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
	AL11932640	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BOYNTON VILLAGE	1935 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An Assisted Living Facility standard biennial licensure survey was conducted on Boynton Village, had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or therapy services by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable disease which likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

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A 008	Continued From page 2 elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a ... order for residents who do not wish ... to be administered in the case of ... or ... (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or	A 008		

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, it was determined the facility failed to ensure all Health Assessment forms (AHCA Form 1823) were accurate and complete for 1 out of 2 sampled residents (R#1). The findings include: Resident #1 was observed on [redacted] at 3:00 PM with a licensed nurse present, she was observed capable of self-administering her medications with assistance from this staff. Review of her current medical examination (AHCA Form 1823) dated [redacted] documented she required medication administration by a licensed nurse (LPN). In an interview conducted [redacted] at 3:10 PM, the LPN stated the resident is able to participate in self-administration of medications with assistance from staff and the 1823 form was not accurate as written. Further review of Resident #1's 1823 form revealed no height or weight; page five of the form intended to disclose services offered or arranged for by the facility was not completed or	A 008		

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A 008	Continued From page 4 signed and dated as required. In an interview conducted on [redacted] at 3:32 PM, the licensed nurse acknowledged the above concerns, and agreed facility staff should have sought clarification and obtained missing information from the health care provider that certified the examination, as required. It was revealed this was the current health assessment for Resident #1 and no further documentation was available for review. Class III	A 008		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a stage sore be retained provided that: 1. The facility has a LNS license and services are	A 010		

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A 010	Continued From page 5	A 010		

provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall

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A 010	Continued From page 6 be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure all Resident Health Assessment forms were current, completed upon significant health/physical change and reflective of the resident's care needs, for 1 out of 2 sampled residents' records reviewed (Resident #5). The findings include: Resident #5's health assessment dated , medical diagnosis of cellulitis, diabeties , hypertension, dementia . The assessment also noted a cognitive/behavioral as alert, oriented X3 and forgetful. Further review of Resident #5's record revealed a psych evaluation dated evaluation for Resident #5 documented a diagnosis of dementia and . During an interview with Employee #1 on PM, she confirmed Resident #5 was not alert and oriented X3. Employee #1 also revealed Resident #5 has a diagnosis of pyschosis and exhibited agressive behavior and often very confused and . She also confirmed that the health assessment within Resident #5's record was not current or reflective of the resident's current diagnosis or cognitive/behavioral . Upon request of a current health assessment reflecting the resident's current condition (including documented diagnosis by pyschologist), it was revealed the facility had not made an attempt to	A 010		

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A 010	Continued From page 7 acquire a new health assessment for the resident. Review of the resident's demographic sheet and the admission and discharge log confirmed an admission date of [redacted] Class III	A 010		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9[redacted] or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 8 (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical ... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall	A 030		

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A 030	Continued From page 9	A 030		

not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

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(g) Share a . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or

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A 030	Continued From page 11 special interest groups. This Statute or Rule is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to honor residents' rights to: receive adequate and appropriate health care, live in a safe living environment, to be treated with consideration and respect with due recognition of personal dignity, individuality and the need for privacy. The findings include: During the survey conducted [redacted] and [redacted], the following concerns were noted: a) On [redacted] at 10:30 AM, two surveyors observed a resident receiving [redacted] care treatment from a home health nurse while seated in a wheelchair in the facility's laundry/vending machine [redacted]. The two doors of the [redacted] wide open; staff, visitors and other residents were observed to pass by the doors or walk through the [redacted]. A nearby Activities Director was summoned; she made the same observation and identified the resident as Resident #1. This was brought to the facility's Registered Nurse regional Care Director's (RCD) attention on [redacted] at 10:43 AM. On [redacted] at 11:10 AM, the RCD stated, the home health nurse observed was asked and said facility staff approved the treatment area. The RCD acknowledged the area used to perform [redacted] care was not appropriate as it was not sanitary nor was it private. b) Review of facility's medication administration and assistance practices conducted on	A 030		

