

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER A - KOOLBREEZE CARE BOCA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 10705 ELAND ST BOCA RATON, FL 33428		
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{A 000}	Initial Comments An Assisted Living Facility Complaint Inspection (CCR #2012009204) revisit survey was conducted on A Kooolbreeze Care Boca Manor, had uncorrected licensure deficiencies found at the time of the visit. Specifically: A 0120 & A 0152. The following additional deficiencies were issued on the same date of the revisit survey: A 004, A 007, A 008 and A 167	{A 000}		
A 004 SS=G	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING	A 004		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6009

ZXOF12

If continuation sheet 1 of 18

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A 004	Continued From page 1 FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C. (5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter. (6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C. (7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws. (8) THIRD PARTY SERVICES. (a) In instances when residents require services from a third party provider, the facility	A 004		

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A 004	Continued From page 2 administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident 's record. (b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident 's record. (c) The facility 's facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility 's efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident 's record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure that the licensed capacity of 6 was not exceeded without prior authorization from the Agency. The findings include: Review of the facility's license revealed a licensed capacity of 6 by AHCA. During observations made at the facility between the hours of 9:15 AM	A 004			

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A 004	Continued From page 3 and 11 AM on _____, there were 7 residents observed in the facility. During an interview with Employee #1 at 9:35 AM on _____, she confirmed 7 residents currently reside at the facility. It was also revealed 2 out of the 7 residents are independent residents (Resident #1 & #2) that require no assistance with Activities of Daily Living (ADLs) from the facility. Employee #1 stated Resident #1 and #2 are independent with their physician order medications but she ensures both residents take there medications daily by reminding the resident during the dosage time to take their medications and she observes (supervises) each resident consume the required dosage and returns the medications to locked storage box on a daily basis, which is in possession of the resident(s). During an interview with Resident #2 at 9:50 AM on _____, he confirmed the aforementioned regarding medication assistance provided. Review of executed residency agreements for R#1 (dated _____) and #2 (dated _____) confirmed both were ALF residents of the facility. During a phone interview with the Administrator at 10:30 PM on _____, she confirmed the facility's census was 7 residents and that Resident #1 and #2 are independent residents. Upon request of independent residency contracts for R#1 & #2, she revealed the only contracts available were the ALF residency contracts within each residents file. Further interview with the Administrator, revealed the facility had not received approval for the capacity increase from the local zoning division, the County Health Department and the local Fire Department. The lack of approval from local regulatory departments directly jeopardizes the safety and well-being of the residents. Class II		A 004		

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A 007 SS=D	Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable _____ which is likely to be transmitted to other residents or staff; however, a person who has _____ may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's or the resident's surrogate, guardian, or attorney-in-fact's written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the	A 007	

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A 007	Continued From page 5 facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any _____ or 4 pressure sores. A resident requiring care of a _____ pressure _____ may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident 's record; and 3. If the resident 's condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, _____ or _____ suctioning; 2. Assistance with tube feeding; 3. Monitoring of _____ gases; 4. Intermittent positive pressure breathing _____ or _____ 5. Treatment of surgical _____ or wounds, unless the surgical _____ or _____ and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the		A 007		

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A 007	Continued From page 6 decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that upon admission, all residents meet admission criteria, for 1 out of 7 sampled residents (Resident #4). The findings include: Observations of Resident #4, during the survey between the hours of 9:15 AM and 10:50 AM on _____ revealed the resident was confined to her wheelchair and incapable of transferring or ambulating with assistance from staff. The resident was also noted to be non-verbal and not alert and/or oriented. During an interview with Employee #1 at 10:15 AM on _____, it was revealed Resident #4 was recently admitted to the facility over a month ago (exact date unknown) and requires total care upon admission. Review of the facility's admission and discharge log failed to indicate an admission date	A 007	

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A 007	Continued From page 7 for the resident. Employee #1 also revealed Resident #4 is a recipient of hospice services. Further record review revealed the resident was admitted under hospice care for _____ and total care for ADLs, prior to her date of admission to the current facility. Class III		A 007		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (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		A 008		

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A 008	Continued From page 8 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/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	A 008		

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A 008	Continued From page 9 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	A 008	

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A 008	Continued From page 10 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, it was determined the facility failed to ensure that all each resident's Health Assessment was obtained within 30 days after admission, for 1 out of 7 sampled residents (Resident #4). The findings include: During an interview with Employee #1 at 10:15 AM on 11/1/11, it was revealed Resident #4 was recently admitted to the facility over a month ago (exact date unknown). Review of the facility's admission and discharge log failed to indicate an admission date for the resident. Review of Resident #4's health assessment documented a examination date of 10/0/11. During an interview with Employee #1 at 10:30 AM on 11/1/11, it was revealed the health assessment was completed by the prior facility. It was revealed the resident was not examined by her physician and the findings documented on a new health assessment as required, upon admission to the facility.		A 008		

