

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 09/15/2022
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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 Relicensure and Generator Monitoring survey was conducted from _____ to _____ at The Meridian at Boca Raton. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of _____ testing materials satisfies the annual _____ examination requirement. An individual with a positive _____ test must submit a health care provider's statement that the individual does not constitute a risk of _____. 2. If any staff member has, or is suspected of having, a communicable _____, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable _____.	A 078		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

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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 078	Continued From page 1 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence of an annually updated negative examination from a health care practitioner for 3 out of 3 sampled staff members (Staff A, Staff B	A 078		

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A 078	Continued From page 2 and Staff F). The findings included: Review of Staff A's employee record indicated that she was hired on _____ and she presently worked in the facility as a resident Caregiver. Further review of this record indicated that Staff A did not have evidence of having received a recent annual _____ examination. Review of Staff B's employee record indicated that she was hired on _____ and she presently worked in the facility as a resident Caregiver/Medication Technician. Further review of this record indicated that Staff B did not have evidence of having received a recent annual _____ examination. Review of Staff F's employee record indicated that she was hired on _____ and she presently worked in the facility as a resident Caregiver. Further review of this record indicated that Staff F did not have evidence of having received a recent annual _____ examination. In an interview conducted with the Business Office Manager on _____ at 9:05 AM, she stated that the facility did not presently have evidence that Staff A, Staff B and Staff F had a recent, annually updated negative _____ examination from a health care practitioner. Class III	A 078		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the _____ are enrolled in the national retained print 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 _____ 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; _____; 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 record review and interview, the facility failed to maintain its Background Screening (BGS) Clearinghouse Roster updated for 8 out of 8 sampled staff members (Staff G, H, I, J, K, L and M) who were not presently employed by the facility.	CZ814		

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CZ814	Continued From page 1 The findings included: Review of the facility's BGS Clearinghouse Roster dated on _____ indicated that the following Caregivers were listed in this Roster: Staff G (hire date on _____), Staff H (hire date on _____), Staff I (hire date on _____), Staff J (hire date on _____), Staff K (hire date on _____), Staff L (hire date on _____) and Staff M (hire date on _____). (Photographic evidence was obtained). In an interview conducted with the Business Office Manager on _____ at 9:00 AM, she stated that she was responsible to maintain the facility's BGS Clearinghouse Roster current and that the following Caregivers were no longer employed by the facility: Staff G (separated on _____), Staff H (separated on _____), Staff I (separated on _____), Staff J (separated on _____), Staff K (separated on _____), Staff L (separated on _____) and Staff M (separated on _____). She stated that she was aware that the BGS Roster was not recently updated and confirmed it included staff members who were no longer employed by the facility. Unclassified	CZ814		