Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967224	A. BUILDING: _____ B. WING _____	03/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLA OF DELRAY LLC	13415 BARWICK RD DELRAY BEACH, FL 33445

(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
A 000	Initial Comments An unannounced Change of Ownership (CHOW) and Generator Monitoring survey was conducted on at The Villa of Delray LLC. The facility had deficiencies identified related to the Change of Ownership at the time of the survey.	A 000		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 1 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056		

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A 056	Continued From page 2 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 out of 2 sampled resident's physician prescribed medications were filled in a timely manner, for Resident #4. The findings included: In an observation conducted on at 4:10 PM, Caregiver Staff A provided assistance with self-administration of one oral medication, to Resident #4. Further observation revealed that Resident #4 did not receive any other medications at this time. Review of Resident #4's Medication Observation Record (MOR) revealed the resident was prescribed one tablet twice daily and one 325 milligram (mg) tablet twice daily for supplementation at 8:00 AM and 5:00 PM. Further review of the resident's MOR documented the resident was also prescribed one tablet daily at 7:00 AM for supplementation and one ER 650 mg	A 056		

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A 056	Continued From page 3 tablet twice daily at 7:00 AM and 7:00 PM for , . Further review of the resident's MOR revealed that the resident did not receive the , and routine physician ordered medications from to . In an interview conducted with Caregiver Staff A on at 4:15 PM, she stated she did not provide assistance with self-administration for the , and routine medications to Resident #4 because these medications were not inside the facility medication cart. She stated she believed the resident was provided these medications by the resident's family. In an interview conducted with the Administrator on at 4:20 PM, she stated that Resident #4 received assistance with self-administration of medications from the facility and the resident did not have any family member that could assist the resident with her daily medications. She stated the 3 medications the resident did not receive were not delivered to the facility by the pharmacy. She further stated she was in process to communicate with the pharmacy so the resident's , and routine medications be filled and delivered so the facility may provide these daily medications to the resident. No explanation was forthcoming why this communication with the pharmacy was taking place now when the medications have not been available or administered for the past 28 days. Class III	A 056		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 4 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by:	A 152		

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A 152	Continued From page 5 Based on record review and interview the facility failed to maintain a safe environment for its residents, as evidenced by failing to address identified physical plant safety related repairs in a timely manner. The findings included: In an interview conducted with the Administrator on at 10:00 AM, she stated that the facility property recently underwent a residential inspection on or about because the facility had the intent of purchasing the property from the current property owner. She stated that the residential inspection report revealed numerous safety hazards. She stated that the property owner was aware of the safety hazards identified in this residential inspection report and it did not yet correct these safety hazards. Review of the facility property's residential inspection report, titled "Residential Report" documented that the property was identified with 19 recommended items for repair and 6 individual safety hazards. Further review of this report revealed that the facility's property safety hazards were identified by its exterior electrical outlet not having a proper waterproof cover; not having working ground fault circuit interrupter (GFCI) outlets where required; having a faulty GFCI breaker; and having an improperly installed temperature and pressure water heater line. Review of this residential inspection report documented that the identified safety hazards needed to be addressed by a licensed electrician and a licensed plumber respectively. In an interview conducted with the Administrator on at 11:05 AM, she stated she did not	A 152		

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A 152	Continued From page 6 have proof that the facility had repaired or corrected any of the safety hazards identified in the property's "Residential Report" inspection. Class III	A 152		