STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912132	07/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atrium At Boca Raton (the)	1080 Northwest 15th Street Boca Raton, FL 33486	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on and at The Atrium at Boca Raton. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview , the facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. As evidence of the facility failure to ensure staff read the medication label in the presence of the resident, for 4 out of 6 (Residents #12, #14, #16 and #17) residents observed during medication pass.

The findings Include:

a) On at 12:10 PM, an observation was made of Employee A assisting Resident # 12 with her medications. The employee removed the medication packet from the medication cart and went to the resident ' s opened the packet, placed the medication in a cup and handed the resident the cup and told her " here are your noon meds". Employee B failed to identify the medication given to Resident #12 whose medication assistance was observed.

b) On at 12:50 PM, an observation was made of Employee A assisting Resident # 14 with her medications. The employee removed the medication packet from the medication cart and went to the resident ' s opened the packet, placed the medication in a cup and handed the resident the cup and told her "here are your 12 o ' clock meds, I have 2 pills for you and eye drops". Employee B failed to identify the medications given to Resident #14 whose medication assistance was observed.

c) On at 1:05 PM, an observation was made of Employee A assisting Residents # 16 and #17 with their medications. The employee removed the medication packet from the medication cart and

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went up to the resident, opened the packet, placed the medication in a cup and handed Resident # 16 his medication in a cup and told him "here are your 2 pills". She then went up to Resident #17 and told her "I have 1 pill for you". Employee A failed to identify the medication given to Residents #16 and #17 whose medication assistance was observed.

d) A review of Resident's #12 ' s, record revealed her Resident Health Assessment form (AHCA form 1823) dated documents that she needs assistance with self -administration of medications.
A review of Resident's #14 ' s, record revealed her AHCA form 1823 dated documents that she needs assistance with self- administration of medications
A review of Resident's #16 & #17 ' s, record revealed their AHCA form 1823 dated documents that they need assistance with self- administration of medications.

e) In an interview conducted on at 12:16 PM with Resident #12, she confirmed that the staff assisting with self -administration of medications did not read the label or tell her what the medication was.

In an interview conducted at 1:55 PM with Staff A, she confirmed that she did not read the medication labels to the residents on or tell them what medications they were taking.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure all staff had received the required in-service training within 30 days of date of hire, for 2 out of 4 (Employees A and D).

The findings include:

a) During a record review of the personnel files, it was revealed Employee A's date of hire was . Further record review revealed Employee D's file, lacked documentation indicating the employee had received training in emergency preparedness and evacuation.

b) During a record review of the personnel files, it was revealed Employee D's date of hire was . Further record review revealed Employee D's file, lacked documentation indicating the employee had received training in emergency preparedness and evacuation.

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During an interview conducted with the Director on at 1 PM, he acknowledged the findings. He stated no further documentation was available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interview, record review and observation, the facility failed to have an adequate 3- day emergency supply of nonperishable food and water.

The findings include:

On at 1 PM a review of the facility's disaster or emergency meal service plan revealed no quantity of food and water supply based on resident census of 136 (copies obtained). On at 1:15 PM, observations of the found an inadequate amount of food items and water supply that did not match up with items listed on the emergency meal service plan (photographic evidence obtained).

During an interview on at 1:20 PM, the Food Service Manager acknowledged the lack of food quantity and water supply and revealed that he was unsure if the facility had a sufficient amount of items. The Food Service Manager stated that he will place an order with the food service contractor.

During an interview on at approximately 9:15 AM, the Director acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Atrium At Boca Raton (The)
1080 Northwest 15th Street
Boca Raton, FL 33486

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 and . 2014 by representatives from 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 (30) days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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