

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 08/15/2018  
FORM APPROVED

|                                                                       |                                                                                                     |                                                     |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11912132</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>07/30/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ATRIUM AT BOCA RATON (THE)</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1080 NORTHWEST 15TH STREET<br/>BOCA RATON, FL 33486</b> |                                                     |

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

**0000 - Initial Comments**

An unannounced licensure complaint survey, CCR#2017013483, was conducted on ..... and ..... at Atrium At Boca Raton (the), License #7352. The facility had deficiencies at the time of the survey.

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

Based on record review and interview, it was determined that the facility failed to have a current Comprehensive Emergency Management Plan (CEMP) that was submitted for review and approval to the local emergency management agency as required.

The findings included:

In an interview conducted on ..... at 11:30 AM with the Health and Wellness Director a copy of the facility's CEMP was requested. In a subsequent interview on ..... at approximately 1:00 PM with the Health and Wellness Director, she stated that she could not locate the facility's CEMP for review.

In an interview conducted on ..... at 1:30 PM with the County Emergency Management authority's representative, he stated that the facility does not have a current approved CEMP and that their last approved CEMP expired on ..... He did forward a copy to surveyor for review. A review of the approved Comprehensive Emergency Management Plan (CEMP) dated ..... revealed that the CEMP was approved until ..... and that the next plan review submittal date is .....

In an interview conducted on ..... at 2:10 PM with the Health and Wellness Director, she acknowledged the findings.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on record review and interview the facility failed to ensure that a copy of its approved Emergency Environmental Control plan is readily available at the licensee's physical address for review by a legally authorized entity.

The findings included:

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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                     |
| <p>In an interview conducted on _____ at 11:25 AM with the facility's Maintenance Director, she stated that the Emergency Environmental Control plan was not on premises, but that she would contact the corporate office in Chicago so that they could fax a copy. A review of an e-mail correspondence from the Agency for Health Care Administration (AHCA) Assisted Living Unit dated _____ revealed that the facility's extension was granted, but advised the facility that they were still required to submit a plan to the local emergency management authority for approval before the _____ deadline.</p> <p>In an interview conducted on _____ at 1:20 PM with the Regional Director of Operations, he stated that the facility had submitted an Emergency Environmental Control Plan, on _____, but he was unable to provide documentation of the approval letter from the County Emergency Management Authority.</p> <p>In an interview conducted on _____ at 1:30 PM with the County Emergency Management Authority representative he stated that the facility submitted an Emergency Environmental Control Plan on _____ and it was rejected on _____ and that they had 10 days from that date to file a resubmission and to this date they have not filed a corrected plan; therefore they do not have an approved plan.</p> <p>A review of the letter sent to the current assisted living facility administrator on _____ reveals that the Emergency Environmental Control Plan submitted by the facility was reviewed and cannot be approved in its current state. The plan did not meet all the standards. Within 10 business days of the date of the local county emergency management agency's notice of denial, the facility shall resubmit their plan. The following were the required corrections that were needed: EEC worksheet, floor plan map of areas to be protected, service agreements, generator worksheet, letter from engineer attesting sufficient alternate power source, and copy of ordinance from jurisdiction restricting fuel.</p> <p>In an interview conducted on _____ at approximately 3:00 PM, with the Health and Wellness Director and Maintenance Director, they acknowledged the findings.</p> <p>Class III</p> |                                                                                                     |                                                     |