

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 95024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2025
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NAME OF PROVIDER OR SUPPLIER AVANTE AT BOCA RATON, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 NW 15TH STREET 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
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N 000	<p>INITIAL COMMENTS</p> <p>An unannounced Complaint survey, complaint numbers 2024016683, 2025000201, and 2025000605, was conducted from _____ to _____ at Avante at Boca Raton. The facility had deficiencies at the time of the survey.</p> <p>Complaint #2025000605 was substantiated with deficiencies.</p>	N 000		
N 110 SS=D	<p>400.141(1)(h) FS; 59A-4.122(1) FAC Physical Environment - Safe, Clean, Homelike</p> <p>400.141(1)(h) FS Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner.</p> <p>59A-4.122(1) FAC The licensee must provide a safe, clean, comfortable, and homelike environment, which allows the resident to use his or her personal belongings to the extent possible</p> <p>This Statute or Rule is not met as evidenced by: Based on interview, record review, and observation, the facility failed to provide a clean, homelike environment for the residents in the facility.</p> <p>The findings included:</p> <p>1) The shower room on the second floor had brown colored matter on the floor of the shower stall on the left side of the room from the entrance. The wall above the grab bar on the left facing into the stall had a rust colored stain. There were rust colored stains on the surfaces of</p>	N 110	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>Physical Environment</p> <p>A) What corrective action will be accomplished for those residents found to have been affected by this practice?</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X8) DATE /25
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N 110	Continued From page 1 the grab bars. The walls of the shower were noticeably marked with black stains. The paint on the floor had peeled in several locations. 2) The shower room on the first floor had gaps between the floor and walls on both shower stalls. The floors and walls had black markings. 3) The floor tiles on the south wing of the second floor had noticeable cracks in several tiles. 4) _____, the bed rail had peeling paint with rust colored staining. 5) Privacy Curtains in _____ had black stains. 6) _____ blanket had holes. Photographic Evidence Obtained. Class III	N 110	a. On _____, the second floor shower room was cleaned of brown colored matter. On _____, the wall above the grab bar, as well as, the grab bar was removed of rust colored stains. On _____, the black stains on the shower room walls were removed. On _____, epoxy flooring project started by Custom Group, Inc., with an estimated completion date of _____, to address the peeling paint on the floor of the shower stall. b. On _____, epoxy flooring project started by Custom Group Inc., with an estimated completion date of _____, to address the floor gaps and black markings in the first floor shower room stalls. On _____, the black stains on the shower room walls were removed. c. On _____, VCT material for floor tile repairs throughout the building were ordered. Commencement of work to be completed within 30 days of _____ by Holiday Carpet Service. d. On _____, the bed rails in _____ were replaced. e. On _____, privacy curtains in _____ were replaced. f. On _____, the blanket in _____ was immediately replaced. B) How will you identify other residents having the potential to be affected by the same practice, and what corrective action will be taken? a. On _____, audit completed of the	

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N 110	Continued From page 2	N 110	<p>second floor shower room to ensure that it was clean, rust-free, and of black stains on the walls.</p> <p>b. On _____, audit completed of the first floor shower room to ensure that it was clean, rust-free, and of black stains on the walls.</p> <p>c. On _____, audit completed of floor tiles to identify cracks in floor tiles in need of repair.</p> <p>d. On _____, audit completed of bed rails to ensure none had peeling paint with rust colored stains.</p> <p>e. On _____, audit completed of privacy curtains to ensure curtains are free from stains.</p> <p>f. On _____, audit completed of resident blankets to ensure blankets are in good condition.</p> <p>C) What measures will be put into place or what systemic changes will you take to ensure that the practice does not reoccur?</p> <p>a. By _____, the ED/designee educated the environmental services supervisor and maintenance director on ensuring that the facility shower room stalls, floors, and walls are maintained in good, clean condition.</p> <p>b. By _____, the ED/designee educated the maintenance director on ensuring that cracks in floor tiles are repaired within a timely manner.</p>	
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N 110	Continued From page 3	N 110	<p>c. By _____, the ED/designee educated staff on identifying, and timely reporting environmental concerns in TELS.</p> <p>D) How will the corrective actions be monitored to ensure the practice will not reoccur; what quality measures will be put into place?</p> <p>a. ED/designee to randomly audit shower rooms to ensure that they are clean and in good repair.</p> <p>b. ED/designee to randomly audit 6 resident rooms to ensure resident bed rails are rust-free, bedding is _____ of holes and privacy curtains are in good, clean condition.</p> <p>c. ED/designee to randomly audit floor tiles to ensure tiles are in good condition.</p> <p>d. Audits will be conducted weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p>	

