

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967989	(X3) DATE SURVEY COMPLETED 08/11/2017
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 unannounced licensure complaint survey, CCR #2017005077, was conducted on at Advent Square, License #11947. The facility did have a deficiency at the time of the investigation.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and staff interview, the facility failed to immediately update the electronic medication record each time a medication is offered or administered for 3 of 3 residents whose Medication Observation Records were reviewed (Residents #1, #3 and #6).

The findings include:

During review of the 2017 electronic Medication Observation Record (eMOR) for Residents #1, #3, and #6 the following concerns were found:

- 1) Resident #1 had missing staff initials for all 8:00 AM medications on , 5, and 7 of 2017.
- 2) Resident #3 had missing staff initials for all 7:00 AM and 8:00 AM medications on , 5, and 7 of 2017; and missing staff initials for all 5:00 PM and 8:00 PM medications on 3 and 5.
- 3) Resident #6 had missing staff initials for all 8:00 AM medications on , 5, and 7 of 2017; missing staff initials for all 2:00 PM medications on , 5, 7, and 9; and missing staff initials for all 8:00 PM medications on 3 and 5.

There were no initials for any "as needed" medications prescribed for the month of .

at 9:00 AM, the Licensed Practical Nurse providing medications stated, "All our records are electronic, now. When we give medications, we check them against the eMOR. After resident takes the medications, we click on the button that indicates the medication was provided."

On , during interview with Residents #2 and #3, they confirmed that they receive all their medications each day. Resident #1 and #6 were not able to remember due to memory loss. During interview with the spouse of Resident #5 on , she stated she come to the facility often to have lunch with her husband. She witnesses the nurse give him his noon medications.

On at 1:30 PM, the Administrator acknowledged the missing staff initials on the 2017 eMOR. He did not have an explanation as to why the eMOR was not completed immediately after medication was provided. He stated that the system was to alert staff if medications were not signed off as being provided. The Administrator assured that he would do some investigation as to who was

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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responsible for the medications given on these dates and times. Class III		