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A 008	Continued From page 11		A 008		
	Class III				
{A 120} SS=D	58A-5.021(1) FAC Fiscal - Financial Stability Fiscal Standards. (1) FINANCIAL STABILITY. The facility shall be administered on a sound financial basis in order to ensure adequate resources to meet resident needs. For the purposes of Section 429.47, F.S., evidence of financial instability includes filed bankruptcy by any owner; issuance of checks returned for insufficient funds; delinquent accounts; nonpayment of local, state, or federal taxes or fees; unpaid utility bills; tax or judgment liens against facility or owners property; failure to meet employee payroll; confirmed complaints to the agency or district long-term care ombudsman council regarding withholding of refunds or funds due residents; failure to maintain liability insurance due to non payment of premiums; non payment of rent or mortgage; non payment for essential services; or adverse court action which could result in the closure or change in ownership or management of the ALF. When there is evidence of financial instability, the agency shall require the facility to submit the following documentation: (a) Facilities with a capacity of 25 or less: 1. Payment of local, state or federal taxes; 2. Delinquent accounts, if any; 3. Number of checks returned for insufficient funds during the previous 24 months, if any; 4. Receipt of resident rent payment; 5. Amount of cash assets deposited in the facility bank account; 6. Capability of obtaining additional financing, if needed; and 7. A statement of operations or AHCA Form 3180 1002, 1995, projecting revenues, expenses,		{A 120}		

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{A 120}	Continued From page 12 taxes, extraordinary items, and other credits and charges for the next 12 months. (b) Facilities with a capacity of 26 or more, shall provide the documentation described in paragraph (a) above, or submit a current asset and liabilities statement or AHCA Form 3180-1003, _____ 1998. This Statute or Rule is not met as evidenced by: Based on interview, it was determined the facility failed to provide evidence of financial stability, as required. The findings include: During a phone interview with the Administrator at 9:20 AM on _____ the facility's financial records (proof of income, assets and liabilities) were requested, to determine financial stability. However, the Administrator stated that she did not have the information available for review as required. Class III This deficiency remains uncorrected from the Complaint Inspection #2012009204 survey conducted on _____		{A 120}		
{A 152}	58A-5.023(3) FAC Physical Plant - Safe Living SS=G 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,		{A 152}		

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{A 152}	Continued From page 13 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 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 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 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: The facility failed to provide a safe living environment free from hazards, as enforced by the local fire department.	{A 152}			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER A - KOOLBREEZE CARE BOCA MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 10705 ELAND ST 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)	
(A 152)	Continued From page 14 The findings include: During a phone interview with the Administrator at 10:15 AM on _____, the revisit fire inspection report reflecting a fire inspection conducted by the local fire department on _____ was requested. The Administrator reported that all outstanding violations were corrected on behalf of the facility. However, as of _____ the facility had not had a re-inspection by the local fire department, including ensuring that the fire monitoring system was active and monitoring the facility. A phone interview with the fire monitoring system company at 9:52 AM on _____ confirmed that the facility is actively being monitored. During a phone interview with the fire inspector from the local fire department on 11 _____ at 10:20 AM, it was revealed the facility has not corrected the violations as documented on the fire inspection report dated _____. It was revealed the facility still has an unsatisfactory inspection as of date of this complaint inspection revisit survey. Class II This remains an uncorrected deficiency from _____ Complaint survey.		(A 152)		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to		A 167		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER A - KOOLBREEZE CARE BOCA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 10705 ELAND ST BOCA RATON, FL 33428	
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A 167	Continued From page 15 the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or _____ of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or _____ facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident's medical condition, such as the resident's being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident's behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility	A 167	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R
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A 167	Continued From page 16 is licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility's policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility's policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that all contracts are executed by the resident or legal guardian and the facility's representative, for 1 out of 7 sampled residents (Resident #4). The findings include: Review of Resident #4's record revealed the file lacked documentation of an executed contract		A 167		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968174	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R
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A 167	Continued From page 17 between the facility and the resident's legal guardian. During an interview with the Administrator at 10:20 AM on _____, it was revealed the facility had not executed a residency agreement between both parties, as required. Class III	A 167	



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
A - Koolbreeze Care Boca Manor
10705 Eland St
Boca Raton, FL 33428

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2012 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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

BBT7

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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