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 _____	

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 An Assisted Living complaint inspection (CCR# 2013000497) was conducted on 01/1 . . Emeritus at Boynton Village, had licensure deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure supervision, as appropriate for each resident, including the following: Daily observation by designated staff of the activities of the resident while on the premises and general awareness of the resident ' s whereabouts and safety, for 1 out of 3 sampled residents (Resident #1). The findings include: a) Resident #1 was admitted to the facility on , with a diagnosis to include and . A review of the AHCA 1823 form dated documents the resident is independent with all activities of daily living. During an interview on at 9:20 AM with the Administrator, she stated "we don ' t take people who are elopement risks and the staff does not asses for elopement risks." It was revealed on Resident #1 walked out the front door of the facility and got on a bus. The Administrator stated a couple of days prior he told her that he wanted to see his wife who lives in another city. The Administrator presented an "elopement book" that identifies 11 at risk residents. Resident #1 was not identified in the book. At 9:30 AM the facility nurse stated the resident had informed her he was having problems with his and stating he wanted to go home. During an interview on at 10:40 AM with Resident #1 who was alert with some stated he did not want to live at the facility anymore he wanted to go up north. He said he	A 025		

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A 025	Continued From page 2 saw an opportunity when nobody was at the front desk so he left. There is no evidence of documentation any of the facility's staff was made aware of the resident's behaviors prior to him leaving the facility on b) Resident #2 was admitted to the facility on with a diagnosis to include and poor short term memory. The elopement book revealed the following information about Resident #2: a picture and a detailed profile "allowed out only during business hours." No additional information was noted. A progress note dated documents at 1:15 AM the resident was observed at gas station down the street asking people for money. "We suspect to buy " I reminded him to sign out when leaving the property. He had a strong smell of about his person ". Note dated , documented he went out the pool door at 4 AM and found at front door at 6 AM and let back in, advised not to leave building without notification. Note dated at 8 AM, resident is at Boynton post office, did not sign out and was returned to the facility at PM. Further review of the record revealed a resident care form dated notes cognition information: memory: alert, forgetfully. Mental behavior status: requires daily safety checks history of leaving without signing out. Observed by staff panhandling for money on corner gas station concern he is using money for During an interview with the Administrator and facility's Nurse regarding Resident #2 and his elopements, they stated the facility has not implemented safety checks on any of the residents identified in the elopement book and could not elaborate on the documentation, only	A 025		

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A 025	Continued From page 3	A 025		

allowing Resident #2 out of the building during business hours. There is no evidence of documentation the facility had performed any safety checks on the resident.
During an interview on [redacted] at 12:30 PM with Resident #2 who appeared childlike stated he likes to get out sometimes and walks to the college and back. The college is in a nearby city. He also stated he liked walking around and it is easier to just leave because they make too much of a deal if he tells them he wants to walk around.
c) During a tour of the facility staff members were asked if they knew of any residents who may be at risk for elopement. Six direct care staff stated they were not aware of any residents at risk and stated they were not aware of any facility training on elopement. A request was made to the Administrator for training related to elopement. The business office manager provided a facility in-service dated [redacted] for elopement / wandering, only 25 staff members participated. The Business Manager stated the facility does not have a plan to educate the rest of the staff. He stated the topics come from corporate and change monthly depending on what happens in community.

A review of the facility's policy for unsupervised absence management documents the following: Resident Care Director or designee evaluates the resident using the comprehensive evaluation tool. Residents and/or responsible parties sign the appropriate disclosures upon admission. The facility failed to follow their policy and assess upon admission residents who may be at risk for elopement; evident of Resident #1's elopement history.

There is no evidence of documentation the facility completed the comprehensive evaluation tool on

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A 025	Continued From page 4 any residents. The facility nurse confirmed that she does not do an elopement assessment on residents admitted to the facility and was not aware of the comprehensive evaluation tool. During an interview with the Administrator at 1 PM on , aforementioned was confirmed and that no further documentation was available for review.	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: CCR #2013000497

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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