STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967989	**11/07/2018**
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 Relicensure Survey was conducted on , at Advent Square, 16 bed ALF, License #11947. The facility had deficiencies identified at the time of the survey.

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

Based on observation, interview and record review, it was determined the facility failed to ensure that one (1) of four (4) staff members (employee C) had verification of a current ( ) test on file from a health care provider documenting that

Findings Include:

On between 2:05 PM and 2:35 PM, this surveyor reviewed the facility's employee record for employee C, who was hired on . During the review, this surveyor observed that the file did not contain the employee's Freedom from documentation from a healthcare provider, which is required annually.

During interview with the Administrator on 11/07/2018 between 2:40 PM and 2:50 PM, the Administrator was informed by this surveyor that the required documentation was not in the file of employee C. The Administrator reviewed the file, and handed this surveyor a document from a health care provider stating employee C was free from Communicable . This surveyor explained that documentation is also required annually verify that employees are free from , which this did not. The Administrator acknowledged the form did not.

On between 3:18 PM and 3:35 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor discussed the findings of the revisit, and restated the status of employee C. The Administrator stated that employee will be scheduled for, and take the test.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation, record review and an interview, the facility failed to ensure that one (1) of four (4) sampled unlicensed staff members (employee D) who provide assistance with self-administration of medication, had successfully completed a minimum of 4 hours of initial training and a minimum of 2 hours in continuing education training annually on providing assistance with self-administered

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SUMMARY STATEMENT OF DEFICIENCIES
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medications.

Findings included:

On between 2:15 PM and 2:35 PM, this surveyor reviewed the facility's employee file for employee D, who was hired on . During the review, this surveyor observed that the file contained documentation that employee D had completed two (2) hours of Assistance with Self-Administration of Medication Training (Medication Training). However, the file did not contain documentation/or verification that employee D had successfully completed a minimum of 4 hours of initial training, and a minimum of 2 hours in continuing education training required annually for employees providing assistance with self-administered medications.

During interview with the Administrator on 11/07/2018 between 2:40 PM and 2:50 PM, this surveyor informed the Administrator that documentation of employee D having completed the required four (4) hours of Assistance with Self-Administration of Medication and the additional two (2) hours of Medication training required of staff assisting with Medication Assistance. The Administrator observed that documentation of the two (2) hour training was in the file. However, no observation of the required four (4) hour and two (2) hour training was in the file.

On between 3:18 PM and 3:35 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor discussed the findings of the revisit, and restated the Medication Training status of employee D. The Administrator stated that employee would be scheduled for the training.

Class III

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

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

The findings include:

During the Relicensure Survey on between 10:10 and 10:20 AM, this surveyor reviewed the facility's Comprehensive Emergency Management Plan (CEMP) binder and observed that it did not contain a current or expired CEMP letter from the Local County Emergency Management Division.

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SUMMARY STATEMENT OF DEFICIENCIES
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This surveyor interviewed the Administrator between 11:40 AM and 12: 15 PM and asked if the facility had received an approved CEMP. The Administrator stated that the Plan was submitted "the first of this month." Administrator also stated "they said it would take about 30-days to get it. This surveyor asked if there was a copy of the previous approval and the Administrator stated no, he could not find it.

On between 3:18 PM and 3:35 PM, this surveyor met with the Administrator 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 follow-up on it.

Class III