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from 8:12 AM until 9:11 AM occurred in a [redacted] as a nursing station as well as a waiting area for residents. Multiple observations were made of facility staff that administer or assist with self-administration of medications discussing resident conditions, medications and care needs openly in front of others with no attempt to maintain individual resident privacy. This [redacted] used by residents to receive medications and the ongoing number of residents present at any given time was too large to provide reasonable privacy in individual conversations between residents and staff. Additionally, the waiting area appeared too small to reasonably and comfortably accommodate the numerous (approximately 10 -13 residents observed in the [redacted] various periods) residents arriving and waiting for their medications. Residents were observed bumping into each other's walkers and wheelchairs and did not appear happy with the situation. One resident bumped into another and was heard to say, "Am I bumping you?" The other resident responded, "Just move away!"

c) On [redacted] at 8:25 AM during review of facility's medication administration and assistance practices, the surveyor observed a resident spill a small cup of water on the floor of the waiting [redacted] the counter. At the time, the waiting [redacted] moderately crowded with residents. Multiple residents were observed walking or rolling up to the counter in close proximity to the water puddle. Multiple staff was observed to pass by the water puddle without noticing the potential safety hazard. At 8:45 AM, a resident using a walker was observed to step in the puddle and track moderate amounts of water across the floor. This was brought to the attention of the Nurse in charge at the time, she acknowledged the water spill and had it cleaned immediately.

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d) During an interview with R#12 on [redacted] at 2:36 PM, he revealed that a staff member had recently stole his money. Resident #12 revealed the week before he noticed his things appeared "' gone through " a couple times, then he checked the box he kept his money inside (a box within another box) and discovered someone took $4,000 cash (he had $5000) from his little box. He stated he realized money was missing because he saw the rubber [redacted] thrown in the dresser draw. He opened the box and saw considerable amount of money was missing. He stated, he called his niece/power-of-attorney, she called police. Upon her arrival (a couple hours later in the afternoon) to the facility and evaluation of the box (in which the money was stored), they discovered 200 was returned to the box.

During an interview with Resident #12's niece, she confirmed the aforementioned and that she notified the police and the Administrator. However, the police didn't press charges and she has not been able to reach the Administrator, after she has made numerous calls to the facility to to speak with her regarding this matter.

During an interview with the Regional Director and Business Office Manager on [redacted] aforementioned information was confirmed. Upon request of documentation of this incident and resolution/steps to prevent reoccurrence, it was revealed the Administrator had been out of the facility and had not made the opportunity to address and document the incident. It was revealed no further documentation was available for review.

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A 030	Continued From page 14 Class III	A 030		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:	A 052		

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1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.

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A 052	Continued From page 16 (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) , , or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications included all required steps when performing this task. The unlicensed staff member, or medication technician (MT#1) did not transport the medication containers to the resident, read the labels to the resident and remove the ordered dose from the container in the resident's presence. The findings include: Observation of medication assistance practices was conducted with an unlicensed staff member, MT#1, on . It was observed she did not follow required steps while providing assistance with self-administered medications to the following residents(medication review (MR) residents): MR#3 at 8:37 AM, MR#9 at 9:37 AM, MR#10 at 9:45 AM, MR#11 at 10:03 AM and MR#13 at 8:46 AM. She reviewed the medication	A 052		

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A 052	Continued From page 17 orders and medication labels and put individual doses in pill cups. She then returned the residents' supply of medications to storage and brought the pill cups to the residents but did not announce the medication information to the resident as required. If a resident asked a question about the medication she responded, but she did not offer any medication details other than to tell the resident she had their medications ready for them to take. In an interview with MT#1 on [redacted] at 10:10 AM, she stated she had not been trained in these steps since working at this facility. Class III	A 052		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented	A 055		

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A 055	Continued From page 18	A 055		

by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from

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A 055	Continued From page 19 medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications properly disposed of used and unused medications. The unlicensed staff member/ medication technician (MT#1) disposed of an unused medication and a used pain patch in the general-use trash. The findings include:	A 055		

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A 055	Continued From page 20 Observation of medication assistance practices was conducted with an unlicensed staff member, MT#1, on . At 8:52 AM she removed a pain patch from a resident's skin and placed it in the general-use trash bin on a medication cart. At 9:20 AM she placed a tablet of a medication, in the general-use trash bin on a medication cart. In an interview conducted at 9:20 AM she stated she had been instructed to dispose of all unused/unusable medications in the general-use trash unless it was a controlled medication. In an interview conducted at 3:15 PM, with the facility's Nurses, both stated the proper method of disposal of any type of medication in an assisted living facility would involve two staff members, one of them being at least a licensed nurse. They acknowledged the concern described above. Class III	A 055		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing	A 092		

