STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Beach	8220 Jog Road Boynton Beach, FL 33437	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility re-licensure survey with Limited Nursing Services (LNS) was conducted on through Emeritus at Boynton Beach had a licensure deficiencies found at the time of the survey.

Complaint Inspections, CCR #'s 2013007113, 2013007181, 2013007355, 2013007984 and 2013008420 were also conducted in conjunction with this survey. Please refer to the separate report for the findings.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that 3 out of 7 sampled staff (Staff A, B, and C) who provide direct care to residents and who have not taken the core training , received a minimum of 1 hour of in-service training within 30 days of employment that covers the following subjects:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Emergency preparedness & Evacuation training.
4. Resident rights
5. Recognizing and reporting resident neglect and
6. Elopement response training.

The findings include:

The personnel files for Staff A (date of hire , B (date of hire and C (date of hire were reviewed for the 1 hour of in-service training requirement within 30 days of employment that covers the aforementioned subjects. There was no documentation of this requirement having been met for these direct care staff.

The Business Office Manager / Human Resource representative was interviewed on at

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964916	09/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Boynton Beach	8220 Jog Road Boynton Beach, FL 33437	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1:27pm and confirmed that the documentation was not present and available for review.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure that 2 out of 7 sampled staff (Staff A and B) who provide direct care to residents, received a minimum of 1 hour of in-service training within 30 days of employment that covers the facility's policies and procedures regarding [redacted]

The findings include:

The personnel files for Staff A (date of hire [redacted] and B (date of hire [redacted] were reviewed for the 1 hour of in-service training requirement within 30 days of employment that covers the the facility's policies and procedures regarding [redacted] There was no documentation of this requirement having been met for these direct care staff.

The Business Office Manager / Human Resource representative was interviewed on [redacted] at 1:27pm and confirmed that the documentation was not present and available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review, interviews and observations, the facility failed to ensure pureed meals wase prepared following recommended dietary allowances for one of one sampled residents for special diets (Resident #7).

The findings include:

A) On [redacted] Resident #7 was observed eating lunch at 12:15 PM. He was served a bowl of a light colored unknown pureed substance, and no dessert. The menu was reviewed and revealed residents were to be served steak and cheese sandwiches, french fries and cookies or cake for dessert. At 12:49 PM, Staff G was interviewed and stated the resident was served whatever was sent from the kitchen which was unknown most of the time since it was pureed and was not given a dessert unless

a pureed dessert was provided.

The food service manager was interviewed at approximately 2 PM on [redacted] and stated the resident was served pureed steak (not the sandwich) that was mixed with baked potatos to improve the texture. During further interview he stated that he did not know why the resident did not receive dessert. It was acknowledged at this time that residents ordered to receive a texture modified diets needed to be served the menu items approved by the dietician, in order to obtain the recommended dietary allowances for optimal nutrition.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure that a Level II Background Screening was obtained, as required on employees for 1 out of 7 staff records reviewed (Staff C).

The findings include:

A record review of Staff "C's" personnel file, whose date of hire was [redacted] and provides direct care to residents, revealed that the file lacked documentation of a Level II Background Screening conducted through the agency.

In an interview, conducted on [redacted] at 10:58 am, with the Administrator and the Business Office Manager, they confirmed the findings that there was not a level II background screeing completed for this employee.

Review of teh Agency's background screening website revealed no screening was completed as of the day of the relicensure survey for Staff "C".

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Boynton Beach
8220 Jog Road
Boynton Beach, FL 33437

Re: Relicensure, Limited Nursing Services (LNS), CCR #2013007113,#2013007181,#2013007355,#2013007984, and #2013008420,

Dear Administrator:

This letter reports the findings of State Licensure surveys that were conducted on 2013 - 2013 by representatives from this office.

Attached is the provider's copy of the State (5000-3547) 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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

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