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
	AL11932640	A. BUILDING: _____ B. WING _____	05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF BOYNTON BEACH	1935 SOUTH FEDERAL HIGHWAY BOYNTON BEACH, FL 33435

(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 Relicensure, Complaint (#2024004618, #2024010400, #2025000603 & #2025001619), and a Generator Monitoring survey were conducted on through at Grand Villa Of Boynton Beach. The facility had a deficiency related to the Complaint survey (#2024010400) identified at the time of the visit.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal	A 025		

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A 025	Continued From page 1	A 025		

supervision as appropriate for each resident, including the following:
(a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C.
(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.
(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.
(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.
(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.
(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to ensure a significant change in recorded was identified and adequately responded to for 1 out of 3 sampled residents (Resident #13).

The findings included:

On , the record, health assessments and observation notes for Resident #13 were reviewed and documented the

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A 025	Continued From page 2 following: 1. The resident's health assessment (AHCA Form 1823) dated showed a recorded of , , with attached orders for the resident's to be "checked once a week" starting and to be given a dietary supplement drink "three times a day" starting . The resident was admitted to the facility on or about . 2. An Observation Note dated records the resident's as , . 3. An Observation Note dated documents that the "resident has a great appetite and finishes all meals" and that the representative would no longer be providing the dietary supplement. An order to discontinue the supplement was on file dated . An order for weekly to be discontinued was not available for review. 4. The next recorded in the Resident's Vitals History was dated at , . Subsequent on this record are noted as , on and , on . There was no documentation to show any errors or reweighing of the resident to ensure accuracy. There was no documentation to show the representative and/or the health care provider (HCP) were notified of any significant changes at this time. 5. An Observation Note dated shows the resident's representative notified the Resident Care Supervisor (RCS) that the resident "lost , in one month". The representative was told that the facility weighs residents every three months (instead of every six months as required),	A 025		

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A 025	Continued From page 3 and that the facility notifies the representative and HCP of fluctuations more than five pounds. It is noted that the representative stated "no one ever called him concerning ". The RCS then documented that the resident was in front of the representative at this time and was . It could not be determined what the resident's fluctuation were during his residency as the recorded appeared to be in error. Weekly were not being taken as ordered on admission. It was evident that the HCP and representative were not notified of the recorded significant changes on and . The Administrator was notified of these findings on at 2:52 PM. Class III	A 025		