STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969043	04/18/2018
NAME OF PROVIDER OR SUPPLIER **GOLDEN SWAN OF BOCA ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **19494 HAMPTON DR** **BOCA RATON, FL 33434**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on at Golden Swan of Boca ALF, License #12872. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, resident record review, and interview, the facility failed to accurately update Health Assessments (AHCA form 1823) records for 1 of 2 sampled resident records reviewed as required (Resident # 1) .

The findings included:

During an interview with Resident #1 on at 10:30AM states, she receives physical 3x a week for strengthening muscles and balance. An observation of the Physical conducting a session with Resident #1 in her 11:00AM.

During a record review of resident #1's file on , the Health Assessment AHCA form 1823 that is signed, dated by a physician on , physical services through a 3rd party provider is not documented. During an interview with the Administrator on at 1:30PM, a request made for the Doctor's order for physical services and the Administrator could not locate it.

An interview with the Administrator conducted on at 2:00PM, and confirmed the findings and no further documentation or information provided at that time.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 1 of 3 sampled employee records reviewed (Administrator).

The Findings Included:

During personnel record review on with the Administrator for three staff members indicate the

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SUMMARY STATEMENT OF DEFICIENCIES
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Administrators file did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually. Last MD statement found in record dated only states free of communicable . Further review of records reveal no additional documentation regarding an update on status. Documentation reveals the Administrator hire date of and is CORE trained and certified.

The Administrator was present during the survey and confirmed the findings and no further documentation or information provided.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on observation, record review and staff interview, the facility failed to provide an approved emergency management preparedness plan.

The findings included:

During an interview with the Administrator, on at 9:10AM, a request was made of the facility's CEMP comprehensive emergency preparedness plan approved by the local emergency management agency. A record review of the facility's CEMP and correspondences from County Division of Emergency Management revealed that the plan cannot be approved in the current state. During a telephone interview with Senior Planner from the County Division of Emergency Management on at 10:15AM, stated the facility failed two times on their CEMP and has not had an approved plan for over six months. Received email from the Senior Planner County Division of results that was sent/emailed to the facility. The Administrator denys receiving the results by mail and email. The Administrator did not provide any additional information.

Class III