STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912132	R 10/23/2018
NAME OF PROVIDER OR SUPPLIER **ATRIUM AT BOCA RATON (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1080 NORTHWEST 15TH STREET** **BOCA RATON, FL 33486**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2017013483, was conducted on . . . . . at The Atrium at Boca Raton, License #7352. The facility had an uncorrected deficiency identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division.

The findings include:

a) On . . . . . at between 1:45 PM and 1:55, this surveyor spoke with the facility's Interim Administrator (Administrator) about their Comprehensive Emergency Management Plan (CEMP). The Administrator and Employee provided the facility's CEMP binder and Fire Inspection log book. This surveyor reviewed the binder and observed the 2008 Cross-Reference documents from Local County Emergency Management Division (Local County Division). However, this surveyor did not observe an approval letter from the Local County for their CEMP. The Administrator stated that she and the Operations . , ... will be going to the Local County Division to renew it.

In addition, the employee provided this surveyor with the "Certificate of Inspection" dated . . . . . , performed by company contracted to perform maintenance of the facility's generator. 0n between 3:51 PM and 3:55 PM, this surveyor inquired again as to the status of the facility's CEMP. The Administrator stated that they "still don't have it yet. We have to take it down to the County. That's what he is working on.'

During the Exit Interview conducted on . . . . . between 4:47 PM and 5:15 PM, with the facility's Administrator, Operations , , Director of Sales, Memory Care Coordinator and Director of Maintenance to discuss the findings of the survey. It was restated by this surveyor that the facility did not have a current CEMP. The all agreed.

b) During the Relicensure Survey Revisit on 10/23/2108 between 10:10 AM and 10:20 AM, this surveyor interviewed the Administrator, Director of Nursing and Director of Maintenance regarding the facility's CEMP and EEMP. The Administrator stated they have it, and provided this surveyor a copy of the facility's Emergency Environment Management Plan (EEMP). It was explained by this surveyor that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912132	R **10/23/2018**
NAME OF PROVIDER OR SUPPLIER **ATRIUM AT BOCA RATON (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1080 NORTHWEST 15TH STREET** **BOCA RATON, FL 33486**	

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

CEMP was different from the EEMP and what it contained.

The Administrator had the Director of Maintenance bring the CEMP information, which was provided. This surveyor reviewed the documents and explained that what was provided was verification that the plan was submitted on , not an approved CEMP.

The Administrator stated that the County's receipt and Checklist was proof. This surveyor again explained that it was proof that the CEMP was submitted, not an approved CEMP. Additionally, this surveyor explained that CEMP renewal requests are to be submitted within 60-days prior to its expiration, as stated on the letters.

On ..... at 3:08 PM, this surveyor met with the Administrator and Director of Nursing to conduct the exit interview. This surveyor discussed the findings of the revisit, and restated the status of the CEMP. The Administrator acknowledged the status and stated they will submit when received.

Class III
Uncorrected Deficiency