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
	AL11932687	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYNTON BEACH ASSISTED LIVING FACILITY	1708 N.E. 4TH STREET 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 Facility complaint inspection (CCR# 2013002940 and 2013002392) was conducted on and Boynton Beach Assisted Living Facility, had licensure deficiencies found at the time of the visit.	A 000		
A 007 SS=G	58A-5.0181(1) FAC Admissions - Criteria 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.	A 007		

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BOYNTON BEACH ASSISTED LIVING FACILIT\	1708 N.E. 4TH STREET BOYNTON BEACH, FL 33435

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A 007	Continued From page 1	A 007		

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 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

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A 007	Continued From page 2	A 007		

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 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, the facility failed to ensure all residents admitted met the admission criteria. As evident by the facility failed to ensure a qualified nurse was available to administer _____ to a newly admitted resident, that required the service. (Resident #1).

The findings include:

1. A review of Resident #1's facility medical record revealed Resident #1 was admitted to the facility on _____. At the time of admission,

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A 007	Continued From page 3 Resident #1 presented to the facility with two prescription for insulin units with meals three times a day for one month and 50 units of Insulin at bedtime for one month). 2. A review of Resident #1's Agency for Health Care Administration Health Assessment, signed as completed on 02/13. Resident #1 has a history of Diabetes was assessed as needing medication administration. Further review of the assessment revealed the physician completing the assessment stated, "[Per the resident's case manager the resident] lacks complex making skills." 3. A review of Resident #1's Medication Observation Record (MORs) revealed there was no information for the resident's prescribed insulin on the record or marked as given to Resident #1 on 03/08 03/09 #1 did not receive her insulin ordered. 4. A review of Resident #1 hospital records revealed Resident #1 was admitted to a Hospital on 03/09. #1' s chief compliant upon admission is documented as, "hyperglycemia" blood A review of Resident #1's hospital lab report showed Resident #1's Glucose level was 688 mg/dl when tested on admission (Normal 80-120 mg/dl). 5. On 03/19 10:46 a.m. an interview was conducted with the Staff A. Staff A stated she admitted Resident #1 to the facility on 03/08. A confirmed she was aware of Resident #1 insulin prior to the resident's being admitted to the facility. Staff A recalled a conversation she had with Resident	A 007		

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A 007	Continued From page 4	A 007		

#1's case manager approximately two weeks before the resident was admitted to the facility. She stated," Resident #1's case manager was telling me the conditions of Resident #1, that she had [illegible] sugar issues and mentally she had the [mindset] of a child and she was not able to make her own decisions sometimes." Staff A confirmed she did not have any coordination of services for a nurse to come in to see Resident #1 on [illegible].

6. On [illegible] at approximately 11:25 a.m. the Administrator was interviewed. The Administrator stated the facility has a Limited Nursing Services (LNS) speciality license and does not currently have a nurse on staff, because he does not have any residents receiving LNS services. He confirmed there were no licensed nurses available to assist Resident #1 with her [illegible] needs on [illegible] or [illegible].

7. On [illegible] at 1:13 p.m. Resident #'1's Power of Attorney (POA) was interviewed. The POA stated she took Resident #1 to the facility on [illegible] around 11:00 a.m. The POA reported telling staff members at the facility that Resident #1 is a "severe [illegible]' and depends on her [illegible]. The POA continued by saying she gave the facility two prescriptions to fill for Resident #1's [illegible] and at that time the facility informed her that they did not have a nurse on the premises. The POA described receiving a phone call from Resident #1 the following morning, [illegible] Resident #1 told the POA that she had not received her [illegible] at the facility. The POA reported requesting Resident #1 be sent to the hospital immediately.

8. On [illegible] at 11:17 a.m. Staff B (an unlicensed and untrained staff member) was

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A 007	Continued From page 5 interviewed. Staff B stated on [redacted] Resident #1 came to her and requested an [redacted] injection. Staff B stated she did not see any [redacted] in facility for the resident. After speaking to Resident #1's POA, Staff B stated she pricked Resident #1's finger and attempt to get a [redacted] sugar level, but the resident reading was high and the reading did not register. She added Resident #1 stated, "I just want my [redacted] 9. On [redacted] at 1:29 a.m. Resident #1 was interviewed and stated she waited for the facility to provide her with her [redacted], but they did not have it available for her. She described watching other residents stand in line at the medication cart and received their medications. Resident #1 stated she started to feel sick on [redacted] because she went two days without her [redacted] and she had never gone two days without her [redacted]. The facility failure to ensure the residents met admission criteria based on the resident requiring nursing services and and this service not being provided or available at the facility, jeopardized the safety and well-being of Resident #1. Class II	A 007		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or	A 052		

