

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969306	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/16/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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 000	Initial Comments An unannounced licensure Complaint (#2020013945, #2020015877, #2020012831, #2020019291 & #2021004249) and Generator Monitoring survey was conducted on ... through ... at The Meridian at Boca Raton. The facility had deficiencies identified related to Complaint (#2020012831 & #2020019291) at the time of the survey.	A 000		
A 152	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. (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 height 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,	A 152		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 152	Continued From page 1 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 and interview, the facility failed to provide a safe, clean and decent living environment for its residents. The findings included: In an observation conducted on at 12:50 PM inside # . . . , there were several dark brown and black stains throughout the carpeted floor in this room. These stains were mainly next to the resident's bed and in the entrance by the doorway. (Photographic evidence obtained.) In an interview conducted with Resident #13 on at 12:55 PM, he stated that the carpet inside his room had several stains for about 3 months. He stated that the facility staff members were also aware of these stains and that the facility has not cleaned the stains. In an observation conducted on at 1:25 PM inside # . . . , there was a large brown stain on the carpeted floor next to the doorway. This stain was approximately . . . inches in diameter and it presented as if a liquid was spilled on this carpeted floor. (Photographic evidence	A 152		

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NAME OF PROVIDER OR SUPPLIER THE MERIDIAN AT BOCA RATON		STREET ADDRESS, CITY, STATE, ZIP CODE 21865 PONDEROSA DR BOCA RATON, FL 33428		
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A 152	Continued From page 2 obtained.) In an interview with Resident #15 on _____ at 1:30 PM, she stated that she was aware of the stain on the carpet next to the doorway, but she didn't know what spilled on the carpet. She stated that the stain had been there for several weeks and the facility staff members who have been inside her room must have seen this stain because it was very obvious. In an observation on _____ at 12:40 PM, the 1st and 2nd floor hallways located in the north end of the facility were considerably warmer and more humid than the rest of the facility's common areas. In an interview conducted with the Administrator at this time, he stated that he was aware that these common areas presented to be warmer and more humid than the rest of the facility and he did not know if there were working air conditioning units cooling these areas. In an observation on _____ at 1:05 PM inside _____ #_____, there was an area with several black spots on the carpeted floor next to the dresser. (Photographic evidence obtained.) In an interview with the Administrator on _____ at 1:20 PM, he stated that he was aware that there were some resident rooms which had stained carpets and that he will have the facility maintenance staff members begin cleaning these stains. In an interview with the Administrator on _____ at 11:40 AM, he stated that he or his maintenance director cannot determine if there are working air conditioning units in the 1st and 2nd floor hallway areas, which presented to be warmer and more humid than the rest of the facility common areas. He stated that the facility was in process of	A 152		

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A 152	Continued From page 3 working with an air conditioner contractor to find the air conditioner units responsible to cool these areas and to repair the air conditioner units if needed. Class III	A 152		