

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>105219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOCA RATON REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>755 MEADOWS ROAD BOCA RATON, FL 33486</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 282 SS=D	<p>An unannounced Recertification survey was conducted on _____ through _____ at Boca Raton Rehabilitation Center. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities, 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide services in accordance with the written care plan of 2 of 8 sampled residents, (Resident #116 and Resident #142), as evidenced by not following diet as ordered for _____ feeding, and not monitoring side effects and effectiveness for a resident receiving anti-_____ medication.</p> <p>The findings include:</p> <ol style="list-style-type: none"> <li>Resident #116 was originally admitted to the facility on _____, his most recent admission was on _____. His diagnosis include: _____ due to inhalation of food and _____, abnormal posture, _____, type 2 _____, hemiplegia, major _____, aphasia followed by _____ unspecified _____.</li> </ol> <p>A review of Resident #116's physician order sheet</p>	F 282	<p>Preparation, submission and or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and executed as required by State and Federal law.</p> <ol style="list-style-type: none"> <li>Care plans for resident #116 and #142 were reviewed and updated immediately.</li> <li>Care plans for residents receiving _____ feeding were reviewed and updated. Care plans for residents receiving _____ medications were reviewed and updated.</li> <li>Director of nursing/designee in-service'd nurses on updating _____ and _____ care plans.</li> <li>DON or designee will audit _____ and _____ care plans weekly x 4 weeks</li> </ol>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>reveals an _____ feed order dated _____ for Diabetisource 350 ml via _____ tube ( _____ Endoscopic _____ ) total of 2100 ml.</p> <p>A review of the care plan dated _____ for Resident #116 reveals a nutritional problem related to weight loss with interventions to include "Diet as ordered".</p> <p>A review of the Medication Administration Record for _____ at 10:35 AM revealed that Resident #116 receives _____ feed every 4 hours Diabetisource 350 ml via _____ tube total 2100 ml at 0100, 0500, 0900, 1300, 1700, 2100 and the record reflected that the resident received the entral feed on _____ at 0100, 0500 and 0900.</p> <p>In an interview conducted with Staff H, a Licensed Practical Nurse (LPN) on _____ at 10:30 AM she states she gives the resident the feed and it was recently changed to every 4 hours. She confirmed that she had not given Resident #116 the _____ feed today. She stated she gave him all his medications, but got busy and was not able to get back to him within her 1 hour time frame, and confirmed that she had documented the MAR as having given him the tube feeding prior to doing so.</p> <p>In an interview conducted on _____ at 10:46 AM with the Director of Nursing, she was present during the interview with the LPN and confirmed the findings.</p> <p>2. Resident #142 was originally admitted to the facility on _____, his latest re-admission was on _____. His diagnoses include: Parkinson's</p>	F 282	<p>and then random audits monthly x 3 months or until such time substantial compliance has been met. Findings will be reported QAPI.</p>

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F 282	<p>Continued From page 2</p> <p>....., bi-polar ..... and muscle</p> <p>A review of Resident #142's physician order sheet for ..... revealed medications the resident is currently receiving include:</p> <p>..... tablet 0.5 mg at bedtime, ordered</p> <p>..... ER 15 mg every 12 hours, ordered</p> <p>..... tablet 20 mg once a day, ordered</p> <p>..... 25 mg every 12 hours, ordered</p> <p>..... 40 mg tablet once a day, ordered</p> <p>A review of Resident #142's Medication Administration Record (MAR) and clinical record from ..... through ..... lacked any documentation of monitoring for the ..... and ..... for behavioral disturbances, side effects and agitation.</p> <p>A review of Resident # 142's care plan dated ..... and revised on ..... revealed a Focus of ..... medication, with interventions to include: Administer medications as ordered. Observe/document for side effects and effectiveness.</p> <p>In an interview conducted on ..... at 10:51 AM with Staff K, a Licensed Practical Nurse (LPN) she states that she is Resident #142's assigned nurse today, and confirmed that he is not currently being monitored for any of the ..... medications he is receiving.</p> <p>In an interview conducted on ..... at 10:55 AM with Staff L, Registered Nurse Unit manager she confirmed that they are currently not</p>	F 282		