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A 052	Continued From page 6	A 052		

an unlicensed staff member, who is at least [illegible] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of

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A 052	Continued From page 7 subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the	A 052		

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A 052	Continued From page 8 unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on record review, observations, and interview, the facility failed ensure an unlicensed staff member followed the proper procedures of read the medication labels in the presence of the resident while assisting 2 of 6 residents with the self-administration of medication (Resident #1 and #4). The findings include: 1. On , Staff D's employee record was reviewed. The record confirmed Staff D is an unlicensed staff member. 2. On , The facility's Medication Policy and Procedures were reviewed. Section 6 (B) of the policy states " Medication, in its dispensed, properly labeled container will be brought to the resident and in their presences, read the label, open the container, remove the prescribed amount of medication and close or dispose of the container (if auto-Med). 3. On at approximately 12:07 p.m. Staff D was observed preparing medication for resident #4. Staff D placed two pills and in a small white cup and handed it to Resident #4. Staff D did not read the label to	A 052		

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A 052	Continued From page 9 Resident #4. 4. On . . at 12:13 p.m. Staff D was observed preparing medication for Resident #1. She placed the five pills in small white cup and handed the cup to Resident #1 and stated, " You know all your meds, right?" 5. On at approximately 12:08 p.m. Resident #4 was interviewed. Resident stated he knows his medications and knows what he is taking. When asked which medication Staff D gave him he answered, and . . . . . The Resident #4 actually received and . . . . . . 6. On . . . . . at approximately 12:40 p.m. Staff D was interviewed. Staff D stated she was trained to pass medication. She recalled in her training she was taught to, read the label in the presence of the resident. She stated she did not read the labels to Resident #4 and #1 because they know which medication they are taking. Staff D confirmed she did not learn to omit reading the medication labels to residents who are aware of what medication they are taking. Class III	A 052		
A 053 SS=G	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a	A 053		

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A 053	Continued From page 10	A 053		

health care provider ' s order or prescription label.
(b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to ensure a qualified staff participated in the

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A 053	Continued From page 11 testing the [redacted] sugar glucose levels of 1 of 3 [redacted] dependent residents reviewed (Resident #1). The findings include: 1. On [redacted] 11:17 a.m. Staff B was interviewed. Staff be admitted to testing the [redacted] glucose level of Resident #1 on the morning of [redacted]. Staff B stated she pricked Resident #1's finger and Resident #1 [redacted] sugar level was so high that she could not get a reading. 2. On [redacted] at 2:15 p.m. the Administrator was interviewed. He confirmed he is aware Staff B, who is unlicensed, tested Resident #1's [redacted] glucose level. He confirmed Staff B and his other staff members are not qualified to test glucose levels. 3. On [redacted] A note in the Front Desk Book, dated [redacted], detailed the account of Staff B of testing Resident #1 glucose level. The note states, "[Resident #1] was not feeling well this morning. her [redacted] did not come in yet. I could not get a reading on her for her sugar. The paramedics was called and she was taken to Bethesda Memorial Hospital. Her sister was informed." 4. On [redacted] Staff B's employee record was reviewed. The record confirmed Staff B is not a licensed nurse. Further review revealed Staff B completed an 8 hour courses on, " The administration of medication in compliance with the Florida [redacted] Program Policy Directives #01-01. The certificate states, " the curriculum includes 65G-7 rules and forms associated. " The date of completion is listed as	A 053		

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A 053	Continued From page 12 . . . . . There was not accurate record to show of Staff B received the appropriate assistance with the self-administration of medication training in accordance with 58A-5.0191, F.A.C. 5. On . . . . . The facility's Medication Policy and Procedures were reviewed. Section 6 (G) of the policy states, " The unlicensed staff member will not perform any service that is not in his/her capacity. " Section 8 of the policy states, " Residents requiring clinical laboratory test, that are unable to perform testing on themselves, will have the test performed by a third Party. The facility will assist the resident in making the proper arrangements. " Class II	A 053		
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 . . . . . sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

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(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 152	Continued From page 13	A 152		

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:
Based on interview and record review, the facility failed to ensure the front doors of the facility were secure and maintained in proper working order.

