

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965569	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER Homewood Residence At Boca Rat	STREET ADDRESS, CITY, STATE, ZIP CODE 9591 Yamato Road Boca Raton, FL 33434	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
 St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
 St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
 St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
 St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
 St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
 St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
 St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on _____ and _____ at Homewood Residence at Boca Raton. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to have an updated integrated/interdisciplinary care plan developed and implemented by hospice in consultation with the facility based on individual care needs, for 2 out of 2 residents' records reviewed (Residents #4 and #21).

The findings include:

a) During resident's health record review for Resident #4, an updated Integrated/ Interdisciplinary Plan of Care developed by Hospice, in conjunction with the Facility, addressing Resident #4's specific needs could not be found. An initial, generalized Integrated Plan of Care developed by Hospice, dated on _____ and signed by a facility representative, was the only plan of care addressing the assisted living facility's role in resident's care that was located within the resident's record. Interview with Health and Wellness Director on _____ at 1:35 PM reveals the Health and Wellness Director is unaware of an Integrated/ Interdisciplinary Plan or Care for Hospice residents in _____ Unit, but she stated she

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would try to locate any additional documentation.

An additional interview conducted with the Health and Wellness Director on at 8:55 AM reveals there was not an updated Integrated Plan of Care found in the resident's record. She stated, "I contacted Hospice, and they were unaware of any further Integrated Plan of Care. They sent me over a Hospice POC [Plan of Care] Report." This report contains a list of services Hospice will provide, but contains nothing regarding facility services/expectations; and there is nothing noted on the report to suggest the facility was involved in the development/review of the plan of care.

b) Resident #21 has lived at this assisted living facility (ALF) since She was admitted to hospice services on Review of facility and her records revealed a hospice/ALF integrated care plan dated The had no signature or other indication that the care plan was developed in conjunction with ALF staff. This was discussed with the facility's Health and Wellness Director in an interview conducted at 1:55 PM. She further acknowledged care plans should be reviewed and updated more frequently than nine months for a resident on hospice.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interviews, it was determined the facility failed to ensure that unlicensed staff follow the appropriate steps when assisting a resident with medications, for 1 out of 1 resident observed (Resident #4). As evidence of Med Tech A administering crushed medications mixed into pudding to Resident #4.

The findings include:

Resident #4 was admitted to the facility on with diagnoses of and A review of the latest ACHA Form 1823 (Health Assessment) documents in Section 2-B, Part B, that Resident #4 "Needs Assistance with Self-Administration of Medications," with note added under Part C, "may crush all meds".

On at 12:15 PM, during medication pass observation, Med Tech A sanitized hands, greeted the resident, unlocked med cart and box, verified medication with the Medication Observation Record (MOR), placed pills in a pill crusher and mixed crushed medications with pudding. Med Tech A was observed feeding the pudding with the crushed pills to the resident.

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An interview was conducted with the Health and Wellness Director on at 9:13 AM. She stated, "Medication Assistance is when you assist the resident in guiding the medication to their mouth. If the resident is not able to get the spoon to their mouth, we would need an order for a nurse to administer."

On at 9:31 AM, an interview was conducted with Med Tech A. She confirmed, "[Resident #4] is not able to feed herself." The Med Tech acknowledges she feeds Resident #4 the pudding which contains the crushed medications.

Observation of Resident #4 during noon meal on revealed the resident does not allow for staff to guide resident's hand in feeding. During interview with Program Director of the Unit on at 12:25 PM, she stated, "[Resident #4] cannot feed herself and will not allow staff to cover her hand and guide it to her mouth. She grabs a hold of their hand and won't let go. She stopped being able to feed herself about a year ago."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to submit a statement from a health care provider for 1 of 3 sampled staff (staff C), related to communicable including

The findings include:

Employee record review conducted the facility failed to obtain a statement from a health care provider for Staff C documenting, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable (including Further record review revealed Staff C date of hire as

In an interview with the Office Manager at 10:45 AM on she agreed that no statement had been received. This was discussed with the Administrator at at 2:14 PM. It was revealed no further documentation was available for review.

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0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interviews, the facility failed to provide the required in-service trainings, for 3 of 3 sampled direct care staff members (Staff A,B and C).