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A 092	Continued From page 21 education requirements specified in Rule 58A-5.0191, F.A.C.	A 092		

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, it was determined the facility failed to ensure that food services were performed in a safe and sanitary manner and that the food service designee (FSD) had obtained required continuing education training, evidenced by numerous examples of worn and soiled equipment, improper food storage and staff practices; as well as lack of required training of the food service designee by a qualified trainer.

The findings include:

1. In an interview conducted ... at 11:07 AM, the FSD stated he had not received the required annual two hours of training in topics pertinent to nutrition and food service in an assisted living facility by a qualified trainer such as a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

... food service review was conducted on ... facility ' s FSD. The following concerns were noted and acknowledged by the FSD at the time of observations:

1. The ice machine was observed to have two doors on the top half, one the left door was opened, it ... to the floor; presence of a latch and two hinges indicated the door was in disrepair. Behind this door was ice-making equipment, very

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excessive amounts of soil were noted in direct proximity to the food product on the interior wall and door. Also, the ice scoop was stored in a scoop holder; the lid for the holder was soiled and was stored inside the scoop holder, in constant contact with the scoop.

2. On [redacted] at 11:35 AM, a foul odor was noted in the dish wash area, the floor drain appeared excessively soiled. The dishwasher opened the drain and the odor increased; he stated they clean the drain once a month by opening it and spraying it with water. Later in the day, the odor was noted to persist and was found to also come from the outside of the racks used to wash glasses, the source being excessively food debris soil observed on the outside of the racks.

3. During review of the kitchen equipment and surfaces conducted [redacted] at 11:40 AM, the following were noted:

a. The hood over the dish wash machine had excessive stains and rust-colored spots; the screen in the top center was deteriorated.

b. The surfaces of the following equipment excessively soiled and/or were deteriorating with numerous rust-colored spots:

- steamer stand
- convection oven and stand
- grill (also drip pan not cleaned and noted with excessive food debris which represents a potential fire hazard)
- undersides of cover over the flat top stove
- rolling rack used to store plats of glasses
- control knobs on the steam table, most of the cooking stoves, and the soup station
- door gaskets for the walk-in coolers and freezer
- the undersides of shelves located above the

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meal tray assembly area
c. The meat preparation table and the food preparation table to the left of the stoves had lower shelves with surfaces very excessively deteriorated and littered with multi-colored (including rust-colored) spots, both had kitchen equipment stored on the lower shelves. Later, both shelves were observed covered with foil. The FSD was told this was not an adequate correction because the thin foil could tear easily, exposing the unacceptable surface below.
d. Floors located in the kitchen under all equipment and shelving and under the server station in the main dining excessively soiled with soil, food debris and trash.
e. Six shelves in the coolers/freezer and on the small pots/pans rack were observed with the surface deteriorating along the edges, the metal beneath was exposed and appeared rust-colored.
f. The practice of 'wet stacking', stacking pans while still wet which represents a potential for growth, was noted in the flat cooking pan storage.
g. A large mixer was observed with significant deterioration to surfaces above the mixing bar and on the supporting arm for the mixing bowl, the metal was exposed and was rust-colored.
h. Storage drawers located across from the stove, one around the drawer edges and two others inside the drawers.

4. Equipment in the server station located in the main dining excessively soiled and/or with deteriorating surfaces with numerous rust-colored spots: soda pump, soda syrup stand, left side of metal table, and two shelving units. The juice machine was noted with excessive food debris build up on and around the spigots that dispense the food product, and the microwave

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A 092	Continued From page 24 oven was soiled. 5. Chicken stock base was stored on the bottom shelf of the soup station next to an electrical outlet that was excessively soiled. 6. Lids for three storage containers for sugar and rice did not seal properly and were subject to potential contamination by pests. 7. Three containers of honey mustard were soiled or excessively soiled on their exteriors and were not dated when opened. 8. On 12/1[illegible] 1107 AM, the cook was observed with facial hair covering his chin and jaw and did not wear a face net; at 11:25 AM, a server was observed wearing a hair net with four dreadlocks about 4 inches in length outside of the net. In an interview conducted 12/1[illegible] 11:19 AM, the FSD stated he was not aware of any facility policy related to covering facial hair. These concerns were discussed with the Executive Director and FSD on 12/1[illegible] 3:15 PM. Class III	A 092		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, sex [illegible] activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition	A 093		

