STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942705	01/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brighton Gardens Of Boca Raton	6347 Via De Sonrisa Del Sur Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure survey with Limited Nursing Services (LNS) was conducted on [redacted] at Brighton Gardens of Boca Raton. The facility had licensure deficiencies found at the time of the visit.

This survey was conducted in conjunction with complaint # 2013008157 and complaint # 2014000136, please refer to separate reports for findings.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to provide care and services appropriate to meet the needs of the resident as evidenced by the failure to followup with physician after a significant change was identified and medical orders were received for Resident #1.

The findings include:

Resident #1 was admitted to the facility with medical diagnosis of [redacted] chronic kidney [redacted] A-fibri [redacted] unsteady gait and [redacted] retention. The Resident Health Assessment dated [redacted] reveals the resident is on Limited Nursing Service (LNS) for [redacted] care. The resident requires assistance with his ADL care and with self administration of medications.

Review of the facility Limited Nursing Progress Notes reveals inconsistent documentation of [redacted] observation and care by the nursing staff. Nurses are documenting monthly while monitoring

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and care is given daily.

Review of the facility Progress Notes dated 7-3 PM shift, revealed the resident complained to his private duty aide, " he was not feeling well" and experiencing The note documents the primary physician was notified by the facility staff. And the note documents the Private Duty aide called the resident's urologist for The note documents the residents was observed to be cloudy. An additional note dated at 4 PM reveals an order was received from the physician, to obtain a specimen for urinalysis with culture and sensitivity. The nurse documents she informed the private duty aide of the order and the resident will continued to be monitored.

Review of the Progress Notes reveals no further documentation regarding the residents condition. The next written note is dated Further review of the LNS Log, reveals a Progress Notes dated which documents care rendered , approximately 250 cc in collection bag with no complaints. There is no documentation of assessment, monitoring, treatment of a (

Review of the Physician Orders and 2013 Medication Observation Record revealed no was ordered for the resident.

Review of lab results dated revealed the specimen was slightly cloudy,with abnormal results including 1+ , trace protein, positive 3+ leukocytes, 15-20 and 2+.

On at approximately 12:00 PM during an interview with the Health Care Coordinator (HCC) Registered Nurse, she was questioned if the resident received any treatment for the abnormal urinalysis results. She reviewed the entire medical record and was unable to determine if the resident received any treatment. She was unable to provide documentation that the staff communicated with the physician for further treatment. She stated that she would investigate and speak with the staff.

On at approximately 12:30 PM, the HCC stated that she had questioned the residents private duty aide and had determined the aide called the residents urologist and obtained a prescription for for the resident. She stated that the private duty aide had administered the medication , not the facility staff. The HCC stated that she was unaware the resident was being treated for a When questioned if the facility nurse had contacted the physician with the results of the urinalysis, she stated that the lab report was faxed to the physician directly and the facility received the copy via mail. She stated that the facility nurses failed to follow up with the physician after receiving

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the lab results.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the assisted living facility failed to ensure that 2 out of 4 (Staff A and B) staff members had received the required in-service training within 30 days of employment.

The findings Include:

1) A review of Staff A's personnel record, whose date of hire was , revealed that Staff A did not have any documentation of having the following in-services training:

a) Incident Reporting
b) Emergency Preparedness and Evacuation
c) Elopement Response

In an interview conducted with the Assisted Living Coordinator on at approximately 12:00 PM, he stated Staff A works the 7 :00 AM - 3:00 PM and various other shifts as needed as a Care Manager. She also provides the residents with assistance and oversight of their activities of daily living.

2) A review of Staff B's personnel record, whose date of hire was , revealed that Staff B did not have any documentation of having the following in-services training:

a) Incident Reporting
b) Emergency Preparedness and Evacuation
c) Elopement Response

In an interview with the Assisted Living Coordinator on at approximately 12:00 PM, he stated staff B works the various shifts as a Care Manager, and provides the residents with assistance and oversight of their activities of daily living.

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In an interview with the Human Resource Director on at approximately 11:00 AM, she reviewed the record and acknowledged the findings.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on observation,interview and record review, the facility failed to maintain required Nursing Progress Notes for resident care and conducting a Monthly Nursing Assessment, for 2 of 2 sampled residents receiving Limited Nursing Service (Resident #1 and #2).

The findings include:

Resident #1 was admitted to the facility with medical diagnosis of ı,chronic kidney A-fibri unsteady gait and retention. Resident #1's Resident Health Assessment dated reveals the resident is to be placed on Limited Nursing Service for care. The resident requires assistance with his ADL care.

Resident #2 was admitted to the facility with medical diagnosis of chronic kidney history of deep thrombus, incontinence, with Review of Resident #2's Resident Health Assessment dated revealed the resident is alert and oriented and she requires assistance with ADL care. The resident utilizes O2 via nasal cannula as needed for

Review of the LNS Log revealed only occasional progress notes documenting care and maintenance provided by the facility for Resident #1's and Resident #2's Further review of the log revealed no Monthly Nursing Assessments were completed since admission for Resident # 1 or Resident #2.

On at approximately 10:05 AM during an interview with the Health Care Coordinator (a RN) she reviewed the LNS log and was questioned how often the nursing staff document the care provided for the residents. She stated that the LPN only documents once a month, not every time care is rendered. She stated that the LPN has documented that the care was provided and the bag was changed.

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The RN stated that she was not aware that under the LNS license, the LPN should be documenting when care for the or is given and the outcome to the resident. Furthermore, she was unaware that a monthly Nursing Assessment must be completed for the resident. She stated that she would begin assessing the residents monthly.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days, for 1 of 4 staff (Staff A) records reviewed.

The findings include:

On a review of the facility's 24- , 2014 staffing schedule revealed that Staff A is scheduled as a Care Manager on 4 days from 7:00 AM- 3:00 PM .

A record review of Staff A's personnel file revealed that the last Level II Background Screening was completed on her date of hire was Her employment application dated indicates her last employment was for dates worked The only other listed employer was .

In an interview conducted with the Human Resource Director on at 10:47 AM , she reviewed the file and confirmed that the last background screening was completed on and they did not obtain a new background screening on Staff A. She could not provide a reference check for Staff A's last employer. The Human Resource Director contacted the last employer listed on the applicationfor Staff A on in the presence of the surveyor; the previous employer had no record of Staff A ever being employed at that facility.

In an interview conducted with the Assisted Living Coordinator on at approximately 12:00 PM, he stated Staff A works the 7 :00 AM - 3:00 PM and various other shifts as needed as a Care Manager. He also stated Staff A provides the residents with assistance and oversight of their activities of daily living.

Unclassified

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Brighton Gardens Of Boca Raton
6347 Via De Sonrisa Del Sur
Boca Raton, FL 33433

Dear Administrator:

Re: Relicensure survey

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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** , **2014** 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,

Wedge - Phone, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure
XG90

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