

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967989	(X3) DATE SURVEY COMPLETED R 01/29/2019
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 revisit survey was conducted on at Advent Square, License #11947. The facility had an uncorrected deficiency 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.

Findings Include:

a) 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.

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.

b) During the Relicensure Survey Revisit on 01/29/2019 between 1:05 PM and 1:10 PM, this surveyor reviewed the facility's Comprehensive Emergency Management Plan (CEMP) and observed that it has not received approval.

During an interview with Administrator on between 1:15 PM and 1:25 PM, the Administrator stated to this surveyor that they had submitted the request, but it was rejected (see attached). The Administrator also provided the Crosswalk that was given to them by the County outlining the deficiencies/items to be corrected (see attached).

On at 1:25 PM, this surveyor met with the Administrator to conduct the Exit Interview. The

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967989	(X3) DATE SURVEY COMPLETED R 01/29/2019
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)		
surveyor discussed the findings of the revisit. Specifically the CEMP not being approved at the time of the visit. The Administrator understood and stated he will send it as soon as received . Class III Uncorrected		