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A 093	Continued From page 25 Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and	A 093		

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A 093	Continued From page 26	A 093		

planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLE
	AL11932640	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BOYNTON VILLAGE	1935 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

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A 093	Continued From page 27 purposes of , the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, it was determined the facility failed to ensure food service was carried out in accordance with required food and nutrition board guidelines, evidenced by serving inadequate food portions, inadequate temperature measuring tools, not offering snacks as required, not maintaining regular and therapeutic menus and menu substitutions, and not posting current menus. The findings include:	A 093		

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A 093	Continued From page 28	A 093		

Food service review was conducted on [redacted] and [redacted] while accompanied by the facility ' s FSD. The following concerns were noted and acknowledged by the FSD at the time of observations:

a) On [redacted] at 11:27 AM, the cook was observed plating meals. Portions of meats were weighed; pork and fish weighed about 4 ounces each, the menu called for 3 ounces. He also used a white 5.33 ounce scoop (#6) for portions of sweet potatoes and mixed vegetables, the menu called for 4 ounces each.

b) On [redacted] at 11:37 AM, food temperatures were requested. The cook did not calibrate his thermometer; when asked, he verbalized understanding of how to calibrate the thermometer but he and the FSD confirmed they did not have the tool needed to calibrate the thermometer. Fahrenheit temperatures recorded at 11:53 AM reflected the following degrees: fish 120, pork 120, and sweet potatoes 140. Review of the temperatures recorded that morning in their temperature log documented the following degrees in Fahrenheit: fish 160, port 162 and sweet potatoes 170. Temperature noted failed to ensure food was maintained at safe palatable levels which directly affect the residents ' well-being.

c) On 12/1 [redacted] 1:05 PM, the FSD was asked if residents had access to the kitchen and how snacks were provided to residents. He stated they do not have access to the kitchen and staff provides sugar-free snacks to residents on diabetic [redacted] every evening. When asked if all other residents were offered a snack daily, he stated they provide fruit bowls and muffins during

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A 093	Continued From page 29 the breakfast meal. He confirmed they do not place snacks in a general area for residents to access nor did staff offer a snack to the other residents on a daily basis. On [redacted] at 4:10 PM, the Executive Director and FSD confirmed this information. d) On [redacted] at 11:17 AM, records showing six months ' worth of menu substitutions and regular/therapeutic menus were requested. The FSD presented a record of substitutions that documented very few substitutions made in the past year, he confirmed other substitutions had been made and were not recorded, as required. He also stated he did not maintain on-going records showing the weekly menus for regular and therapeutic diets. On [redacted] at 11:05 AM, the menu board located outside the dining [redacted] observed to not reflect the menu for the scheduled lunch for that day. This was brought to the FSD ' s attention at that time; he stated someone forgot to change it, it was yesterday's lunch. He acknowledged two meals had passed and it was still not accurate for the meal about to be served. These concerns were discussed with the substitute administrators on [redacted] at 3:15 PM. Class III	A 093		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. [redacted] 3. Race; 4. Date of birth;	A 162		

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A 162	Continued From page 30 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.	A 162		

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A 162	Continued From page 31	A 162		

(i) A copy of the resident ' s contract with the facility, including any addendu.... to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:

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A 162	Continued From page 32 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that 1 out of 2 sampled residents' records reviewed (Resident #1) who received assistance with activities of daily living (ADL's) had their weight recorded semi-annually. The findings include: The weight record for Resident #1 indicated the last recorded weight was dated : 2012, eleven months prior to the survey and not every	A 162		

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A 162	Continued From page 33 six months as required. This was discussed with and acknowledged by the LPN on 12/1 3:32 PM. Class III	A 162		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

19, 2013

Administrator
Emeritus At Boynton Village
1935 South Federal Highway
Boynton Beach, FL 33435

Dear Administrator:

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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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