STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967989	09/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Advent Square	4798 North Dixie Highway Boca Raton, FL 33431	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure survey was conducted on . . . at Advent Square. The facility had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facilty failed to properly dispose of expired/discontinued medications within 30 days of being determined expired/discontinued.

The findings include:

On . . . . at 1:50 PM, Employee B was asked if there were any expired and/or discontinued medications awaiting disposal. Employee B responded, "Yes." Employee B was asked where the medications were stored until disposal. She indicated the medications were kept locked in a separate upper cabinet in the nurses station. Employee B was asked if there were any medications stored in this cabinet which have been expired more than 30 days. She responded, "Yes, there are . . . . . which have been expired for several months, and one . . . . . which was discontinued that I have been waiting on the family to pick up. I had contacted our pharmacy for disposal, but they told me they don't do that. I had been told that if I was to dispose of the meds, I needed another nurse with me, and there is never another nurse that works the same shift as I do, so I've just been waiting until I could get another nurse to help me. I am the only person with a key to this cabinet, and I keep it with me, in my pocket " .

Employee B opened the cabinet where the expired and discontinued medications are kept. On the right side of the cabinet, Employee B removed 4 . . . of medication cards each partially wrapped with a sheet of paper . log sheet).

The following 3 . . . of medication cards contained expired medications:
a) Resident #7, . , 0.5 mg, 30 tablets, expired . . . . .
b) Resident #7, . , 0.5 mg, 30 tablets, expired . . . . .
c) Resident #8, , 0.5 mg, 30 tablets + 24 tablets, expired . . . . .

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The fourth belonged to Resident #9 and contained:
d) mg, 24 tablets + 30 tablets.
This medication was sent to the facility on , but was discontinued by the resident's physician.

On during interviews with Employee B at 1:50 PM and the facility administrator at 2:20 PM, they were informed that expired, discontinued, and/or abandoned

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on employee record review and staff interview, the facility which advertises as providing special care for persons with and Related (ADRD) and maintains a secured area, failed to ensure staff who have regular contact and provide direct care to residents with ADRD receive Level II Training within 90 of hire date, for 1 of 2 employees whose records were reviewed (Employee B).

The findings include:

On during review of personnel record for Employee B, a training certificate for the completion of and Related Level II Training could not be located among the training certificates located within Employee B's file.

An interview was conducted on at 11:15 PM with Employee B regarding the training received. Employee B states she is certain she completed the Level II training, but does not know the location of the certificate.

During interview with Administrator on at 2:20 PM, he confirms the absence of documentation proving completion of ADRD Level II training for Employee B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Advent Square
4798 North Dixie Highway
Boca Raton, FL 33431

Dear Administrator:

This letter reports the findings of a State Abbreviated Relicensure 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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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