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F 282	Continued From page 3 monitoring for any of the medications Resident #142 is receiving.  In an interview conducted on _____ at 10:57 AM with the Risk Manager, she confirmed that they are currently not monitoring for any of the _____ medications Resident #142 is receiving, but corrected the MAR immediately to begin monitoring for _____ behaviors, agitation behaviors, and side effects.  In an interview conducted on _____ at 11:28 AM with the Consultant Pharmacist he states that there should be monitoring for behaviors for the _____ and _____, and confirmed that the facility added the behavior monitoring on _____	F 282	
F 329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate _____); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used _____ drugs are not given these drugs unless _____ drug _____ is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use _____ drugs receive gradual dose reductions, and	F 329	

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F 329	<p>Continued From page 4</p> <p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide adequate monitoring for 1 of 5 sampled residents reviewed for unnecessary medications (Resident # 142), as evidenced by not monitoring a resident 's behavior problems, side effects and effectiveness for a resident that is receiving an anti- medication.</p> <p>The findings include:</p> <p>Resident #142 was originally admitted to the facility on , his latest re-admission was on . His diagnoses include: Parkinson's , bi-polar and muscle</p> <p>A review of Resident #142's physician order sheet for -- revealed that the resident is currently receiving the following medications:  tablets 0.5 mg at bedtime, ordered  ER 15 mg every 12 hours,  ordered  tablet 20 mg once a day, ordered  25 mg every 12 hours, ordered  40 mg tablet once a day, ordered</p>	F 329	<ol style="list-style-type: none"> <li>1. Resident #142 has monitoring in place at this time.</li> <li>2. Medication Administration Records for residents receiving medications have been reviewed and updated to include monitoring resident's behavior and side effects and effectiveness for a resident receiving an medication.</li> <li>3. Director of nursing/designee in-serviced nurses on updating Medication Administration Records for residents receiving medications to include behavior monitoring and side effects.</li> <li>4. DON or designee will audit Medication Administration Records for residents receiving medications for behavior monitoring and side effects weekly x 4 weeks and then monthly x3 months or until such time substantial compliance has been met. Findings will be reported to QAPI.</li> </ol>	

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F 329	<p>Continued From page 5</p> <p>A review of Resident #142's Medication Administration Record (MAR) and clinical record from _____ through _____ lacked any documentation of monitoring for the _____ and _____ for behavioral disturbances, side effects and agitation.</p> <p>A review of Resident # 142 ' s care plan dated _____ and revised on _____ revealed a Focus of _____ medication, with interventions to include: Administer medications as ordered. Observe/document for side effects and effectiveness.</p> <p>In an interview conducted on _____ at 10:51 AM with Staff K, a Licensed Practical Nurse (LPN) she states that she is Resident #142 ' s assigned nurse today, and confirmed that he is not currently being monitored for any of the _____ medications he is receiving. She further stated that all the monitoring is documented on the MAR.</p> <p>In an interview conducted on _____ at 10:55 AM with Staff L, Registered Nurse Unit manager she confirmed that they are currently not monitoring for any of the _____ medications Resident #142 is receiving. He had been previously been monitored for the _____ medications, but since he was readmitted on _____ the monitoring was not put back on the MAR, for documentation.</p> <p>In an interview conducted on _____ at 10:57 AM with the Risk Manager, she confirmed that they are currently not monitoring for any of the _____ medications Resident #142 is</p>	F 329	

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F 329	Continued From page 6 receiving, but corrected the MAR immediately to begin monitoring for behaviors, agitation behaviors, and side effects.  In an interview conducted on _____ at 11:28 AM with the Consultant Pharmacist he states that there should be monitoring for behaviors for the _____ and _____, and confirmed that the facility added the behavior monitoring on _____.	F 329		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that medication administration record (MAR) was accurately documented for 1 of 3 residents reviewed for tube feeding (Resident #116). As evidenced by documenting the MAR prior to administering the tube feeding, when it had not yet been administered.	F 514	1. Nursing staff member #H was in-serviced immediately not to sign the Medication Administration Record until after _____ nutrition is administered. 2. Director of nursing and risk manager did visual random audit of nurses performing medication administration to ensure accurate documentation was	

