STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953321	04/22/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BARRINGTON TERRACE AT BOYNTON BEACH	1425 S. CONGRESS BOYNTON BEACH, FL 33426	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015003545, was conducted on at Barrington Terrace Of Boynton Beach. The facility had a deficiency found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, it was determined that the facility failed to supervise and maintain an awareness of 1 (Resident #1) of 3 sampled residents that resulted in an elopement from a locked memory care unit.

The findings include:
conducted on
During the interview conducted with the SNF Director of Nursing and Director of Resident Services, and review of the record of R #1 which included the AHCA 1823, Incident Log, AHCA One Day Report Assisted Living, Incident Investigation the following were noted:

1) During the review of the record of R #1 which included the AHCA 1823 Form it was noted that the resident was admitted to the facility on into the facility ' s Bridge to Rediscovery (BTR) unit (secured/locked unit). The admission diagnoses included s and The assessment also documented that the resident was alert with and the independent with ambulation.

2) Interview conducted with the SNF Director of Nursing and Director of Resident Services and facility records which included Incident Log, AHCA One Day Report- Assisted Living, Resident Service Notes, and Incident investigation revealed that on at approximately 4:40 PM; R #1 could not be located within the BTR unit. The facility conducted an investigation which concluded that a visitor knew the exit door code and exited the entrance/exit door out of the BTR unit and did not ensure the door closed completely after him allowing R #1 to elope from the BTR unit and from the main ALF building. The residential Service Director was notified and was about to follow facility policy and procedures when the police entered the main ALF accompanied with R #1. The police stated that R #1 was found in the parking lot located north of the ALF. The resident was not injured and estimated time of elopement from the facility was approximately 10 minutes.

3) Further interview with the SNF Director of Nursing and Director of Resident Services on revealed through investigation that policy and procedures for visitors exiting the BTR unit were not followed. Specifically, visitors to the BTR are allowed knowledge of the code to the entrance/exit door. Visitors are required to inform BTR staff that they are leaving the unit and staff must enter the door code and wait until the entrance/exit door closes completely after the visitor leaves the unit. This policy was failed to be followed for R #1 on and allowed the resident to elope from the BTR unit and the main ALF. It was also revealed that since the elopement of R#1 on the facility has revised policies and measures have been put into place that included; (1) only staff may have code to exit the BTR unit, (2) the exit door code for staff will be changed every 2 months, (3) an entrance buzzer was added to enter the BTR unit, (4) staff who enter the code for the entry/exit door must wait at the door until completely shut and locked, (5) the entry/exit door close time has been reduced from 25 seconds to 15

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Continued From page 1

seconds.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Barrington Terrace At Boynton Beach
1425 S. Congress
Boynton Beach, FL 33426

RE: CCR #2015003545

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2015 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

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com