STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912132	09/13/2016
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 standard relicensure survey was conducted on 9/12/16 and 9/13/16 at Atrium at Boca Raton, The, License #7352. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview it was determined the facility failed to post in full view in common areas accessible to all residents the telephone numbers for lodging complaints against a facility or facility staff (i.e. Rights Florida; the Agency Consumer Hotline; and the statewide toll-free telephone number of the Florida Hotline) specifically related to the Memory Care Unit, in which these residents do no leave this secured area and do no have access to the above referenced numbers. In addition, based on observation, interview, and record review it was determined the facility failed to ensure that each resident was provided with access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to utilizing standard precautions for hand hygiene during the provision of assistance with the self administration of medications for 2 of 3 sampled residents (Resident #6 and Resident #10).
The Findings included:

1) During interview and observational tour of the Memory Care Unit conducted with the HWD (Health and Wellness Director, on beginning at approximately 10:10 AM, she was asked to locate the advocacy numbers (i.e. Rights Florida; the Agency Consumer Hotline; and the statewide toll-free telephone number of the Florida Hotline) on this Memory Care Unit. She was not able to locate these number on this unit. She stated they were posted downstairs on the first floor. She was asked if the residents on this Memory Care Unit readily have access to those numbers. She acknowledged that they do not.

2) Review of the CDC (Center for Control) website printout dated indicated Standard Precautions are a set of control practices that healthcare personnel use to reduce transmission of microorganisms in healthcare settings.
Standard Precautions protect both healthcare personnel & patients from contact with agents.
STANDARD PRECAUTIONS INCLUDE:
Hand hygiene (hand washing with soap and water or use of an -based hand sanitizer) before and after patient contact and after contact with the immediate patient care environment.
During observation of Staff F providing assistance with the self administration of medications for Resident #6 and Resident #10 from 8:40 AM through 9:20 AM Staff F was not observed to wash or sanitize hands before or after resident contact.
During interview conducted with Staff F on beginning at approximately 9:25 AM, she was

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asked why she did not wash/sanitize her hands between resident contact while providing assistance with medications. She shrugged her shoulders up and down(indicating she did not know). There was hand sanitizer available for use on top of the medication cart that was not utilized at any time during this medication observation.

Class III

0053 Medication - Administration

Based on observation and interview, it was determined that the facility failed to ensure that a medication was administered in an appropriate manner, specifically a nasal spray for 1 of 1 sampled residents that received a nasal spray (Resident #15).

The Findings included:

During interview and medication observation on the Memory Care Unit of Staff A (Licensed Practical Nurse), conducted on / beginning at approximately 8:55 AM, she was observed to provide Resident #15 with her nasal spray (50mcg/actuation administer 2 sprays into each nostril daily). Staff A was observed to provide 2 sprays into the right nostril in rapid succession and then provide 2 sprays into the left nostril in rapid succession. She did not occlude the opposite nostril when providing the sprays and she did not wait in between sprays in each nostril. During interview with Staff A (Licensed Practical Nurse), conducted on beginning at 9:05 AM, she could not provide an explanation as to why she did not occlude the opposite nostril or wait in between sprays in each nostril.

During subsequent interview conducted with the HWD (Health and Wellness Director), on beginning at approximately 12:45 PM, she acknowledged the opposite nostril should have bee occluded and that the LPN should have waited between sprays of the nasal spray.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and staff interview, 2 of 3 staff observed assisting with self-administered medications failed to:
1) follow physician orders as they relate to

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a) the timing for the provision of medications for Residents #3 & #16, and
b) the monitoring of to ensure hypertensive medication was given within parameters specified by physician's order for Resident #
2) provide medications according to warning labels provided by pharmacist for Residents #3 and #16.

The findings include:

1) On at 9:03 AM, Staff H was observed giving Resident #3 a dose of 25 mg (medication) and 20 mg ( ). Each of these medication labels specified the medication was to be given to the resident "on an empty stomach".
In addition, 300 mg was given along with the Omemprazole 20 mg. A medication warning label had been placed on the medication card which warned, "Do not take within 2 hours of taking this medication."

2) on at 9:18 AM, Staff H was observed giving Resident #16 a dose of 20 mg ( ). The medication label specified the medication is to be given "1/2 hour before meals".
At this same time, a dose of 325 mg (Iron supplement) was given. A medication warning label had been placed on the medication card which warned, "Do not take this medication at the same time as "

An interview was conducted with the Med Tech on at the time Resident #3 and Resident #16 received their medications. The Med Tech stated that both residents had already consumed their breakfast prior to receiving their medications.

2) During observation; interview; and record review conducted with staff F on beginning at approximately 9:20 AM, this staff member was observed to provide assistance with the self administration of medications for Resident #6. Resident #6 consumed all oral medications that were provided to her by Staff F, including 25mg. During interview and record review conducted with Staff F, on beginning at approximately 9:25 AM, she was asked about the MOR (Medication Observation Record) and the label indicating "Hold if SPB ( ) is less than 110 or HR (rate) is less than 60". She was asked why she was not observed to take Resident #6's or rate prior to providing her with the 25mg. Staff F stated she does not take anyone's unless there is a physician's order to do so. Review of Resident #6's MOR for 2016 did not indicate that her or rate had been taken, to date, for this month.

An interview was conducted with the Health and Wellness Director on at 12:15 PM. She acknowledged Med Techs should be following physician instructions included on MOR and medication

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labels, and on the warning labels placed on medication packages/containers by the Pharmacist.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that each staff member had documentation of a negative examination on an annual basis, for 2 of 2 sampled employees that had been employed for over 1 year (Staff B and Staff C).

The Findings included:

During interview and employee record review conducted with the BOM (Business Office Manager), on / beginning at approximately 10:55 AM, she was provided the opportunity to locate annual documentation of a negative examination for the following direct care staff:

a) Staff B with a date of hire noted as / : was missing this required documentation for 2014 and 2015

b) Staff C with a date of hire noted as / : was missing this required documentation for 2014 and 2015

The BOM was not able to locate this documentation in these employee files at the time of this review.

Class III

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides direct care to residents had received a minimum of 1 hour inservice training within 30 days of employment that covers reporting major incidents and reporting adverse incidents for 1 of 3 sampled direct care staff (Staff A).

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The Findings included:

During interview and employee record review conducted with the BOM (Business Office Manager), on / beginning at approximately 10:55 AM, she was provided the opportunity to locate 1 hour of inservice training within 30 days of employment that covers reporting major incidents and reporting adverse incidents for Staff A (date of hire noted as /). She was not able to locate this required training documentation at the time of this inspection. She subsequently forwarded a certificate of training on incident reporting that was dated

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, it was determined the facility did not ensure that all residents benefited from a conspicuously posted or easily available menu, specifically related to the residents on the Memory Care Unit.

The Findings included:

During interview and lunch observation conducted with the HWD (Health and Wellness Director) on beginning at approximately 12:45 PM, she was asked where the menu was posted on the Memory Care Unit. She looked around and was unable to locate a menu that was posted on the Memory Care Unit. She stated that the diets are posted in the satellite kitchen, but that is confidential information and would not be posted in the common areas. She acknowledged that the facility's menu was not posted on the Memory Care Unit and that they were not available to the residents for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Atrium At Boca Raton
1080 Northwest 15th Street
Boca Raton, FL 33486

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 through , 2016 by representatives 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 7, 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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