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F 514	<p>Continued From page 7</p> <p>The findings include:</p> <p>Resident #116 was originally admitted to the facility on _____, his most recent admission was on _____. His diagnosis include: _____ due to inhalation of food and _____, abnormal posture, _____, type 2 _____, hemiplegia, major _____, _____, aphasia followed by unspecified _____.</p> <p>A review of Resident #116's physician order sheet reveals an _____ feed order dated _____ for Diabetsource 350ml via _____ tube, total of 2100 ml.</p> <p>A review of the Medication Administration Record for _____ at 10:35 AM revealed that Resident #116 receives _____ feed every 4 hours Diabetsource 350 ml via _____ tube total 2100 ml at 0100, 0500, 0900,1300,1700,2100 and the record reflected that the resident received the entral feed on _____ at 0100,0500 and 0900.</p> <p>In an interview conducted with Staff H, a Licensed Practical Nurse (LPN) on _____ at 10:30 AM she states she gives the resident the feed and it was recently changed to every 4 hours. She confirmed that she had not given Resident #116 the _____ feed today. She stated she gave him all his medications, but got busy and was not able to get back to him within her 1 hour time frame, and confirmed that she had documented the MAR as having given him the tube feeding prior to doing so.</p> <p>In an interview conducted on _____ at 10:46 AM with the Director of Nursing, she was present during the interview with the LPN and</p>	F 514	<p>completed.</p> <p>3. Director of nursing/designee in-serviced nurses on accurate documentation on the Medication Administration Record.</p> <p>4. DON or designee will audit Medication Administration Records x 4 weeks and then monthly x3 or until such time substantial compliance has been met. Findings will be reported to QAPI.</p>	



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F 514	Continued From page 8 confirmed the findings.	F 514		

Agency for Health Care Administration

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N 000	INITIAL COMMENTS  An unannounced Relicensure survey was conducted on _____ through _____ at Boca Raton Rehabilitation Center. The facility had deficiencies at the time of the visit.	N 000		
N 101 SS=D	<p>400.141(1)(j), FS; 59A-4.118(2), FAC Resident Medical Records</p> <p>400.141(1)(j) FS Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the resident; and individual resident care plans, including, but not limited to, prescribed services, service frequency and duration, and service goals. The records must be open to agency inspection. The licensee shall maintain clinical records on each resident in accordance with accepted professional standards and practices, which must be complete, accurately documented, readily accessible, and systematically organized.</p> <p>59A-4.118(2) FAC Each medical record must contain sufficient information to clearly identify the resident, his or her diagnosis and treatment, and results</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that medication administration record (MAR) was accurately documented for 1 of 3 residents reviewed for tube feeding (Resident #116). As evidenced by documenting the MAR prior to administering the tube feeding, when it had not yet been administered.</p>	N 101	Preparation, submission and or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the items alleged or conclusion set forth in the statement of deficiencies. The Plan of Correction is prepared and executed as required by State and Federal law.	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE
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**BOCA RATON REHABILITATION CENTER** **755 MEADOWS ROAD**  
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N 101	<p>Continued From page 1</p> <p>The findings include:</p> <p>Resident #116 was originally admitted to the facility on _____, his most recent admission was on _____. His diagnosis include: _____, abnormal posture, _____, type 2 _____, hemiplegia, major _____, aphasia followed by unspecified _____.</p> <p>A review of Resident #116's physician order sheet reveals an _____ feed order dated _____ for Diabetisource 350ml via _____ tube, total of 2100 _____.</p> <p>A review of the Medication Administration Record for _____ at 10:35 AM revealed that Resident #116 receives _____ feed every 4 hours Diabetisource 350 ml via _____ tube total 2100 ml at 0100, 0500, 0900, 1300, 1700, 2100 and the record reflected that the resident received the entral feed on _____ at 0100, 0500 and 0900.</p> <p>In an interview conducted with Staff H, a Licensed Practical Nurse (LPN) on _____ at 10:30 AM she states she gives the resident the feed and it was recently changed to every 4 hours. She confirmed that she had not given Resident #116 the _____ feed today. She stated she gave him all his medications, but got busy and was not able to get back to him within her 1 hour time frame, and confirmed that she had documented the MAR as having given him the tube feeding prior to doing so.</p> <p>In an interview conducted on _____ at 10:46 AM with the Director of Nursing, she was present during the interview with the LPN and confirmed the findings.</p>	N 101	<ol style="list-style-type: none"> <li>1. Nursing staff member #H was in-serviced immediately not to sign the Medication Administration Record until after _____ nutrition is administered.</li> <li>2. Director of nursing and risk manager did visual random audit of nurses performing medication administration to ensure accurate documentation was completed.</li> <li>3. Director of nursing/designee in-serviced nurses on accurate documentation on the Medication Administration Record.</li> <li>4. DON or designee will audit Medication Administration Records x 4 weeks and then monthly x3 or until such time substantial compliance has been met. Findings will be reported to QAPI.</li> </ol>	

