STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Delray East	14555 Sims Road Delray Beach, FL 33484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
Assisted Living Facility complaint inspections (CCR #2013002704, CCR #2013003988 and CCR #2013006283) were conducted on . . . . . and . . . . . Grand Villa of Delray East, had licensure deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interviews, the facility failed to ensure prescribed medication that 1 out of 4 sampled residents (Resident #15) kept in her . . . . . secured in central storage as required.

The findings include:

On . . . . . at 3:15 PM, Resident #15 was interviewed in her . . . . . I stated she wanted certain medication kept in her . . . . . I that the facility should not be able to take them from her. She showed this surveyor nasal spray, prescribed . . . . . I puffer, prescribed . . . . . puffer and a MVI (Centrum Silver) kept in her . . . . . A facility "Med Tech" was interviewed at this time and confirmed that the resident kept these medications in her . . . . . they did not have an order from the physician indicating the resident did not need assistance with these medications. A physician's order was received on . . . . (date of order) showing the resident could keep these medications in her . . . . . .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 4 sampled unlicensed staff members (Staff D) who provided assistance with self-administered medications had successfully completed a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings include:

The file for Staff D was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed resident aide who provided assistance with self-administration of medication to residents. The Administrator was interviewed at approximately 3:30 pm on . . . . . and confirmed that the documentation was not present and available for review.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Delray East	**14555 Sims Road Delray Beach, FL 33484**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review, the facility failed to ensure the contract was executed (signed by both the resident's representative and a facility representative) on the date of or prior to admission, for 1 out of 3 sampled residents (Resident#17).

The findings include:

On , the file for Resident #17 was reviewed and showed the resident was admitted to the facility on . The contract for this resident was later reviewed and showed the execution date was , one day after admission.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Grand Villa of Delray East
14555 Sims Road
Delray Beach, FL 33484

Dear Administrator:

Re: CCR #2013002704, #2013003988 and #2013006283

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 Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/dso
Enclosure: AHCA form 5000-3547

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924