Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965569	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEWOOD RESIDENCE AT BOCA RAT	9591 YAMATO ROAD BOCA RATON, FL 33434

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY... INFORMATION)	ID EFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CR... SRENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Assisted Living Facility complaint survey (CCR# 2012011047 and 2012011050) was conducted on ... Homewood Residence at Boca Raton, had a licensure deficiency found at the time of the visit.	A 000		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident ... sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident ... to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on interviews and record review, the facility failed to provide a living environment free from pests, evidenced by failure to ensure the facility remained free from bed bugs.

The findings include:

During an interview with the Health and Wellness Director at 10:30 AM on , she confirmed the facility has had numerous occurrences / sightings of bedbugs in various locations throughout the facility. It was revealed random were treated based on observed presence of bedbugs. However, the entire facility to current date was not treated. A request was made to provide related documentation for the past six months, regarding treatment of bedbugs. Numerous documents were presented by the Health and Wellness Director and included pest control vendor invoices for inspections and treatments, multiple facility policies, staff in-services, pest sighting log and inspection tool dated . Review of these records documented the following:

Areas treated:
- no or area was listed
- resident

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- resident
- resident
- resident
- resident
- resident

Areas inspected:
- resident 1216, 1314, 1316, 1318
- resident

On an audit tool signed by a pest control vendor documented inspections in all resident and the living hallways, and memory care dining However, it did not reflect all common areas located within the facility were inspected for bed bugs. The tool also documented resident was previously treated in 2012 which indicates a recurrence in this resident

Review of a sighting log titled "Ecolab Service Request Log" documented ten entries but made no reference to bed bugs. The Health and Wellness Director, confirmed this sheet was in reference to bed bugs.

A list of current staff and copies of any staff in-services conducted related to pest control were requested and received. The staff roster list contained 49 names. The only staff in-services conducted were dated and and contained a total of 19 names. The Health and Wellness Director confirmed, that only 19 out of 49 employees had attended the training. It was also revealed facility's policy was for all staff to attend the training as a method of bed bug preventative process.

A written facility policy titled Brookdale Senior

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Living Clinical Guidelines dated [redacted] included, "Best Management Practices for Controlling Bed Bugs/Prevention: Inspection of the resident's furniture, bedding materials, luggage, and clothes upon move in is recommended. The best way to prevent bed bugs is regular inspection of the places where residents sleep and to reduce clutter in the living spaces.", and, "A community may need several cycles of inspection, cleaning, and pesticide use before bed bugs are fully eliminated.", and, "Provide education/in-services periodically for the associates [caregivers] with bed bug pictures displays from the CDC web site for visual detection/recognition." In an interview conducted [redacted] at 11:10 AM, the designee in charge of the facility during the survey (the Health and Wellness Director), stated she believed facility staff inspect bedding and upholstered furniture upon admission of a new resident but do not inspect belongings such as luggage, clothes, pictures and decorations. Further interview, revealed the facility did not have accurate and complete documentation indicating the facility's policy regarding treatment (as mentioned) was adhered.

Written information from the facility's pest control vendor titled [vendor name] Bed Bugs in Residential Settings - Customer Information - Material Program documented, "The most successful Traditional Bed Bug Services require [vendor] to schedule Proactive Services which include inspection, vacuuming and corrective applications to the residence every 7 days thereafter for 3 weeks.", and, "[Bed bug] eggs may take up to [redacted] days to hatch. Bed bug nymphs and adults hiding deep within cool wall voids may linger for weeks or months before showing themselves." Interviews conducted [redacted] at 1:44 PM with the Maintenance

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Director and 2:04 PM with a Maintenance Assistant confirmed the buildings were never treated throughout and that treatment was not rendered per this material provided by pest control company. Confidential interviews conducted [redacted] with five random staff members revealed the buildings were never treated throughout.

Review of the facility records and interviews conducted confirmed the facility has an ongoing problem / presence of bed bugs since [redacted] 2012 to current date. Further record review, failed to indicate the facility's policy regarding treatment of bed bugs and the Pest Control's policy were adhered. It was also noted the facility was unable to provide documentation of any ongoing preventative measures established and implemented to prevent and eliminate bed bugs. This poses a direct threat to the safety and well-being of the 60 residents currently living at the facility.

These concerns were discussed with the facility's Health and Wellness Director during the survey conducted [redacted] and with the administrator on [redacted] at 2:00 PM.

This has the potential to affect any of the 60 residents currently living at the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Homewood Residence At Boca Raton
9591 Yamato Road
Boca Raton, FL 33434

Re: CCR ##2012011047 and #2012011050

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call Arlene Mayo - Davis at (561) 381 - 5840.

Sincerely,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924