STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953321	07/21/2015
NAME OF PROVIDER OR SUPPLIER **BARRINGTON TERRACE AT BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1425 S. CONGRESS** **BOYNTON BEACH, FL 33426**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Barrington Terrace at Boynton Beach. The facility had deficiencies found at the time of the visit.

0054 Medication - Records

Based on observation, record review and an interview, the facility failed to ensure the Medication Administration Observation Record (MOR) was immediately updated, up-to-date and accurate for 1 out of 7 sampled residents (Residents # 19).

The findings include:

In an observation conducted on [redacted] at 9:50 AM in the medication [redacted] the Medication Observation Record was opened to Resident #19; a review of the record revealed 2 medications had not been signed off at 9:00 AM.

In an interview conducted with Staff A on [redacted] at 10:05 AM, she stated that she had given Resident #19 her medications at 8:00 AM, and confirmed that she had made a mistake and did not sign the MOR as required immediately after the medication was administered.

A record review of Resident #19 ' s MOR revealed the resident is to have the following medications at 9:00 AM:
a) [redacted] 7.5 mg give 2 tablets by mouth daily
b) Q Van 80meq inhaler use 1- 2 puffs twice a day
c) [redacted] 100 mg cap take 1 capsule by mouth daily
d) Lutein 20 mg tab take 1 tab capsule by mouth everyday

Upon further review it was observed that the [redacted] 7.5 mg mg give 2 tablets by mouth daily andQ Van 80meq inhaler use 1- 2 puffs twice a day, had not been recorded on the MOR as having been administered.

In an interview conducted on [redacted] at 11:25 AM with Resident #19, she confirmed that she had received her [redacted] 7.5 mg give 2 tablets by mouth daily and Q Van 80meq inhaler use 1- 2 puffs twice a day, this morning at about 8:00 AM.

In an interview conducted on [redacted] at 1:00 PM with the Resident Service Director, she stated that the staff member should have documented the MOR immediately, and confirmed the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0162 Records - Resident

Based on record review and interview, the facility failed to maintain on the premises, documentation of the existence of a power of attorney for 1 out of 3 (Resident # 13) sample resident records reviewed.

The findings include:

On , a record review of Resident # 13's resident contract found Resident # 13's contract signed and dated on by his son who indicated next to his signature that he is Resident #13's power of attorney. Further record review of Resident # 13's records found no documentation of the existence of a power of attorney.

During an interview conducted with the Administrator on at 2:15 PM, he confirmed that the facility does not have a copy of Resident #13's power of attorney.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/dmb

XG90

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