STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932640	09/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Village	1935 South Federal Highway Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-09/05/2013
0081-Training - Staff In-Service-09/05/2013
0165-Risk Mgmt & Qa; Adverse Incident Report-09/05/2013

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview and record review, the facility failed to notify the Agency Field Office and the Agency Central Office with in ten (10) days of change in a facility administrator.

The findings include:

1. On , at approximately 2:45 AM the Business Office Manager (BOM) was interviewed. The BOM reported the former Administrator is no longer working at the facility and the former Administrator employment at the facility ended in 2013.

2. On at a approximately 4:45 PM the Director of Resident Care (DRC) was interviewed. The DRC confirmed the former Administrator has not worked at this facility since 2013. the DRC

3. On at 5:07 PM, the Regional Director (RD) was interviewed. The RD reported she is not the Administrator for the facility as of 2013. The RD confirmed she did not notify the Agency for Health Care Administration of the change of Administrator. The RD stated, "she forgot to file the notification paperwork."

4. A review of email correspondence revealed the RD became the administrator of the facility on

5. A review of interagency correspondence revealed the former Administrator's last working day at the facility was . Further review confirmed the facility did not submit a Notification of Change of Administrator Form (AHCA Form 3180-1006) to the Agency Field Office or the Agency Central Office.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Re: Revisit to CCR #2013006967

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 4, 2013by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2013.

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 this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

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