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
	AL11911162	A. BUILDING: _____ B. WING _____	11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF BOCA RATON	22601 CAMINO DEL MAR 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 A Relicensure, Focused Control, and Generator Assessment survey was conducted on , at Five Star Premier Residences Of Boca Raton. The facility had a deficiency identified at the time of the visit.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the Medication Observation Records (MORs) were updated (signed), immediately after medication assistance was provided to a resident, for 7 of 8 sample medication pass observations (Resident # 12 - Resident # 18). The findings included: On at 12:30 PM, a random review of the Medication Observation Records (MORs) was conducted with Staff B (Med-Tech). The review revealed that several 9:00 AM medication were not signed off (initialed/documented) by Staff B on the MOR. The following medications were not signed for the following residents: a) Resident # 12 -Daily -Vite tablet, , 5 mg tablet, ts cmplx 400 mg cap b) Resident # 13 -Domepezil 10 mg tablet, B- , 100%/F oltc tab, glu cornate 5gr c) Resident # 14 - , 81 MG Tablet, 120 MG Tablet, 1 Mg Tablet d) Resident # 15 - Centrum Multigummies 50+ MR PK, 25 mg tablet, 75 mg tablet e) Resident # 16 - , , 5 mg tab, Daily-vite tablet, 5mg tablet f) Resident # 17 - Dohepezil 10 mg tablet, 0.5 mg capsule, 8 mg	A 054		

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A 054	Continued From page 2 capsule g) Resident # 18 - [redacted] succ EK 50 mg tab, Preservision areds soft gel, [redacted] c 1,000 mg tablet On [redacted] at 12:35 PM, Staff B stated that she was working on signing the MOR for all of the residents. She stated that she has 20 -21 residents. She said normally she signs off the medication immediately. She stated that she does it later so that she does not have to scratch up the book and make a mess if there are any changes. This surveyor informed Staff B that the MOR must be signed immediately after the medications are given. During an interview conducted on [redacted] at 1:21 PM the Administrator was informed about the unsigned medications. The Administrator acknowledged the findings and no additional information was provided. Class III	A 054		