

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                            |                                                     |

### List of Tags Cited:

- St - A - 0000 - Initial Comments  
 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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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 \_\_\_\_\_ at Emeritus at Boynton Village. The facility had deficiencies found at the time of the visit.

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

Based on observation, interview, and record review, it was determined the facility failed to ensure that staff that provide assistance with the self-administration of medications followed the training requirements of Rule 58A-5.0191. Specifically, related to the staff member opening the medication storage container in front of the resident; explaining what medication is being provided to the resident; and observing the resident consume the provided medications (not leaving the resident unattended with the prescribed medications), for 3 of 3 Staff (A, B, and E) and for 6 of 6 residents during medication observations (Residents #5, #6, #8, #13, #14, and #15):

1) During medication assistance observation with Staff B, conducted on \_\_\_\_\_ beginning at 1:00 PM, this staff member provided Resident #5 with 0.5mg of \_\_\_\_\_. Staff B was not observed to inform Resident #5 what medication she was providing to her.. Resident #5's health assessment, dated \_\_\_\_\_, indicated her \_\_\_\_\_ status as alert and \_\_\_\_\_.

During interview with the RCD (Resident Care Director), conducted on \_\_\_\_\_ beginning at 9:50 AM, she was informed of aforementioned observations. She acknowledged that this staff member did not follow the established regulatory protocols for staff that provides assistance with the self administration of medication as she did not inform this resident of the medication that was being provided to them.

2) During medication assistance observation with Staff B, conducted on \_\_\_\_\_ beginning at 1:20

|                                                                                                        |                                                                                                    |                                              |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br>AL11932640                                 | (X3) DATE SURVEY COMPLETED<br><br>10/22/2014 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Emeritus At Boynton Village                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1935 South Federal Highway<br>Boynton Beach, FL 33435 |                                              |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                              |

PM, this staff member provided Resident #6 with 100mg of \_\_\_\_\_ sod ext. Staff B was not observed to inform Resident #6 what medication she was providing to her. Resident #6's health assessment, dated \_\_\_\_\_, indicated her \_\_\_\_\_ status as alert and oriented to person, place, and time.

During interview with the RCD (Resident Care Director), conducted on \_\_\_\_\_ beginning at 9:50 AM, she was informed aforementioned observations. She acknowledged that this staff member did not follow the established regulatory protocols for staff that provides assistance with the self administration of medication as she did not inform this resident of the medication that was being provided to them.

3) During observation of the 2nd floor conducted on \_\_\_\_\_ at approximately 9:35 AM Resident #8 was observed with 7.5 pills in a small plastic cup and a cup of water on a table in front of the resident in the area where the medication cart is stored. The medication cart is not present at this time. When asked where the staff member was located that gave her the medications, this resident stated the girl gave them to me and then left. No staff member in sight at the time of this observation.

During interview with Staff E, conducted on \_\_\_\_\_ at approximately 9:55 AM, she stated she thought Resident #8 had taken her medications. A copy of the MOR (Medication Observation Record) was obtained at this time. She stated she did not realize this resident did not take her medications when she provided them to her.

Review of Resident #8's health assessment, dated \_\_\_\_\_, indicated her cognition as alert and oriented. This resident's MOR (Medication Observation Record) noted the following medications had been provided:

- a) \_\_\_\_\_ : 5mg every morning
- b) Calcarb 600/V \_\_\_\_\_ D 400 tablet daily
- c) Certavite-~~f~~ \_\_\_\_\_ tablet daily
- d) \_\_\_\_\_ : 0.1mg twice daily
- e) \_\_\_\_\_ : 100mg every morning
- f) \_\_\_\_\_ : 300mg twice daily

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                            |                                                     |

g) . . . 1mg (1.2 tablet = 0.5mg) daily

h) . . . 25mg daily

During interview conducted on . . . at 10:30 AM with the RCD (Resident Care Director), she was informed that Resident #8 was found with a small plastic cup of 7.5 pills and a cup of water on the 2nd floor common area with the 3 dining tables. The RCD acknowledged that Staff E should have not left this resident alone with her medications and that she should have observed the resident consume all of her medications.