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

PRINTED: 03/10/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105521	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2025
NAME OF PROVIDER OR SUPPLIER AVANTE AT BOCA RATON, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 1130 NW 15TH STREET BOCA RATON, FL 33486		
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F 000	INITIAL COMMENTS An unannounced Complaint survey, complaint numbers 2024016683, 2025000201, and 2025000605, was conducted from _____ to _____ at Avante at Boca Raton. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities. Complaint #2025000605 was substantiated with deficiencies.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	F 584			

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

TITLE

(X6) DATE

Electronically Signed

/2025

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 584	<p>Continued From page 1</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)();</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after , must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and observation, the facility failed to provide a clean, homelike environment for the residents in the facility.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1) The shower room on the second floor had brown colored matter on the floor of the shower stall on the left side of the room from the entrance. The wall above the grab bar on the left facing into the stall had a rust colored stain. There were rust colored stains on the surfaces of the grab bars. The walls of the shower were noticeably marked with black stains. The paint on the floor had peeled in several locations. 2) The shower room on the first floor had gaps between the floor and walls on both shower stalls. The floors and walls had black markings. 3) The floor tiles on the south wing of the second floor had noticeable cracks in several tiles. 	F 584	<p>Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required.</p> <p>Physical Environment</p> <p>A) What corrective action will be accomplished for those residents found to have been affected by this practice?</p> <p>a. On , the second floor shower room was cleaned of brown colored matter. On , the wall above the grab bar, as well as, the grab bar was removed of rust colored stains. On , the black stains on the shower room walls were removed. On epoxy flooring project started by Custom Group, Inc., with an estimated completion</p>	

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F 584	Continued From page 2 4) _____, the bed rail had peeling paint with rust colored staining. 5) Privacy Curtains in _____ had black stains. 6) _____ blanket had holes. Photographic Evidence Obtained.	F 584	date of _____, to address the peeling paint on the floor of the shower stall. b. On _____, epoxy flooring project started by Custom Group Inc., with an estimated completion date of _____, to address the floor gaps and black markings in the first floor shower room stalls. On _____, the black stains on the shower room walls were removed. c. On _____, VCT material for floor tile repairs throughout the building were ordered. Commencement of work to be completed within 30 days of _____ by Holiday Carpet Service. d. On _____, the bed rails in were replaced. e. On _____, privacy curtains in were replaced. f. On _____, the blanket in was immediately replaced. B) How will you identify other residents having the potential to be affected by the same practice, and what corrective action will be taken? a. On _____, audit completed of the second floor shower room to ensure that it was clean, rust-free, and _____ of black stains on the walls. b. On _____, audit completed of the first floor shower room to ensure that it was clean, rust-free, and _____ of black stains on the walls.	

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F 584	Continued From page 3	F 584	<p>c. On _____, audit completed of floor tiles to identify cracks in floor tiles in need of repair.</p> <p>d. On _____, audit completed of bed rails to ensure none had peeling paint with rust colored stains.</p> <p>e. On _____, audit completed of privacy curtains to ensure curtains are free from stains.</p> <p>f. On _____, audit completed of resident blankets to ensure blankets are in good condition.</p> <p>C) What measures will be put into place or what systemic changes will you take to ensure that the practice does not reoccur?</p> <p>a. By _____, the ED/designee educated the environmental services supervisor and maintenance director on ensuring that the facility shower room stalls, floors, and walls are maintained in good, clean condition.</p> <p>b. By _____, the ED/designee educated the maintenance director on ensuring that cracks in floor tiles are repaired within a timely manner.</p> <p>c. By _____, the ED/designee educated staff on identifying, and timely reporting environmental concerns in TELS.</p> <p>D) How will the corrective actions be monitored to ensure the practice will not reoccur; what quality measures will be put</p>		

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F 584	Continued From page 4	F 584	<p>into place?</p> <p>a. ED/designee to randomly audit shower rooms to ensure that they are clean and in good repair.</p> <p>b. ED/designee to randomly audit 6 resident rooms to ensure resident bed rails are rust-free, bedding is of holes and privacy curtains are in good, clean condition.</p> <p>c. ED/designee to randomly audit floor tiles to ensure tiles are in good condition.</p> <p>d. Audits will be conducted weekly x4 weeks then monthly for 2 months or until substantial compliance is achieved. Findings will be reported monthly at the QA/Risk management meeting until such time substantial compliance has been determined.</p>		