| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11932640 | 08/05/2014 |
| 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) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0028 - 58a-5.0182(4) Fac - Resident Care - Activities Of Daily Living S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
Unannounced licensure complaint surveys, CCR#2014006090, CCR #2014006497 and CCR#2014007631, were conducted on _ 4 and 5, 2014 at Emeritus of Boynton Village. The facility had deficiencies found at the time of the visit.

**0010-Admissions - Continued Residency 58A-5.0181(4) FAC**
Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed by a health care provider based on a face-to-face medical examination at least every 3 years (or following a significant change) after the initial assessment, for 1 of 8 sampled residents (Resident #3).

The findings include:

On _ 2014, Resident #3's current health assessment (AHCA Form 1823) dated _ was reviewed. During interview with the Administrator at 3:00 PM on _ 2014, she stated this was the only assessment the facility had completed for this resident and a subsequent examination conducted within 3 years of this initial one had not been done as required. She stated she had no further documentation available for review.

Class III

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**0028-Resident Care - Activities of Daily Living 58A-5.0182(4) FAC**

Based on observations, record review and interviews, the facility failed to ensure assistance of activities of daily living (ADL's) was provided as needed for 1 of 8 sampled residents (Resident #3).

The findings include:

On , 2014 at approximately 11:00 AM, Resident #3 was observed in her apartment and the following environment concerns were noted:

a) "Spare" closet door stored in , against wall.
b) Plastic bowl of dry cat food with mold on
c) Dried feces on floor and toilet seat in
d) Chicken nuggets on shelf in ants on them.
e) Dark stains on carpet leading to in front of couch in living
f) Multiple opened cans (5) of cat food on kitchen counters.
g) Multiple bowls of dry cat food on kitchen counter.
h) Spoon with cigarette ashes on top of coffee table.
i) Dark stains on blanket covering couch, approximately 2 feet in diameter.
j) Strong odor similar to throughout apartment.

The resident had a bad odor eminating from her and stated during interview at this time, that she didn't need any assistance with bathing or showering. She was observed with dried feces on her right sneaker and stated she had "an accident" and "would allow staff to clean her shoes if she could find another pair to wear". She stated she smoked inside her apartment "only once a day at 10:00 PM before bed" because she didn't want to bother staff to go with her outside at that time. She said she fed the cat multiple times a day to "get her to eat because she's not a good eater".

The resident was observed again at 12:30 PM in the foyer near the dining for lunch to begin, seated in a wheelchair. The wheelchair was observed with crusted unidentified debris and dirt covering the wheels and on the metal framing near the brakes.

The Resident Services Director and a Resident Aide approached the resident at about 1:00 PM in her apartment and the resident took her shoes off for the aide as requested and allowed staff to remove the blanket on her couch to clean. She stated she did not want to take a shower at this time when prompted.

The Wellness Nurse was interviewed at 1:30 PM and stated the resident was not on a "shower schedule" because she was independent with her ADL's. Therefore, the resident did not receive supervision, reminders or encouragement to perform her own ADL's since it was not assessed as a need. The nurse

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said the resident refused assistance from staff but was unable to show any documentation of the resident's refusals upon request.

The resident had been admitted to the facility on . The resident's current health assessment (Form 1823) dated documented the resident was "independent" with all ADL's but noted on the first page under "service requirements" to "assist with ADL's".

During interview with the Administrator and Resident Services Director at 4:00 PM on 2014, they acknowledged these findings and the need for another assessment of the resident's ADL assistance.

Class III

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**

Based on observations, interviews and record review, the facility failed to protect the rights of residents for 1 out of 8 sampled residents (Resident #3) related to "a safe and decent living environment"; and, for 1 out of 8 sampled residents (Resident #1) related to the "establishment of a grievance procedure to facilitate the residents ' exercise of their rights".

The findings include:

a) During observations of Resident #3's apartment and of her hygiene made on 2014 (See A028 and A152) at various times, it was revealed that facility staff did not adhere to Resident #3's right to live in a safe and decent living environment.

b) During review of the facility's current policy and procedure used to protect the rights of residents, it was noted that the facility was to document all grievances on the Grievance Log. Review of the Grievance Log revealed no resident care concerns related to Resident #1. During interview with the administrator on 2014 at 4:00 PM, she acknowledged that there was a greivance received on 2014 regarding the care of Resident #1 and that the concern was noted in the resident's individual record, not on the log as required (See A160).

Class III

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**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**
Based on observations and an interview, the facility failed to ensure residents' apartments were kept safe and free from hazards.

The findings include:

On , 2014 at approximately 1:00 PM, the for residents, staff and visitors on the first floor near the pool area entrance was observed with a sink clogged and filled with murky water and no method available to dry hands after washing (no paper towels or drying device).

During tour of the second floor living , 2014 at approximately 11:30 AM, the living with lights was observed with three bulbs

During multiple tours of random residents' apartments on 2014, the following observations were made between 11:00 AM and 4:00 PM.

Apartment 121 (resident had left the facility on 2014)
a) Used (empty) urinal left on kitchen counter next to sink.
b) 3 different unidentified pills on carpet near bed (appeared to have been spit out).
c) Missing vertical blinds.
d) Hole in drywall, approximately 6 inches in diameter.
e) 2 wheelchairs, 3 walkers and a bicycle stored in living

Apartment 123
a) Holes in the drywall.

Apartment 129
a) "Spare" closet door stored in against wall.
b) Plastic bowl of dry cat food with mold on
c) Dried feces on floor and toilet seat in
d) Chicken nuggets on shelf in ants on them.
e) Dark stains on carpet leading to in front of couch in living
f) Multiple opened cans (5) of cat food on kitchen counters.
g) Multiple bowls of dry cat food on kitchen counter.
h) Spoon with cigarette ashes on top of coffee table.
i) Dark stains on blanket covering couch, approximately 2 feet in diameter.
j) Strong odor similar to throughout apartment.

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Apartment 209
a) Hole in drywall, approximately 6 inches in diameter.
b) Corner of wall at cracked from top to bottom, both sides.

Apartment 309
a) Corner of wall at cracked from top to bottom, both sides.
b) Dark stains on carpet next to bed, approximately 3 feet in diameter.

During tour with the Administrator of the first floor apartments identified above on 2014 at approximately 12:30 PM, she acknowledged the observations. The aforementioned findings were also acknowledged by the Administrator and resident services director during interview at 4:00 PM on 2014.

Class III

**0160-Records - Facility 58A-5.024(1) FAC**
The facility failed to demonstrate that a grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182(6)(b), F.A.C. was implemented upon receipt of a complaint, for 1 out of 8 sampled residents (Resident #1).

The findings include:

During review of the facility's current policy and procedure used to protect the rights of residents, it was noted that the facility was to document all grievances on the Grievance Log. Review of the Grievance Log on 2014 revealed no resident care concerns related to Resident #1. During interview with the Administrator on 2014 at 4:00 PM, she acknowledged that there was a greivance received on 2014 regarding the care of Resident #1 and that the concern was noted in the resident's individual record, not on the log as required as of this date. Additionally, the procedure indicates the resolution will be documented and the Administrator (executive director) should "respond to the concerned party within 72 hours regarding the solution". There was no documentation of a resolution or a response to the concerned party in the Grievance Log.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

AMENDED LETTER

2014

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

**RE: CCR #2014006090, #2014006497 and #2014007631**

Dear Administrator:

This letter reports the findings of a State Licensure Complaint Survey that was conducted on 2014 by a representative 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 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

for Arlene Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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