4) During medication assistance observation with Staff A conducted on . . . beginning at 10:10 AM this staff member knocked on the Resident #13's apartment door and told her she was going to pull her medications. Staff A took the medication cards from the cart, opened the MOR (medication observation record) and checked it, poured the medications into a cup and poured a cup of water and mixed in the . . . powder, poured some apple sauce in the the cup with all the medications, went to where the Resident #13 was sitting in her . . . provided her with Floranex tablet, . . . 81 mg, . . . 325 mg, . . . 5 mg, . . . sod dr 40 mg, . . . 5 mg, . . . 25 mg tab give 1/2 tab 12.5 mg. Staff A was not observed to bring the medication in it's previously dispensed container and in the presence of the resident read and inform what medications she was providing to her. Residents #13's health assessment dated . . . indicated her . . . status as alert and oriented X 3.

During interview with the RCD (Resident Care Director), conducted on . . . beginning at 9:50 AM, she was informed of the above noted observations. She acknowledged that this staff member did not follow the established regulatory protocols for staff that provides assistance with the self administration of medication as she did not inform this resident of the medication that was being provided to them.

5) During medication assistance observation with Staff A conducted on . . . beginning at 10:25 AM this staff member knocked on the Resident #14's apartment door and told her she was going to pull her medications. Staff A took the medication cards from the cart, opened the MOR (medication observation record) and checked it, poured the medications into a cup and poured a cup of water, went to where the Resident #14 was in her bed in her . . . provided her with . . . 3.124 mg, HBR 20 mg, lisonopril 2.5 mg, . . . 5 mg, . . . 81 mg. Staff A was not observed to bring the medication in it's previously dispensed container and in the presence of the resident read and inform what medications she was providing to her per regulatory requirement. Residents #14's health assessment dated . . . indicated her . . . status as alert and oriented.

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                            |                                                     |

During interview with the RCD (Resident Care Director), conducted on ... beginning at 9:50 AM, she was informed of the above noted observations. She acknowledged that this staff member did not follow the established regulatory protocols for staff that provides assistance with the self administration of medication as she did not inform this resident of the medication that was being provided to them.

6) During medication assistance observation with Staff A conducted on ... beginning at 10:35 AM this staff member knocked on the Resident #15's apartment door and told him she was going to pull his medications. Staff A took the medication cards from the cart, opened the MOR (medication observation record) and checked it poured the medications into a cup and poured a cup of water, went to where the Resident #15 was in his ... provided him with ... sod dr 40 mg tab, ... 25 mg, TAB A VITE. Staff A was not observed to bring the medication in it's previously dispensed container and in the presence of the resident read and inform what medications she was providing to him per regulatory requirement. Residents #15's health assessment dated ... indicated his ... status as alert and oriented X 3.

In an interview conducted on ... at 2:55 PM with Resident #15, he confirmed that the staff assisting with the self administration of medications does not tell them what medications they are receiving, they just hand him a cup of pills.

During interview with the RCD (Resident Care Director), conducted on ... beginning at 9:50 AM, she was informed of the above noted observations. She acknowledged that this staff member did not follow the established regulatory protocols for staff that provides assistance with the self administration of medication as she did not inform this resident of the medication that was being provided to them.

Class III

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

Based on record review and interview, the facility failed to ensure 2 out of 3 (Staff A and Staff C) current staff members have evidence of an annual negative ... exam.

The findings include:

|                                                                                                        |                                                                                                        |                                                     |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                              | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                        |                                                     |

1) Review of Staff A's personnel record, whose date of hire was \_\_\_\_\_ revealed a physician statement indicating freedom of \_\_\_\_\_ dated \_\_\_\_\_. There was no further documentation within the file indicating this employee does not have any signs or symptoms of \_\_\_\_\_.

2) Review of Staff C's personnel record, whose date of hire was \_\_\_\_\_ revealed a physician statement indicating freedom of \_\_\_\_\_ dated \_\_\_\_\_. There was no further documentation within the file indicating this employee does not have any signs or symptoms of \_\_\_\_\_.