The findings include:

Employee record review conducted for Staff A,B, C, revealed the facility failed to provide in service training related to:

- (1) Reporting major incidents
- (2) Reporting adverse incidents
- (3) Facility emergency procedures
- (4) Resident rights
- (5) Recognizing and reporting resident neglect, and
- (6) Elopement response policies and procedures
- (7) Safe food handling practices

In an interview conducted with the Office Manager at 10:45 AM on , she agreed that Staff A, B and C had not received training in aforementioned areas. She also acknowledged the employees had been employed for more than 30 days. The findings were also discussed with the Administrator at at 2:14 PM.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to provide a one-time education course on and for 2 of 3 sampled staff records reviewed. (B and C) .

The findings include:

Employee record review conducted for sampled staff members revealed Staff B and C's files lacked documentation indicating these employees had obtained in-service training related to and . Further record review revealed the employees had been employed more than 30 days.

In an interview with the Office Manager at 10:45 AM on she agreed that this training had

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not been received. This was discussed with the Administrator at _____ at 2:14 PM.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interviews, the facility failed to ensure the Food Service Designee (FSD), the person responsible for the facility's day-to-day food service operations, received training, as required.

The findings include:

During review of food service requirements conducted _____ at 12:10 PM, the facility's FSD was asked had he completed any trainings related to food services topics within the the last year. He stated that he had not received the required two hours of training, annually; related to nutrition and food service in an assisted living facility by a certified food manager, licensed dietitian, registered dietary technician, or a health department sanitarian. This was also confirmed through record review.

This was discussed with and acknowledged by the facility's Administrator on _____ at 3:40 PM. She stated no further documentation was available for review.

Class III

0090-Training - _____ 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to provide _____ in-service training, for 3 of 3 sampled staff records reviewed (Staff A,B and C).

The findings include:

Employee record review conducted _____ for staff A,B, C, revealed the facility failed to provide in service training related to _____ RO's for these employees. Further record review confirmed the employees had been employed more than 30 days.

In an interview with the Office Manager at 10:45 AM on _____ she agreed that this training had not been completed. This was discussed with the Administrator at _____ at 2:14 PM. It was

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revealed no further information was available for review.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on observation, interviews, and record review, it was determined the facility failed to provide a safe environment for residents in regards to hand sanitizing during food service to residents residing in locked unit.

The findings include:

During lunch observation in Building #2 Unit, on at 12:05 PM, the Health and Wellness Director and Employee D were observed clearing away residents' used/dirty dishes and serving the residents a second course of food served on clean dishes without sanitizing hands between these events. On at 12:20 PM, Employee D was observed assisting in feeding Resident #4, and when Resident #4 was finished eating, Employee D began assisting a second resident without first sanitizing her hands.

During an interview with Employee D was conducted on at 9:50 AM, she stated, "The facility policy is to wash your hands with each patient when you are caring for them. Sanitize hands after helping each resident at lunch. I was nervous yesterday and forgot." Employee D was not aware of the need to sanitize hands between removing dirty dishes and serving food on clean dishes.

Review of facility policy on Hand Washing - Associates (Issue date, 2002/Last Revised Date 2007), documents: "Appropriate 15-20 seconds hand washing should be performed in situations including but not limited to...before touching, preparing, or serving food... Hand Gels: ...after direct contact with any resident...after touching equipment or furniture near the resident...Hand rubs should be used before and after each resident."

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review and interviews, the facility failed to maintain adequate supplies of emergency food. This had the potential to affect most of the 57 current residents of the facility.

The findings include:

Review of the facility's emergency food supply was conducted ... at 12:35 PM with the facility's Food Service Designee (FSD) present. The following items were observed in a locked storage area in the facility's memory care unit:

1. 3 cases of vanilla wafer cookies
2. 1 case of tomato juice
3. 2 cases of variety cereal cups
4. 1 case of vanilla pudding cups
5. 1 case of chicken and dumplings
6. 1 case of apple juice
7. 1 case of beef stew
8. 1 case of macaroni and cheese
9. 1 case of peanut butter
10. 1 case of chili con carne with beans
11. 1 case plus 1 can of peas and diced carrots
12. 1 case of powdered milk
13. 3 cases of small cans of condensed milk
14. 2 cases of crackers

In an interview conducted at time of observation, the FSD stated these were the only non-perishable food supplies designated for emergency use. The same supplies were observed with the Administrator present on ... at 3:45 PM, she confirmed the facility's current census was 57, and acknowledged the supplies on hand were not adequate.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

RE: Relicensure Survey

Dear Administrator:

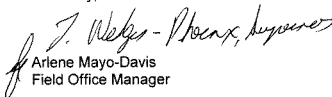
This letter reports the findings of a state relicensure survey that was conducted on 2014 by representative of this office.

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 _____ 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 this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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