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
	AL11932640	A. BUILDING _____ B. WING _____	11/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BOYNTON VILLAGE	1935 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

(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 The following complaints survey were completed on ..... CCR#s 2012010020, 2012010025 and 2012010079. The Emeritus Boynton Village Assisted Living Facility is not in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000		
A 152 SS=D	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and	A 152		

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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 . . 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 shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility did not provide a safe environment, free from mold or mold-like growth. The findings are: In an observation with the maintenace director from 10:10am to 10:20 inside resident . . . . 307 and 424 and the second floor stairwell, the air conditioner (a/c) and exhaust filters had a thick layer of dust build-up on them, with no light could be seen through them. The minatenance director stated at this time that the observed filters in these areas needed to be cleaned. In observations on with the admnistrator and the maintenance director, in which was used as physical rehabilitation for the residents, had black discolored walls surrounding the air conditioning unit. In an observation of with the administrator at 11:30am, the closet ' s inside wall was discolored black with mold-like patterns throughout the wall.	A 152		

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A 152	Continued From page 2 In an observation with the administrator at 11:55am in , there was a dark brown/black stain on the carpet by the closet door and a picture frame next to the front door presented to be warped out of shape. The clothing inside closet presented to be odor-free and without any signs of mold or mold-like growth. In an interview with resident #9 at 12:00pm, she stated that in her there was a lot of moisture this past month and that it caused the picture frame to get wet and become deformed, but it is now dry. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Emeritus At Boynton Village
1935 South Federal Highway
Boynton Beach, FL 33435

Re: CCR #2012010020, #2012010025, #2012010079

Dear Administrator:

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 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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