

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967989	(X3) DATE SURVEY COMPLETED 01/10/2017
NAME OF PROVIDER OR SUPPLIER ADVENT SQUARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4798 NORTH DIXIE HIGHWAY BOCA RATON, FL 33431	

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

0000 - Initial Comments

An abbreviated Relicensure survey was conducted on 1/10/16 at Advent Square, License #11947. The facility had deficiencies at the time of the survey.

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on employee record reviews and staff interview, the facility failed to ensure 1 of 3 staff members (Staff B), whose records were reviewed, had completed an approved course in First Aid, and that at least 1 staff with First Aid certification was in the facility at all times for 1 of 3 shifts.

The findings include:

On 1/10/16, an employee record review was conducted for Staff B. At this time, no current, valid First Aid certification card could be found within the employees file.

On 1/10/16 at approximately 1:00 PM, a request was made to the Administrator for documentation showing Staff B had completed the required First Aid course, or documentation showing that any of the staff scheduled for the 3:00 PM - 11:00 PM shift held a current, valid First Aid Certification card. The Administrator immediately contacted the staffing agency providing the Home Health Aides to the facility for proof of completion of an approved First Aid Training. The staffing agency could not provide proof that Staff B, or the other 2 Home Health Aides working the 3:00 PM - 11:00 PM shift, had completed the First Aid training.

The Administrator acknowledged, at approximately 1:15 PM, there was currently no staff on the 3:00 PM - 11:00 PM shift who had a currently valid First Aid certification.

Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: Abbreviated Licensure Survey

Dear Administrator:

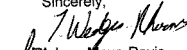
This letter reports the findings of a state licensure survey that was conducted on 2017 by a representative of this office.

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 , 2017.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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