The findings include:

1. On at 3:02 p.m. Staff D was interviewed. Staff D stated the front door of the facility is broken. Staff D continued by saying; "If you put enough force on the door it will release and open."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932687	A. BUILDING: _____ B. WING _____	

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BOYNTON BEACH ASSISTED LIVING FACILITY	1708 N.E. 4TH STREET BOYNTON BEACH, FL 33435

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A 152	Continued From page 14 2. On . the Administrator was interviewed. He denied there was an issue with the front door not working properly. He stated the front doors of the facility are kept locked, because not all residents are allowed to leave the facility unattended. 3. On . at 3:42 a.m. Resident #11 was interviewed. Resident #11 stated sometimes the front doors of the facility do not catch. She stated when this occurs a person can get out of the facility without the staff knowing or letting them out. 4. On . at 8:52 a.m. a representative from the company which repairs the facility doors was interviewed. The Representative stated, " The door it's an old wood jam door. The door is sagging an inch and it no longer guaranteed to positive lock every time." He continued by stating the wood on the top of the door is rotten and the entire frame of the door needs to be replaced. 5. On . The facility records were reviewed. Two services orders from a door company were reviewed. Service order #29325 was completed . The notes described the door as sagging and needing a new closure. Service order #29802 was completed on . and states, " [Front] Doors in very poor condition cannot repair to make doors secure. " Glass III	A 152		

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	AL11932687	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYNTON BEACH ASSISTED LIVING FACILITY	1708 N.E. 4TH STREET 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 163	Continued From page 15	A 163		
A 163 SS=D	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility falsified documentation of an assistance with the self-administration of medication certificate for 1 of 3 employees reviewed (Staff B). 1. On Staff B's employee record was reviewed. At the time of the review Staff B's employee record contained a certificate for The administration of medication in compliance with the Florida Program Policy Directives #01-01. The certificate states, " The curriculum includes 65G-7 rules and forms associated. " The date of completion is listed as There was no record to show Staff B received the appropriate assistance with the self-administration of medication training in accordance with 58A-5.0191, F.A.C. 2.On a fax was received from the facility. The fax contained a copy of Staff B's certificate dated which reflects	A 163		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932687	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYNTON BEACH ASSISTED LIVING FACILIT\	1708 N.E. 4TH STREET 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 163	Continued From page 16 training under 65G-7 rules. 3. On 03/21 request was made to view certificate of for Staff B which shows she completed the appropriate assistance with the self administration of medication training in accordance with 58A-5.0191, F.A.C. Staff D presented a copy of a certificate for Staff B which showed Staff B completed a four hour course on 01/30. . The certificate was observed to have Staff B's name handwritten on the front. Further observations revealed a light trace rectangular line surrounding Staff B's name. The certificate appeared to have been altered to include Staff B's name. 5. On 03/28 18 a.m. the Instructor listed as having taught the class denied having a record of Staff B receiving Assistance With the Self-administration of Medication training on 01/30 reviewing her class records the Instructor wrote, "I don't have a signature of attendance for [Staff B]." On 03/29 8:57 a.m. After reviewing a copy of the certifivate, The Instructor wrote, "The printed name of Staff B's [Certificate] is not my printing/handwriting, and I never leave blank certificates to fill names in. I had [an assistant] check the sign in sheets and the copies of my certificates I completed, Staff B's name is not on either one." Class II	A 163		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance	A 165		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932687	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOYNTON BEACH ASSISTED LIVING FACILITY	1708 N.E. 4TH STREET BOYNTON BEACH, FL 33435

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A 165	Continued From page 17	A 165		

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. [illegible];
2. [illegible] or spinal damage;
3. Permanent [illegible];
4. [illegible] or [illegible] of bones or joints;
5. Any condition that required medical attention to 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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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BOYNTON BEACH ASSISTED LIVING FACILITY	1708 N.E. 4TH STREET BOYNTON BEACH, FL 33435

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A 165	Continued From page 18 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 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	A 165		

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A 165	Continued From page 19 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 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 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.	A 165		

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A 165	Continued From page 20	A 165		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to submit a one day Adverse Incident report to the Agency for Health Care Administration(AHCA) after having an event which required a resident to be moved to a facility which provides a higher level of care for 1 of 4 records reviewed (Resident #1).

