STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968951	04/27/2018
NAME OF PROVIDER OR SUPPLIER **ARTIS SENIOR LIVING OF BOCA RATON LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5910 N FEDERAL HWY** **BOCA RATON, FL 33487**	

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

0000 - Initial Comments

An unannounced Relicensure Survey with Limited Nursing Services was conducted on . . . . . and . . . . . at Artis Senior Living of Boca Raton LLC, License #12835. The facility had deficiencies at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that all staff received a annual statement from a health care provider documenting freedom from . . . . . for 1 of 4 sampled staff (Staff A).

The Findings Included:

On . . . . . at approximately 11:00AM, a record review conducted for Staff A revealed Staff A's hire date as . . . . . . At this time, a communicable . . . . . statement was provided and was dated . . . . . . Further review revealed no documentation for 2017 stating Staff A received a statement from a healthcare provider indicating freedom from . . .

During an interview on . . . . .2018 at approximately 2:00PM with the Administrator and the Health and Wellness Director, the findings were acknowledged and no additional documentation was provided for review.

Class III

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

Based on record and interview, the facility failed to ensure that a person who holds a current and valid . . . . card was in the building at all times for the 3:00PM -11:00PM and the 11:00PM- 7AM shift.

The Findings Included:

On . . . . . at approximately 10:00AM record reviews were completed for Staff E who works as an LPN during the hours of 11PM to 7AM, revealed the record does not have a current valid . . . . card on file. Review of Staff G's file who works as a RN on the 3PM-11PM shift has a expired . . . . card dated . . . . . on file. At this time, an interview was conducted with the Administrator and the Health and Wellness Director, who stated due to a nurse being on each shift, the direct care staff are not required to

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SUMMARY STATEMENT OF DEFICIENCIES
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hold a current valid card. Review of the staffing scheduled revealed, both Staff E and Staff G works with unlicensed staff who do not hold a current card. Which results in the facility not having a person holding a current card in the building at all times.

On at approximately 2:30PM with the Administrator and the Health and Wellness Director, the findings were acknowledged and no additional documentation was provided for review.

Class III