

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 08/27/2020
NAME OF PROVIDER OF SUPPLIER AVANTE AT BOCA RATON, INC.		STREET ADDRESS, CITY, STATE, ZIP 1130 NW 15TH STREET BOCA RATON, FL 33486	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, interview and record review, the facility failed to carry out a physician's order for hospice evaluation for 1 of 3 residents sampled for admission to the COVID unit (Resident #1) resulting in the loss of hospice benefits for end of life care. The finding included: Resident #1 was transported to the COVID-19 isolation unit at the facility on 07/03/20 from a memory care facility due to a COVID-19 positive result on 06/30/20. The resident was on hospice in the facility that she was transported from. When the resident arrived to the facility there was hospice paperwork included in her transfer forms. On 07/06/20 a phone order was put in the electronic medical record for Hospice. This order was signed off by the medical director on 07/07/20. On 07/06/20 a speech progress note states the patient is on hospice and not a candidate for speech language pathologic (SLP) treatment. On 08/26/20 at 4:15 PM a phone call was placed to the daughter who is power of attorney (POA) for Resident #1. Daughter stated that she did not realize that her mother was not on hospice when she was transferred to the new facility and found out when she received a phone call from the hospital that her mother was in the emergency room. She had been on hospice for a year at the facility she was living in prior to the transfer. On 08/27/20 at 5:01 PM an interview was conducted with the Administrator and revealed that Resident #1 did not receive physical therapy because the physical therapy department said she was on hospice due to the hospice papers being sent with the transfer papers. The Administrator called their hospice representative and there was no paperwork to start Resident #1 on hospice. On 08/27/20 a review of Resident #1's medical chart with the Administrator and the Assistant Director of Nurses (ADON) revealed that the order was not carried out for Hospice for the resident. Furthermore, the POA was not notified that the resident was not on hospice until she heard it from the hospital. Resident #1 was not able to benefit from hospice care while she spent 27 days in the COVID unit.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.