The findings include:

1. On . . . . . Resident # 1's record was reviewed. The record revealed Resident #1 was admitted to the facility on . . . . . with a prescription for . . . . . Review of Resident #1's Medication Obsrevation Record revealed Reisdent #1 did not receive her . . . . . as order while at the facility on . . . . . and . . . . . Resident #1 was sent to the hospital on . . .

2. On . . . . . Resident #1's hospital record was reviewed. The records revealed Resident #1 was admitted to the hosptal on . due to, "Significanlty elevated sugar levels greater into the 500's." Reisdent #1 was discharged to a rehabilitatoin center.

3. On . A review of the facility's filed Adverse Incient reports from to . were reviewed. At the time of the review there were no reports concerning the incident for Resident #1 was admitted to the hospital and then discharges to a rehab facility after not recieving her . . . . . at the facility.

Agency for Health Care Administration

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A 165	Continued From page 21 4. On [redacted] at 9:30a.m. An nterview was conducted with and AHCA representaitive confirmed a report was not filed by the facility for Resident #1 in 2013. Class III	A 165		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Received by
Kisha S Flint-Assistant
Administrator
on 9/9/13

Boynton Beach Assisted Living Facility
C/O Hansram Ramrup
1708 NE 4th Street
Boynton Beach, Florida 33435

Dear Mr. Ramrup,

This letter reports finding of compliant surveys 2013002940 and 2013002392 conducted on 2013 and 2013, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (3020) Form, which indicates there were deficiencies noted during the investigation.

You are directed to provide a plan of correction to the Delray Beach Field Office for the identified deficiencies within **five calendar days** of receipt of this hand delivered report. The plan should be directed to the attention of Mrs. Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Delray Field Office
Attention: Tikle Wedges-Phoenix
5150 Linton Blvd., Suite 500 Delray Beach, FL
Phone: (561) 381-5840; Fax: (561) 496-5925

The investigation resulted in findings of noncompliance with the following areas:

1) A 0007 Admission Criteria-Class II
Your Assisted Living Facility failed to ensure a qualified nurse was available to administer to a newly admitted resident who was assessed as needing medication administration. This noncompliance possesses a direct threat to the health and welfare of residents living in your facility.

2) A 0052 Assistance with the Self-administration of Medication-Class III
Your Assisted Living Facility failed to ensure an unlicensed staff member assisted resident with the Self-Administration of medications in accordance to 58A-5.0191, F.A.C. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

3) A 0053 Medication Administration-Class II
Your Assisted Living Facility failed to ensure a nurse was available to administer medication and assist with the glucose level testing. This noncompliance possesses a direct threat to the health and welfare of residents living in your facility.

4) A 0152 Physical Environment-Class III
Your Assisted Living Facility failed to ensure the front doors of the facility were in maintained in good repair and in a manner that does not pose a risk to resident's safety and welfare. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

5) A 0163 Records Alteration thereof-Class III
Your Assisted Living Facility failed to ensure the validity of training documentation for assistance with the self-administration of medication records. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

6) A 0165 Adverse Incident Reports-Class III
Your Assisted Living Facility failed to submit an initial (One Day) Adverse Incident Report after an event that met the criteria for an adverse incident and failed to notify the Agency for Health Care Administration of the adverse incident. This noncompliance possesses an indirect threat to the health and welfare of residents living in your facility.

Your plan of correction must include the following:

1) Documentation that all staff which assist resident with the self-administration of medication are RETRAINED in accordance with 58A-5.0191, F.A.C. The training must be provided by a trainer approved by the Department of Elder Affairs or the Agency for Health Care Administration. The original certificates for this training must be retained by the facility in the employee's record and are to be available for review no more than five days from the receipt of this letter.

2) A description of how you plan to address assessing the appropriateness of new residents and the facility's ability to meet the needs of new residents prior to their admission to the facility.

3) Employment of a consultant pharmacist to review the medication systems in the ALF and ensure all medications are maintained and provided in a safe manner within seven days of receipt of this letter.

4) Evidence that you are coordinating with a company to install secure front doors at the facility available for review no more than five days from the receipt of this letter. .

5) A description on how your facility plans to address falsification/alteration of facility records and documents.

6) An updated policy and procedure regarding filing Adverse Incident Reports for situation in which an Adverse Incident report would be required.

Should you have any questions, please call Mrs. Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor at (561) 381-5840

Regards,

Arlene Mayo-Davis, Field Office Manager