

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942705	(X3) DATE SURVEY COMPLETED 02/05/2016
NAME OF PROVIDER OR SUPPLIER BRIGHTON GARDENS OF BOCA RATON	STREET ADDRESS, CITY, STATE, ZIP CODE 6347 VIA DE SONRISA DEL SUR BOCA RATON, FL 33433	

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

0000 Initial Comments

An unannounced Licensure survey and a Limited Nursing Services monitoring survey were conducted on 2/05/16 at Brighton Gardens of Boca Raton. Brighton Gardens of Boca Raton had deficiencies at the time of the visit.

0010 Admissions - Continued Residence

Based on resident record review and staff interview, the facility failed to ensure a resident Health Assessment form (AHCA Form 1823) was completed accurately and completely, for 1 or 4 record reviews (Resident #6).

The findings include:

During resident record review for Resident #6, it was documented in Resident's Care Plan that Resident #6 has had numerous "r/t [related to] unsteady gait and poor balance" on the following dates:

Resident #6's AHCA Form 1823 (Health Assessment), dated 2/1/2016, x 2, and 2/2/2016. Upon review of Assessment this resident is at risk for falls, or on special fall precautions.

In addition, Section 1, Part B, as it relates to Special Diet Instructions, had been left blank; and Section 2-B, part B, does not indicate whether this individual "needs help with taking his or her medications".

Interview was conducted with Director of Nursing and Memory Care Unit Supervisor on 2/5/2016 at 2:30 PM. They acknowledged the missing documentation on Resident #6's Health Assessment.

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure the person appointed as Food Designee had completed the required annual 2 hour Food and Nutrition Training.

The findings include:

Review of the Food and Beverage Director's file revealed a hire date is 1/1/2016; also identified by Administrator as the facility's Food Designee. Further record review revealed no documentation could be located within the employee's record showing completion of the annual 2 hour Food and Nutrition

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Training.

During an interview conducted with the Food Designee on 2/05/16 at approximately 2:00 PM confirmed the Food Designee had not completed the required 2 hour annual Food and Nutrition Training in topics pertinent to nutrition and food service in an assisted living facility. It was also confirmed with the Food Designee at this time that he was not a certified food manager, licensed dietician, or registered dietary technician, nor had he completed CORE Training.

Class III

0086 Trainina - ADRD

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 direct care staff, whose records were reviewed, had the required _____ and Related _____ (ARD) Training and/or annual 4 hours of continuing education required (Employees E and F).

The findings include:

Employee E, a Med Tech whose hire date was _____, completed _____ Training Level I on _____ and Level II on _____. However, this staff did not participate in the 4 hours of continuing education required annually after completion of the Level II Training. This employee provides direct care to residents with _____ and related _____.

Employee F, a Med Tech whose hire date was _____, did not complete the _____ Training Level I training within 3 months of hire. This employee did complete the _____ Training Level II on _____, with an additional 4 hours of continuing education training in 2005, but no other annual CE hours were completed thereafter. This employee provides direct care to residents with _____ and related _____.

On _____ at 1:05 PM, the Director of Nursing acknowledged aforementioned and that the facility has a secured _____ unit and provides care and services to residents that with a diagnosis of Alzheimers _____ and related _____.

Class III

0091 Trainina - Documentation & Monitorina

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Based on employee record review and staff interview, the facility failed to document employee trainings on certificates with specifications outlined in 58A-5.0109(12) of the Florida Administrative Code, for 3 of 3 employees whose records were reviewed (Employees D, E, and F).

The findings include:

On _____, a review conducted of staff trainings completed for Employees D, E, and F revealed the following trainings were not documented on certificates containing the title of the training program, subject matter of the training, number of hours of the training, the trainee's name, dates of participation, and location of the training, and the training providers name, dated signature and credentials (professional license number, if applicable). A training agenda is also to be included with the certificate.

- a) Staff D (hire date ____/____/____) - Incident Reporting and Recognizing and Reporting _____, Neglect & _____
- b) Staff E (hire date ____/____/____) - _____ Control, Incident Reporting, Recognizing and Reporting _____, Neglect & _____, Resident Rights, and Initial 4 hour Medication Training.
- c) Staff F (hire date ____/____/____) - _____ Training, Elopement Response, Emergency Preparedness & Evacuation, and Recognizing and Reporting _____, Neglect & _____.

On _____ at 1:05 PM, the Director of Nursing acknowledged the trainings completed were not placed on certificates containing the required training information.

Class _____

0161 Records - Staff

Based on employee record review and staff interview, the facility failed to maintain documentation of the initial health statement verifying freedom from signs and symptoms of communicable _____, for 2 of 3 employees whose records were reviewed (Staff E and F).

The findings include:

Upon review of the employee records for Employee E (hire date of _____) and Employee F (hire date of _____), documentation could not be found confirming that either employee received a signed physician's statement within 30 days of hire verifying each employee was free from signs and symptoms of communicable _____.

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Annual documentation from licensed health care provider verifying Employee E and Employee F did not exhibit signs and symptoms of () was located in the employees' files, but no statement regarding any other communicable was found on the signed statements.

On at 1:15 PM, the Director of Nursing stated the initial health statements may have been thinned from the employees record, but she did acknowledge the health statements signed by health care provider which were contained in the employees' files do not address freedom from any other communicable other than .

Class . . .



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brighton Gardens of Boca Raton
6347 Via De Sonrisa Del Sur
Boca Raton, FL 33433

Dear Administrator:

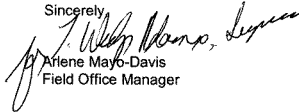
This letter reports the findings of a state licensure survey that was conducted on 2016 by a representative of this office.

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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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/
Enclosure

XG90

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