STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965569	02/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Boca Raton	9591 Yamato Road Boca Raton, FL 33434	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-02/02/2015
0081-Training - Staff In-Service-02/02/2015

Revisit Repeat Tags:
0000-Initial Comments-
0025-Resident Care - Supervision-58a-5.0182(1) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up survey was conducted from 2-2-15 to 2-3-15 at Brookdale Boca Raton, fka Homewood Residence Boca Raton, assisted living facility (ALF). The facility had an uncorrected deficiency identified at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview and record review, the facility failed to adequately provide care and services to meet the needs of 2 out of 8 residents (Residents #2 and #7). As evidence of the facility failure to properly assess a resident and implementing interventions to help promote their safety and physical well-being after a ..... event and/or when the resident was identified as a ..... risk.

The findings are:

a) Review of the facility incident log dated from to indicated that Resident #2 in her at 2:30pm. Review of this record indicated that on , a staff member noticed the resident on the floor as she passed by the resident's it was determined that the resident suffered no apparent injury from this . Review of this record indicated that the facility's supervising nurse requested to the resident's son on to increase her private duty aide's (PDA) hours from 9am to 1pm, Monday to Friday, to 7am to 7pm, 7 days a week, for safety reasons. This record indicated that the resident's son initially refused to increase his mother's PDA hours on to which he was additionally financially responsible for, and he later agreed to do so after the Administrator contacted him on

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Review of the facility's ..... risk policy and procedure (as attached) indicated that the residents must receive a facility-specific risk identification evaluation (RIE) upon admission, change of condition and every six months thereafter. This policy and procedure described that the residents must receive the RIE at the same times as when the residents received a facility-specific personal services assessment . Further review of this policy and procedure indicated that every resident with an identified ..... risk must have an individualized interventions listed in their ..... This policy and procedure indicated that after a resident's ..... event, the facility must complete a post investigation (PFI) to determine if any resident's ..... risks have changed and/or their interventions need to be updated.

Review of Resident #2's record indicated that she was admitted to the facility on ..... with diagnoses including Parkinson ' s , , , history of ..... and left hip ..... Review of her Health Assessment dated on indicated that the resident was alert and oriented with ..... and required one person supervision for ambulation, bathing, dressing, toileting and transfers. Further review of the resident's record during this onsite survey on ..... indicated that the facility did not complete a PFI for the resident's ..... event on ..... nor was there documentation relating any implementation of additional interventions for the resident after her ..... on .....

During an interview with the Administrator on ..... at 12:05pm, she stated that the facility did not implement additional measures to prevent Resident #2's risk for after the Agency's last inspection on ..... nor did it ensure the resident had received an updated physician-supervised health assessment. She stated that after the resident's ..... event on the facility asked the resident's son to increase the number of hours the resident received PDA supervision through a third-party provider/home health agency (HHA), because the resident only received PDA supervision from 8am to 1pm, Monday to Friday.

During an interview with the HHA owner and Assistant Administrator on ..... at 1:00pm, she stated that the communications the HHA and the facility have had relating to the care of Resident #2 have been non-existent and the facility has not requested any information relating to the PDA services the HHA is providing to the resident. She stated that all the communications were with the resident's son and he contacted the HHA on or about ..... to request an increase with PDA services to the resident from 8am to 1pm and 6pm to 8pm, Monday to Friday, to 7am to 7pm, everyday. She stated that the expectations of the PDAs for this resident were to assist the resident with bathing and dressing every day, assist her with transfers, ambulation and toileting, maintain her personal area clean and perform laundry and shopping duties.

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During an interview with the medication tech/caregiver on at 1:00pm, she stated that PFI was to have any resident afety precaution interventions for the staff to follow, she did not have Resident #2's PFI available for review and she was not aware of the interventions in place for the resident to reduce her or accident risk.

In an interview with the Administrator on at 2:20pm, she stated that she was not aware of the current personalized interventions applied to Resident #2 either by her staff or the PDA to help reduce the resident's risk for She stated that she was not able to locate the PFI to review the safety interventions identified for this resident.

In an interview with the resident's son, he stated that he was not aware of any other interventions implemented by the facility to help reduce his mother's risk for beside requesting for additional PDA hours.

b) Review of the facility incident log dated from to indicated that Resident #7 suffered an unknown injury at 3:30pm. Review of this record indicated that the resident had and redness to her mouth and cheek, she was suspected to have outdoors in the facility and was treated within the facility. Further review of this record indicated that the resident in the lobby on at 8:25pm, sustained to her jaw and was treated within the facility.

Review of Resident #7's health assessment dated on indicated that she was diagnosed with and that she was independent with all of her activities of daily living. Further review of this assessment, on section D, it indicated that the resident needed to live in an assisted living facility that provided 24 hour assistance due to her memory loss. Further review of the resident's record during this onsite inspection on indicated that the facility did not complete a PFI for the resident's cident events on and nor was there documentation relating any implementation of personalized interventions for the resident after her accident on

In an interview with Resident #7 on at 3:25pm, she stated that she had 2 times in 2015 and that she injured her chin and cheek during the She stated that she was not aware of any interventions implemented by the facility staff to help prevent her nor have they monitored her after she injured her face/head. She stated that she was aware that she sometimes forgot her walker before transferring, but the facility staff have not engaged with her to help her.

In an interview with the Administrator on at 3:40pm, she stated that she was not aware of the current personalized interventions applied by her staff to Resident #7 to help reduce the resident's risk

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for ..... She stated that she was not able to locate the resident's PFI to review the safety interventions identified for this resident.

Class II

This is an uncorrected deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brookdale Boca Raton
9591 Yamato Road
Boca Raton, FL 33434

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by a representative of 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2015.**

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

Sincerely,

Arlene Davis
Field Office Manager

AMD/jw

BBT7

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