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
	AL11912132	A. BUILDING: _____ B. WING _____	04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIUM AT BOCA RATON (THE)	1080 NORTHWEST 15TH STREET BOCA RATON, FL 33486

(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 AMENDED REPORT Unannounced Change of Ownership (CHOW), Focused Control and Generator Assessment surveys were conducted on through at The Atrium At Boca Raton. The facility had deficiencies identified related to the Change of Ownership (CHOW) survey at the time of the visit.	A 000		
A 165	429.23(&) FS; 59A-36.016 FAC Risk Mgmt & QA; Adverse Incident Report 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her	A 165		

AHCA Form 3020-0001

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

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A 165	Continued From page 1 consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency ' s online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, through the agency ' s online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) . . , neglect, or . , ... must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which	A 165		

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A 165	Continued From page 2 case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. 59A-36.016 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by section 429.23(3), F.S., must be submitted within 1 business day after the incident pursuant to rule 59A-35.110, F.A.C., which requires online reporting. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported in subsection (1), above, the facility must submit a full report within 15 days of the incident. The full report must be submitted pursuant to rule 59A-35.110, F.A.C., which requires online reporting.	A 165		

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A 165	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to complete and submit a 15-day Adverse Incident report to the State for a resident's elopement, for 1 of 1 residents reviewed for Adverse Incidents, Resident # 14. The findings included: On at 10:00 AM, a tour of the Memory Care Unit was conducted with Staff F. Resident # 14 was observed pacing throughout the hallways of the secured unit, located on the second floor. Staff F stated Resident # 14 needed to be redirected often during her shift. She stated the family was resistant to the physician's recommendation of an medication to calm her level. On at 12:00 PM, Resident # 14 was observed leaving her seat in the main dining room, during the lunch meal. Direct care staff were observed redirecting her to her seat to finish her meal. On a review of the resident medical record was conducted. It was revealed that Resident # 14 was admitted into the facility on . A review of the most recent Agency for Health Care Administration form (AHCA 1823) was dated . The resident's diagnoses include , , and . The resident's status indicated she is alert to name. She is coded as an elopement risk. She requires supervision with ambulation, eating, self-care grooming and transferring and requires assistance with bathing, and toileting.	A 165		

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A 165	Continued From page 4 Further review of the medical record revealed a hospital Simple Object Access Portal, (SOAP) note dated . . . . revealed the following: (Resident) was seen today at the request of nursing staff. Nursing staff reported over the weekend, resident eloped from the facility and was found by the police department, ... offsite. Patient was unharmed and taken to the hospital. Patient was subsequently discharged (from the hospital) and returned to the facility. Patient seen and no sign of distress noted. Patient has a personal caregiver with her around the clock 1:1, order written to be taken to Memory Care. On a review of Resident #14's medical record Progress Notes for the time period of through revealed the elopement had not been documented in the resident's record. A review of the Adverse Incident reports was conducted for the time period of . . . . - revealed that the incident had not been reported. On at 3:30 PM, an interview was conducted with the Administrator regarding the elopement of Resident # 14. He confirmed the Adverse Incident report was not completed for the resident. He stated he recalls speaking to the resident's family member after the incident occurred. He stated the former Administrator did not complete the Adverse Incident report nor the investigation. He stated, after he was made aware of the elopement of Resident # 14, he did not conduct the investigation retroactively. On at 3:45 PM, a request was made for the Observation/Progress Notes regarding the	A 165		

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A 165	Continued From page 5 elopement from the Director of Nursing for the incident on . She stated she was not working at the facility at the time and no notes were available for review. On at 9:35 AM, an interview was conducted with the Memory Care Director. She stated Resident # 14 lived there for a while. She stated the resident was moved from the general Assisted Living Facility, to the Memory Care Unit as she had eloped from the ALF. On . . . . . at 4:15 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 165		
CZ830	408.821(.) FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan.	CZ830		

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CZ830	Continued From page 6 (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for	CZ830		

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CZ830	Continued From page 7 the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit the Comprehensive Emergency Management Plan (CEMP) annually, as defined by agency rule, to a previously approved plan. The findings included: On at approximately 2:00 PM, a request was made to the Administrator to provide a copy of the most recent approved CEMP letter. He provided a copy of the CEMP most recent approval letter dated . Review of the letter stated 'The CEMP is now approved until . Please be advised that the next plan review submittal date is . This allows for a 60 day review period established by Florida State Statutes before the CEMP expires.' The Administrator confirmed the CEMP	CZ830		

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CZ830	Continued From page 8 has not been resubmitted for annual approval and is expired as of , . . On at 2:15PM, the Administrator acknowledge the finding and provided no additional documentation for review at the time of the survey. Unclassified	CZ830		