

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>04 - MAIN LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2018</b>
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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>
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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
{K 000}	INITIAL COMMENTS  An unannounced Fire & Life Safety revisit survey was conducted on 12/05/2018 at at Boca Raton Rehabilitation Center, Inc., a nursing home in Boca Raton. This was a follow-up to the State Fire & Life Safety survey completed on 10/16/2018. All previously cited K tags for Fire & Life Safety deficiencies were found in substantial compliance, except for K 1053. License # 1054096.	{K 000}		
{K1053} SS=F	FAC 59A-4.126 Emergency Management Plan  A written, comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually, shall be maintained. The health care facility shall test the implementation of the emergency management plan semiannually, either in response to a disaster or an emergency or in a planned drill, and shall evaluate and document the health care facility performance to the health care facility safety committee.  Florida Administrative Code 59A-4.126.  This Statute or Rule is not met as evidenced by: Based on written document review and staff interview the facility failed to maintain a current approved written comprehensive emergency management plan for emergency care during an internal or external disaster or emergency, which is reviewed and updated annually. This deficient practice affected all smoke compartments, staff, visitors and residents.  Findings include:  On 12/05/2018 at 11 A.M. during the document	{K1053}	The Facility on 12/05/2018, submitted a Comprehensive Emergency 1. Management Plan to Palm Beach County for emergency care during internal or external disasters or emergencies for approval. 2. The Nursing Home Administrator was re-educated by the Regional Plant Operations Consultant on the components of the regulation with emphasis on timeliness of CEMP renewal. 3. The Nursing Home Administrator will	1/5/19

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

TITLE

(X8) DATE

12/11/18

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>04 - MAIN LIC</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2018</b>
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{K1053}	<p>Continued From page 1</p> <p>review process the facility failed to produce a current approved written comprehensive emergency management plan. The plan expired 11/01/2017 and was not updated annually as required. Palm Beach County healthcare facilities are required to submit their plan for review 60 days prior to the expiration date. An interview was conducted at this time with the maintenance director who acknowledged that the current copy of the emergency management plan was not approved or available.</p> <p>The findings were acknowledged by the Administrator and verified by the Maintenance Director at the time of observation and at the exit conference on 12/05//2018.</p> <p>Class III</p> <p>Actual NFPA Standards:</p> <p>NFPA LSC 101 (2015) 19.7.1.1, Florida Administrative Code 59 A-4.126.</p>	{K1053}	<p>report findings of the audits to the QAPI committee quarterly x3 quarters or until the committee determines that substantial compliance has been met.</p>	

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

PRINTED: 12/14/2018  
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>01 - MAIN FED</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/05/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>BOCA RATON REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>755 MEADOWS ROAD</b> <b>BOCA RATON, FL 33486</b>		
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{K 000}	INITIAL COMMENTS  An unannounced Fire & Life Safety revisit survey was conducted on 12/05/2018 at at Boca Raton Rehabilitation Center, a nursing home in Boca Raton. This was a follow-up to the Federal Fire & Life Safety survey completed on 10/16/2018. All previously cited Fire & Life Safety deficiencies were found in substantial compliance.	{K 000}			

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

TITLE

(X6) DATE

Electronically Signed

12/11/2018

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.

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{E 000}	<p>Initial Comments</p> <p>An unannounced revisit survey for Emergency Preparedness was conducted on 12/05/2018 at Boca Raton Rehabilitation Center, a nursing home in Boca Raton. This was a follow-up to the annual survey for Emergency Preparedness completed on 10/16/2018.</p> <p>All previously cited Emergency Preparedness deficiencies were found in substantial compliance.</p>	{E 000}		

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