STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953528	08/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wyndham House	417 Westwood Road West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint inspection survey (CCR #2013001853) was conducted on . Wyndham House, had licensure deficiencies found at the time of the visit.

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC

Based on record review and interview, the facility failed to have a written policy relating to the delivery of services in the facility by third parties.

The findings include:

1) Record review of the residents' contract and facility policies revealed the facility did not have a written policy in place which addressed third party services.

2) During an interview with the Administrator on at approximately 10:35 AM, he stated the contract does not discuss third party services. He stated there is no mention of third party services in the resident contracts. It was also revealed the facility does not have a policy for third party services.

In a phone interview with the Administrator on at approximately 10:26 AM, he acknowledged the findings.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview, the facility failed to ensure assistance with self-administration of medication guidelines were followed. The facility failed to ensure a licensed staff administers medications through a .

The findings include:

1) Observations on at approximately 9:50 AM found Resident #8 lying in bed. A was observed on top of the night stand next to Resident #8's bed.

During an interview with Staff #1 on at approximately 9:55AM, she demonstrated how she assisted Resident #8 with his treatment. Observations found Staff #1 would bring over the cannula to Resident #8. The staff would pour the medication into the . Staff #1 would then hand the to Resident #8.

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2) Record review of Resident #8's MOR for the month of 2013 revealed Staff #1 had initialed that she had given Resident #8 his "Ipratalbut 0.5 -3 m ' (Use 1 Vial in twice a day). Scanned for documentation.

3) During an interview with the Administrator on at approximately 9:50 AM, he stated when the home health nurse there; she will assist Resident #8 with his

In an interview with the Nurse from the home health agency on at approximately 9:52 AM, she stated Resident #8 is not receiving home health services now.

In an interview with the Administrator on at approximately 8:56 AM, after the demonstration had been completed by Staff #1; the Administrator stated that Staff #1 puts the medication into the for Resident #8. The Administrator stated that Staff #1 is not a licensed nurse but had the four hour medication course.

In an interview with the Administrator on at approximately 11:58 AM, he acknowledged the findings and stated the doctor is going to change up Resident #8's medications, so he does not need to use the anymore.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Wyndham House
417 Westwood Road
West Palm Beach, FL 33401

Dear Administrator:

Re: CCR #2013001853

This letter reports the findings of a complaint survey that was conducted on 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) Form
XG90

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