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N 101	Continued From page 2  Class III	N 101		
NZB14 SS=D	435.12(2)(b-d), FS Background Screening Clearinghouse  435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the fingerprints are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic fingerprint submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number.  This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to register all	NZB14	1. Employees F, G, H, and I have been registered with background screening	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>95003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/25/2016</b>
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**BOCA RATON REHABILITATION CENTER**  
**755 MEADOWS ROAD**  
**BOCA RATON, FL 33486**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
NZ814	<p>Continued From page 3</p> <p>employees with the clearinghouse and maintain the employment status of all employees with the clearinghouse for 4 of 10 sampled personnel records reviewed. (Employees F, G, H and I).</p> <p>The findings include:</p> <p>Review of the clearinghouse employee roster conducted on _____ revealed that 4 of the 10 employee records reviewed (Employees F, G, H and I), indicated that the facility had not registered the 4 employees in the facility's employee roster within the clearinghouse.</p> <p>A review of the facility's employee list revealed the following:</p> <ol style="list-style-type: none"> <li>1) Employee F had a hire date of _____ and is employed as a Certified Nursing Assistant.</li> <li>2) Employee G had a hire date of _____ and is employed as a Certified Nursing Assistant.</li> <li>3) Employee H had a hire date of _____ and is employed as a Licensed Practical Nurse.</li> <li>4) Employee I had a hire date of _____ and is employed as a Certified Nursing Assistant.</li> </ol> <p>All 4 employees had their prints retained in the clearinghouse.</p> <p>In an interview conducted on _____ at 3:20 PM with the Payroll Benefits Coordinator, she confirmed that she is responsible for the employee background screenings and maintenance of the employee files, she confirmed that she was unfamiliar with the requirement of maintaining the employee roster.</p> <p>In an interview conducted with the Administrator on _____ at 3:20 PM, she confirmed that she is aware of the regulation, but had not instructed the Payroll Benefits Coordinator on the regulation and</p>	NZ814	<p>clearinghouse.</p> <ol style="list-style-type: none"> <li>2. Employee records have been reviewed and staff have been registered with background screening clearinghouse.</li> <li>3. Administrator/designee in-serviced administrative staff on entering staff into the employee background screening clearinghouse.</li> <li>4. Administrator or designee will audit new employee records x 4 weeks and then monthly x3 or until such time substantial compliance has been met. Findings will be reported to QAPI.</li> </ol>	

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  95003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/25/2016
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NAME OF PROVIDER OR SUPPLIER  BOCA RATON REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 755 MEADOWS ROAD BOCA RATON, FL 33486
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
NZ814	Continued From page 4 confirmed the findings.  Unclassified	NZ814		



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

-----, 2016

Administrator  
Boca Raton Rehabilitation Center  
755 Meadows Road  
Boca Raton, FL 33486

**RE: Recertification, Relicensure & Life Safety Code**

Dear Administrator:

On -----, 2016 through -----, 2016, Recertification, Relicensure and Life Safety Code surveys were conducted in your facility by representatives of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit. **You will not receive a copy of this letter and attachments in the mail; you will only receive this electronic report.**

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than -----, 2016.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

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



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**Recommended Remedies:**

**Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.**

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed ..... 2016 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on ..... 2017 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

**Informal Dispute Resolution:**

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator  
Agency for Health Care Administration  
2727 Mahan Drive, Mail Stop 9-A  
Tallahassee, Florida 32308  
FAX (850) 414-6946  
or  
Phone number: (850) 412-4301  
[IDRCordinator@ahca.myflorida.com](mailto:IDRCordinator@ahca.myflorida.com)

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.



Boca Raton Rehabilitation Center

....., 2016

Page 3

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 representatives. If you have questions, please contact this office at (561) 381-5840.

Sincerely,

*Maryanne Salent for*

Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

R6WB