In an interview conducted with the Business Office Director on \_\_\_\_\_ at 11:13 AM, she reviewed the files and confirmed that there is no current \_\_\_\_\_ documentation of a negative \_\_\_\_\_ exam for Staff A, and Staff C.

In an interview conducted with the Administrator on \_\_\_\_\_ at 10:00 AM, she stated Staff A and Staff C are current staff members at the facility and provide direct care to residents, she reviewed the file and confirmed the findings.

Class III

### 0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review, observation, and interview, the assisted living facility failed to ensure that 1 out of 2 (Staff B) current unlicensed staff members who will be providing assistance with self-administered medications, obtained the required initial 4 hours of Assistance with Self-Administered Medication and Medication Management Training.

The findings include:

1) Review of staff B's personnel record, whose date of hire was \_\_\_\_\_ lacked documentation of the required 4 hours of Assistance with Self-Administered Medication and Medication Management Training by a registered nurse or licensed pharmacist.

In an observation conducted on \_\_\_\_\_ at approximately 1:00 PM, Staff B was observed assisting Resident # 5, and #6 with self administration of their medication.

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                            |                                                     |

In an interview conducted on \_\_\_\_\_ at 10:00 AM with the Administrator, she stated that she reviewed the file of Staff B and confirmed the findings.

Class III

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

Based on observation, record review, and interview, the assisted living facility failed to ensure the facility menu was followed at all times.

The findings include:

A review conducted on \_\_\_\_\_ at 11:25 AM ,of the facility's posted dietician approved lunch menu for \_\_\_\_\_ revealed the menu to be baked tilapia, rice pilaf, sauteed spinach, buttermilk biscuit with margarine and pound cake. The menu also had a selection of 4 alternate selections of entrees : beef stew, turkey sandwich, all beef hot dog, and harvest chicken salad and alternate accompaniments : mashed potatoes, buttered beets, reduced sugar lemon poppy seed angel food cake, rainbow sherbet, Brookdale cookie, fruit cup and low fat milk.

A review conducted on \_\_\_\_\_ at 11:30 AM of the facility's posted daily lunch menu for \_\_\_\_\_ revealed the menu to be Chef's Kitchen soup, oven baked tilapia seasoned with diced apples or Hearty Beef Stew with potatoes and vegetables, both served with spinach and a dinner roll. With some always available items : turkey sandwich, harvest chicken salad, all beef hot dog. Featured desserts : white cake, sherbet, and cookies.

In an observation conducted on \_\_\_\_\_ at 11:40 AM of the facility's first lunch seating , the meal served to the residents in the main dining \_\_\_\_\_ of: soup, either baked tilapia seasoned with diced apples or beef stew, sauteed spinach , dinner roll and dessert selection. There was no rice or potato served to the residents having the baked tilapia or beef stew, as indicated on the dietician approved lunch menu .

In an interview conducted on \_\_\_\_\_ at 12:24 PM with the Director of Dietary, he stated the diced apples were just an addition not a substitution for anything. He confirms that rice or potato was not

|                                                                                                        |                                                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11932640</b>                                  | (X3) DATE SURVEY COMPLETED<br><br><b>10/22/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Emeritus At Boynton Village</b>                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1935 South Federal Highway<br/>Boynton Beach, FL 33435</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                            |                                                     |

served with the tilapia or beef stew entrees today for the 11:30 seating.

In an interview conducted on \_\_\_\_\_ at 12:45 PM with the family member of Resident # 11 who observed her mother at the 11:30 AM lunch meal confirmed that Resident #11 was not served rice or potatoes with her beef stew .

In an interview conducted on \_\_\_\_\_ at 3:00 PM with the Wellness Director, she confirmed the findings. In an interview conducted on \_\_\_\_\_ at 4:00 PM with the Administrator, she confirmed the findings.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on .....  
22, 2014 by representative 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 ..... 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/jw  
Enclosure

XG90

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



Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida