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
	AL11953321	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARRINGTON TERRACE AT BOYNTON BEACH	1425 S. CONGRESS BOYNTON BEACH, FL 33426

(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 000		

CCR# 2012012529

Allegation was confirmed for Complaint Inspection. The Barrington Terrace Assisted Living Facility is not in compliance with the Requirements for Assisted Living Facilities, related to allegations reviewed.

A 008 SS=G	58A-5.0181(2) FAC Admissions - Health Assessment	A 008		

(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 calendar days prior to 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 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 a communicable which is 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 licensed health care provider, the individual ' s needs can be met in an assisted living facility; and

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A 008	Continued From page 1	A 008		

8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(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, _____ 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered

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A 008	Continued From page 2	A 008		

or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, 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 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency

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A 008	Continued From page 3	A 008		

basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall 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 a 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 record review and interview, the facility did not have an up to date health assessment for 1 out 5 sampled residents (resident #1).

The findings are:

Review of resident #1's record indicated that the resident was admitted to the facility on : with diagnoses including , and . Review of the incident report dated on : at 8:30pm indicated that the resident was ambulating with 2 other residents in the common area hallway of the facility and on his right side fracturing his right hip and shoulder. Further review of the incident report dated on : also indicated that the resident was ambulatory prior to falling and was transferred to the hospital for emergency medical evaluation.

Review of resident #1 ' s health assessment dated on indicated that the resident was independent with ambulation and transferring.

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A 008	Continued From page 4 Review of the admission nursing notes dated on . . . . indicated that the resident was . . . . in the left eye, had . . . . in the right eye as reported by his wife and needed assistance with ambulation. In an interview with the facility director of nursing (DON) on . . . . at 1:20pm, she stated that resident #1 needed assistance with ambulation and transfers since his admission to the facility on . . . . and that his most recent health assessment available was dated on . . . . and was not reflective of the resident ' s ambulatory and functional status, which indicated that the resident was independent with those activities of daily living. The DON also stated at this time that on . . . . at approximately 8:30pm, the resident was left alone by the 2 staff members in the MCU dining . . . two other residents assisted resident #1 to ambulate about the dining . . . . the hallway without staff supervision and resident #1 then . . on the floor. In an interview with the DON on . . . . at 1:25pm, she stated that the MCU had 2 staff members working the evening of . . . . and they are supposed to stagger their assistance one by one so that the residents are not left unsupervised in the common areas as the staff members assist them into their . . . . and this was not apparently what happened due to resident #1 ' s outcome on . . . . The DON also stated at this time that on . . . . immediately after the staff members found the resident on the floor, they moved the resident to his . . . . provided the resident with prescribed " as needed " pain medications before calling for the resident ' s emergency transfer to the hospital and the resident ' s family member was notified of the resident ' s . . . after the resident was transferred to the hospital on . . . . at approximately 1:00am.	A 008		

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A 008	Continued From page 5	A 008		
	Class II			
A 028 SS=G	58A-5.0182(4) FAC Resident Care - Activities of Daily Living	A 028		

(4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility did not provide the required assistance with ambulation and transfers for 1 out of 2 residents (resident #1).

The findings are:

Review of resident #1 ' s record indicated that the resident was admitted to the facility on [redacted] with diagnoses including [redacted] and [redacted]. Review of the incident report dated on [redacted] at 8:30pm indicated that the resident was ambulating with 2 other residents in the common area hallway of the facility and [redacted] on his right side fracturing his right hip and shoulder. Further review of the incident report dated on [redacted] also indicated that the resident was ambulatory prior to falling and was transferred to the hospital for emergency medical evaluation.

Review of resident #1 ' s hospital emergency department record dated on 10-3 [redacted] 11:48pm indicated that the resident fell [redacted] the facility and his chief complaint was right shoulder pain. Review of the resident ' s hospital physician examination dated on 11-[redacted] that the

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A 028	Continued From page 6	A 028		

resident presented with soft tissue on his right forehead, tenderness on the right hip and shoulder, and had a chest , right and right hip , and a hematoma. In an interview with the hospital's emergency department physician on at 10:45am, he stated that although he did not examine the resident on , his impression from reviewing the physician examination dated on , the resident needed care best provided by a neurosurgeon to rule out any complications with the resident's hematoma diagnosis, which the resident was transferred to another local hospital on to receive this care.

In an interview with the facility director of nursing (DON) on at 1:20pm, she stated that resident #1 needed assistance with ambulation and transfers since his admission to the facility on and that his most recent health assessment available was dated on and was not reflective of the resident's ambulatory and functional status, which indicated that the resident was independent with those activities of daily living. The DON also stated at this time that on at approximately 8:30pm, the resident was left alone by the 2 staff members in the MCU dining , two other residents assisted resident #1 to ambulate about the dining the hallway without staff supervision and resident #1 then on the floor. In an interview with the DON on at 1:25pm, she stated that the MCU had 2 staff members working the evening of and they are supposed to stagger their assistance one by one so that the residents are not left unsupervised in the common areas as the staff members assist them into their and this was not apparently what happened due to resident #1's outcome on

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A 028	Continued From page 7 The DON also stated at this time that on : immediately after the staff members found the resident on the floor, they moved the resident to his I provided the resident with prescribed " as needed " pain medications before calling for the resident ' s emergency transfer to the hospital and the resident ' s family member was notified of the resident ' s . . I after the resident was transferred to the hospital on . . . . .: at approximately 1:00am. Class II	A 028		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report 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. Death; . Brain . . spinal damage; 3. Permanent disfigurement; .. Fracture dislocation . . bones or joints; 5. Any condition that required medical attention to	A 165		

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which the resident has not given his or her 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, by electronic mail, facsimile, or United States 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, by electronic mail, facsimile, or United States 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 Family Services 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 case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that

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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 Department of Elderly Affairs may adopt rules necessary to administer this section.

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 one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health

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Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated [redacted] 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility did not submit an initial or full adverse incident report to the Agency for resident #1's incident on [redacted].

The findings are:

In an interview with the facility director of nursing (DON) on [redacted] at 1:20pm, she stated that resident #1 needed assistance with ambulation and transfers since his admission to the facility on [redacted] and that on [redacted] at approximately 8:30pm, the resident was left alone by the 2 staff members in the memory care unit (MCU) dining [redacted] two other residents assisted resident #1 to ambulate about the dining [redacted] the hallway without staff supervision and resident #1 then [redacted] on the floor. In an interview with the DON on [redacted] at 1:25pm, she stated that the MCU had 2 staff members working the evening of [redacted]

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and they are supposed to stagger their assistance one by one so that the residents are not left unsupervised in the common areas as the staff members assist them into their [illegible] and this was not apparently what happened due to resident #1 ' s outcome on [illegible]. The DON also stated at this time that on [illegible] immediately after the staff members found the resident on the floor, they moved the resident to his [illegible] provided the resident with prescribed " as needed " pain medications before calling for the resident ' s emergency transfer to the hospital.

Review of resident #1 ' s hospital emergency department record dated on [illegible] at 11:48pm indicated that the resident [illegible] in the facility and his chief complaint was right shoulder pain. Review of the resident ' s hospital physician examination dated on [illegible] indicated that the resident presented with soft tissue [illegible] on his right forehead, tenderness on the right hip and shoulder, and had a chest [illegible] right [illegible] and right hip [illegible], and a [illegible] hematoma.

In an interview with the DON on [illegible] at 1:30pm, she stated that the facility did not submit an initial or full adverse incident report to the Agency for resident #1's incident on [illegible] which resulted in the resident's transfer to the hospital for injuries acquired in the facility.

Class III

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Barrington Terrace At Boynton Beach
1425 S. Congress
Boynton Beach, FL 33426

Dear Administrator:

Re: CCR #2012012529

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924