STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932640	05/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Village	1935 South Federal Highway Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection (CCR #2013005103) survey was was conducted on . The Emeritus ay Boynton Village had licensure deficiencies found at the time of the visit.

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation, record review and interview, the facility did not maintain a safe living environment and did not ensure that all existing architectural, structural systems and appurtenances are maintained in good working order. As evidenced by having fire code violations, water leaks coming from the wall and ceilings, and a hole in the wall.

The findings include:

a) In an observation on at 11:15 AM on the 3rd floor hallway next to , the air conditioning supply vent had a condensation leak dripping on the wall and the 3rd floor laundry a leak coming out of the plenum space hatch dripping water on the clothes washer and dryer. In an interview with the Maintenance Director at this time, he stated that the air conditioning unit above the plenum space hatch in the laundry leaking water. In an observation on at approximately 2:00 PM, the 1st floor elevator control panel had a gap on the drywall on the top part of the metal wall plate approximately 1 x 0.5 inches in size.

b) Review of the fire code inspection dated on indicated that the facility was in violation of fire prevention codes, including failure to have proper fire sprinkler and annual fire alarm reports. This fire code inspection report dated on is attached with this investigation.

c) In an interview withthe Assistant Fire Marshal on at 1:50 PM, he stated that the facility violations he discovered on , in no way place its residents in jeopardy and are not critical faults. He stated at this time, that the fire department and the facility currently are working together to resolve all procedural and reporting violations they have.

d) In an observation on at 8:50 PM, with the Nurse Supervisor, the 4th floor carpet was soaked from water leaked from the ceiling tile located next to the roof access door. In an interview with the Nurse Supervisor on at 8:50 PM, she stated that she was aware that the roof was leaking rain water through the access hatch.

3) In a consultation with the Agency fire protection on at 12:45 PM, he stated that the facility ' s fire code sprinkler violations issued by the fire department on , place all the residents and occupants in serious risk and that the facility should have all fire sprinkler reports available for local fire department inspection at all times.

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	AL11932640	05/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Village	**1935 South Federal Highway Boynton Beach, FL 33435**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class II

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC
Based on record review and interview, the facility did not submit an emergency management plan for review and approval with the Palm Beach County Emergency Planning Agency.

The findings are:

Review of the Palm Beach County letter dated , indicated that the facility's emergency management plan was approved until . Further review of the facility records indicated that the facility did not have a current approved emergency management plan. In an interview with the Administrator on at 2:05 PM, she stated that the facility did not have proof that it renewed its emergency management plan with Palm Beach County.

Class III

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 #2013005103

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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