, no general components and no remodeling. He stated there has been no changes. The surveyor informed the Administrator that due to the Change of Ownership (CHOW) which is a substantial change, a new CEMP would have to be submitted under the new Ownership. Duing an interview conducted on at 1:11 PM, he Administrator stated that he will be able to submit the new plan before the end of this month. He acknowledged the findings and no additional information was provided. Class III	A 181		

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print [illegible] 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 [illegible] 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; [illegible]; and race. Individuals, persons, applicants, 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 interview and record review, the facility failed to ensure that all persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse; including initial employment status	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 and any changes in status) within 10 business days, for 2 of 4 sampled employee records reviewed (Staff C and the Administrator). The findings included: On . . . . . a review of the employee records was conducted. It was revealed that the Administrator, who was hired on . . . . . and Staff C, who was hired on were not added to the background screening clearing house roster. On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Unclassified	CZ814		
CZ816 SS=C	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's . . . . to the Federal Bureau of Investigation for a national criminal history record check unless the person's . . . are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the . . . of such a person are not retained by the	CZ816		

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CZ816	Continued From page 2 Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with [illegible], the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with	CZ816		

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CZ816	Continued From page 3 chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by	CZ816		

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CZ816	Continued From page 4 regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on interview and record review. the facility failed to ensure that the signed Attestation Compliance form must be in the employee's personnel file, maintained by the provider, for 3 of 4 sampled employee records reviewed (Staff B, Staff C and the Administrator). The findings included: On . . . . . a review of the following staff employee records was conducted. It was revealed that the Compliance Attestation form was missing from their employee personnel files: 1. The Administrator, Hire date: 2. Staff B, Hire date: . . . . . . 3. Staff C, Hire date: . On at 05:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Unclassified	CZ816		