DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 06/12/2018 CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0391 ASTANEMY OF REPICHAPIES (2X) PROVIDERSHIPPER PLAI (2X) AND IT THE CONSTRUCTION (2X) AND IT SHEWLY

CENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN FED	(X3) DATE SURVEY COMPLETED	
			R	
	105851	B. WING	06/01/2018	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		

STRATFORD COURT OF BOCA RATON			6343 VIA DE SONRISA DEL SUR BOCA RATON, FL 33433		
(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	
{K 000}	INITIAL COMMENTS	{K 00	0)		
	An unannounced Fire & Life Safety revisit survey was conducted on 06/01/2018 at Strafford Court of Boca Ration, a nursing home in Boca Ration, Florida. This was a follow-up to the Annual Fire & Life Safety survey completed on 04/18/2016. All previously cited Fire & Life Safety deficiencies were corrected. There were no deficiencies found at the time of the visit.				

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

(X6) DATE

Electronically Signed 06/12/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other asfeguards provide sufficient protection to the patients. (See instructors.) Except for running homes, the findings stated above are disclossable 90 days, to following the data of survey whether or on a plan of correction is provided. For running homes, the above findings and pileas of correction are disclossable 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.

PRINTED: 06/12/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA

CENTERS FOR MEDICARE & MEDICAID SERVICES				OMB NO. 0938-039
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
				R
	105851 B. WING			06/01/2018
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	

6343 VIA DE SONRISA DEL SUR

BOCA RATON, FL 33433

SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (E 000) Initial Comments {E 000} An unannounced Fire & Life Safety revisit survey for Emergency Preparedness was conducted on 06/01/2018, at Stratford Court of Boca Raton, a nursing home in Boca Raton, Florida. This was a follow-up to the annual Fire & Life Safety survey for Emergency Preparedness completed on 04/18/2018. All previously cited Fire & Life Safety for Emergency Preparedness deficiencies were corrected. There were no additional deficiencies found at the time of the follow-up visit.

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

Electronically Signed 06/12/2018 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.

ΔNI

STRATEORD COURT OF BOCA RATON

TITLE

PRINTED: 06/12/2018 Agency for Health Care Administration PRINTED: 06/12/2018 FORMAPPROVED						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0	4 - MAIN LIC	COMPLE	ETED
		95042	B. WING		06/0	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
STRATEO	RD COURT OF BOCA RA	6343 VIA D	E SONRISA DI	EL SUR		
	TO COUNT OF ECCATO	BOCA RAT	ON, FL 33433			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
(K 000)	INITIAL COMMENTS		{K 000}			
	was conducted on 06. of Boca Raton, a nurs Florida, State license follow-up to the Annua completed on 04/18/2 Fire & Life Safety defi	. & Life Safety revisit survey 101/2018 at Stratford Court sing home in Boca Ration, #16170961. This was a al Fine & Life Safety survey 2018. All previously citted ciencies were corrected. Incles found at the time of				

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE 06/12/18 Electronically Signed