STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912132	09/09/2015
NAME OF PROVIDER OR SUPPLIER ATRIUM AT BOCA RATON (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1080 NORTHWEST 15TH STREET BOCA RATON, FL 33486	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey, CCR# 2015005382, was conducted on and concluded on at The Atrium at Boca Raton. The facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interviews, the facility failed to ensure the Resident Health Assessment form/AHCA Form 1823 medical examinations were updated as required or had complete information, for 2 of 5 sampled Residents (#2 and 5).

The findings include:

1. Review of facility records and Resident #2's record conducted / documented she successfully eloped from the facility on /. Review of her AHCA Form 1823 (medical examination) revealed it was dated . There was no evidence indicating Resident #2's AHCA form 1823 was updated after 3 years, as required. There was no evidence indicating the AHCA form 1823 was updated after she eloped from the facility as this was a significant change in her behavior.

2. Review of Resident #5's AHCA Form 1823 (medical examination) dated revealed the form was missing current diagnoses including , , and . Further review revealed the following sections or items were left blank: physical or sensory limitations, special precautions, information related to the type and extent of supervision or assistance required were left blank in the areas of bathing, dressing, eating, , toileting, transferring, preparation of meals, shopping and handling personal and financial affairs. Page 5 was not signed by the recipient or guardian.

These concerns were discussed with and acknowledged by the facility's Assisted Living Director, a Licensed Practical Nurse, on at 1:19 PM.

Class III

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to provide personal supervision appropriate to needs of residents accepted for admission to the facility for 1 of 5 sampled Residents (#1). This is evidence of the facility staff leaving Resident #1 alone on the facility's transportation bus alone.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

Review of facility records and Resident #1's record revealed he was admitted to the facility on with pertinent diagnoses of , , and muscle . His AHCA Form 1823 (medical examination) dated documented he experienced periods of forgetfulness and required assistance with self-administration of medications, ambulation (via wheelchair), transfers, toileting, dressing and .

A written listing of resident appointments used by the facility's Bus Driver dated documented Resident #1 had a medical appointment at 1:15 PM that day.

In an interview conducted with the facility's Administrator and Assisted Living Director on at 9:38 AM, they provided the following information. On / around 5:00 PM, the facility Bus Driver, Employee B, left Resident #1 on the facility bus unattended. Staff noticed the resident was not present for his scheduled medications around 6:45 PM. Staff checked with the Bus Driver and was told he was dropped off at the facility. Staff initiated a search of the property for the resident. During this search, the resident's Emergency Response Pendant was activated by Resident #1 around 8:15 PM indicating he was in close proximity to the facility. Staff checked the facility bus and located the resident in the bus at 8:30 PM, sitting on the floor of the bus in front of his wheelchair. The resident had been left alone on the bus for about 3.5 hours. The resident stated the Bus Driver (Employee B) told him he would be right back and never returned. After he was found, he stated he was tired and declined to go to the hospital for evaluation and treatment. This was also confirmed through review of facility records.

In an interview conducted / at 10:17 AM, Resident #1's family member and Power of Attorney confirmed he was left unattended on the bus on .

Review of facility policies and procedures conducted revealed no written policy and/or procedure related to resident transportation. A written policy dated / titled Resident Transportation Services documented the following:
Transportation for residents is provided within certain parameters in community vehicles by community employed drivers. Employees may not provide transpiration to residents in their personal vehicles. Procedure: 1. Each community will have a different procedure for making appointments for transportation. Insert your community's here. See Community Transpiration Guidelines. The remainder of the document was blank. In an interview conducted at 9:49 AM, the facility's Administrator stated she wrote a policy after and initiated a "resident check-off policy" after .

Review of Employee B's job description titled Driver documented he was required to provide direct care to the facility residents by assisting and escorting them from the front desk to the facility transportation

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SUMMARY STATEMENT OF DEFICIENCIES
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vehicle, transporting them to appointments or other field trips, picking them up from these appointments or other field trips, returning them to the facility, and assisting and escorting them back into the facility to the front desk safely.

Review of Employee B's personnel records conducted / and revealed no documentation showing he received the required training in resident rights in an assisted living facility, assistance with resident activities of daily living, and resident behavior and needs, and there was no evidence Employee B participated in any elopement drills during his five year employment with the facility. Additionally, Employee B did not have a current background screening on record .

This was discussed in an interview conducted at 10:04 AM with the Administrator. The Administrator confirmed aforementioned and stated Employee B was no longer with the facility.

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to ensure facility staff who provided direct care to resident received required training for 2 of 2 sampled Employee files (Employee A and B) in resident rights and assistance with activities of daily living (ADL's).

The finding include:

Review of personnel files for Employees A and B was conducted . Employee A, a facility driver, was hired on . Employee B, also a facility driver, was hired on / and terminated on . Both drivers were required to provide direct care to the facility residents by assisting and escorting them from the front desk to the facility transportation vehicle, transporting them to appointments or other field trips, picking them up from these appointments or other field trips, returning them to the facility, and assisting and escorting them back into the facility to the front desk safely.

Record review revealed Employee A and B had not received training related to assistance with resident activities of daily living, and resident behavior and needs and resident rights. Additionally, there was no evidence Employee B participated in any elopement drills during his five year employment with the facility. This was confirmed on by the facility Administrator.

Class III

0161 Records - Staff

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Based on record review and interviews, the facility failed to ensure a staff member's background screen results were obtained and placed in the staff member's personnel record for 1 of 2 sampled Employees (B).

The findings include:

Review of Employee A's record revealed he was hired / , a Level II background screen was required by / . Further review revealed a AHCA Background Screening Result that was printed on / . The sections where the screening or eligibility date showed "Screening in Process". Review of the AHCA background screen database documented his Level II background screening status as eligible on / .

This was discussed with the Administrator on / at 12:39 PM. She acknowledged they had no record of his background screen status until this writer brought it to their attention.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Atrium At Boca Raton (the)
1080 Northwest 15th Street
Boca Raton, FL 33486

RE: CCR #2015005382

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 and concluded on , 2015 by a 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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/sf
Enclosure

XG90

Delray Beach Field Office
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