STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911162	**05/18/2016**
NAME OF PROVIDER OR SUPPLIER **FIVE STAR PREMIER RESIDENCES OF BOCA RATON**	STREET ADDRESS, CITY, STATE, ZIP CODE **22601 CAMINO DEL MAR** **BOCA RATON, FL 33433**	

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

0000 Initial Comments

An unannounced licensure survey was conducted on May 18, 2016 at Five Star Premier Residences of Boca Raton. The facility had a deficiency identified at the time of the visit.

0054 Medication - Records

Based on interview and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for a resident in which the facility's staff provided assistance with self-administered medications, for 1 out 55 residents' MORs reviewed (Resident # 16). As evidence of the facility failure to sign the MOR immediately after assisting Resident #16 with their medication.

The findings included:

A review of the facility's MORs on at 11:30 AM, revealed Staff A, failed to document the MORs immediately after assisting Resident # 16 with self administration of medication on at 9 am as physician ordered (Copies Obtained). The record review of Resident # 16's MORs documents the following medications scheduled at 9 AM : 5 mg and Galatamine 16 mg. On / at 11:30 AM record review of Resident # 16's MORs found no indication that she was assisted with the 9 AM medications.

On at 1:30 PM, an interview with Resident # 16 and Resident # 16's private aide confirmed that Resident # 16 received assistance with self- administration of medications by Staff A for 5 mg and Galatamine 16 mg on at 9 AM.

In an interview with Staff A and the Administrator at 12 PM, Staff A was asked why she did not sign the MORs at the time assistance was provided to Resident # 16. Staff A stated she forgot to document Resident # 16's MOR after assisting her with the medications.

In an interview with the Administrator on at 2 PM, she acknowledged the findings and stated no further information was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Five Star Premier Residences Of Boca Raton
22601 Camino Del Mar
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 d-Davis
Field Office Manager

AMD/dmb
Enclosure: State (5000-3547) Form

XG90

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