STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963962	09/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heron's Run	2939 S. Haverhill Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure inspection was conducted on . . . . Heron's Run had deficiencies found at the time of this visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, interview, and record review it was determined the facility did not ensure the activities calendar was posted in common areas where residents normally congregate.

The findings include:

An observational tour of the facility was conducted with the ED (Executive Director) and the HWD (Health & Wellness Director) on . . . . . at approximately 9:00 AM. The 2 floors of this ALF were toured. The activity calendar was not posted on either floor of the facility at the time of this tour. The ED was asked where the Activity calendar is posted. She could not locate it. She stated that the facility had recently had some renovations (painting) during the past couple of weeks and that the activity calendar must have been taken down for the renovations (painting). She was asked if the painting had been completed. She replied that it had. She was asked why the activity calendar was not posted if the painting had been completed. She could not provide an explanation.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview, and record review it was determined the facility failed to ensure the Resident's Rights were posted on the 2nd floor; that the advocacy numbers were posted on both floors; and convenient unrestricted access to a private telephone was provided.

The findings include:

An observational tour of the facility was conducted with the ED (Executive Director) and the HWD (Health & Wellness Director) on . . . . at approximately 9:00 AM. The 2 floors of this ALF were toured. The

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advocacy numbers were not posted on either floor of the ALF. The number was posted on the 1st floor. The English version of the Residents Rights was in a frame located on the floor leaning against the wall on the 2nd floor. The Spanish version of the Residents Rights was posted on the 1st floor. The Resident Rights noted for AFCH (Adult Family Care Home) was posted on the 1st floor. The ED stated this ALF has been undergoing some remodeling and that is why the mandatory postings were not in place. She stated the renovations lasted for about 3 weeks. The ED was asked where a convenient telephone was located for resident use that ensures unrestricted access and privacy. There was a corded phone located just outside of the dining . . . . The ED stated this is the phone for the residents to use. She was asked how a resident could make a private phone call without their conversation being overheard. She stated there is a corded telephone in the Activity . . . . the 2nd floor. She was asked if this . . . locked in the evenings. She replied that it is locked in the evenings. She was asked how the facility provides residents with convenient and unrestricted access to a private phone. She acknowledged that the facility currently does not provide for convenient unrestricted and private access to a telephone. She stated she has 2 cordless telephones that just came in and that staff members are to carry these phone for communication purposes. She stated residents could use those phones once they are put into use. She was asked how that meets the requirement of providing convenient unrestricted access to a private phone if the resident has to ask the staff member for the phone. She acknowledged that it does not provide convenient unrestricted access to a private telephone.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, interview, and record review it was determined the facility failed to ensure medications that belonged to discharge/expired residents was returned or destroyed within 30 days for 4 of 5 resident medications observed (Residents #11, #12, #13, and #14).

The findings include:

During observation of the Wellness Center (medication , conducted on , beginning at approximately 10:00 AM, the HWD (Health & Wellness Director) was asked where the expired medications are stored and the discontinued medications. She took this surveyor to a vacant apartment that is being utilized for storage (it was locked). There was a large storage bin that contained multiple residents medications.

This large plastic bin (that was almost full) of medication was located in an unoccupied resident . . . . This . . . . . to be utilized for storage (equipment and supplies). Review of the admission and discharge log revealed 4 of 5 of the residents medications in this plastic bin had been discharged/expired. The admission and discharge log noted these 4 residents had been discharge/expired longer than 30 days. The HWD acknowledged that she was aware of the requirement to destroy or return meds before 30 days. She could not provide an explanation as to why this was not done.

Resident # 11: d/c'd date: . . . . admission date: . . . .

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	AL11963962	09/17/2013
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45mg QHS (every evening at bed time)

250mg (two times per day)

* Resident was not noted in the Admission and Discharge log; The HWD wrote him on the log at this time.

Resident #12: Discharged on (log completed);

5mg every evening

0.4mg QHS

50mg QHS

100mg QHS

40mg QD (daily)

Spironolact 25mg QD

75mg QD

40mg QD

n-low 81mg QD

Resident #13: Discharged on (reason and location not on log) not on computerized version either.

Losartin Pot 50mg QD

1,000mcg QD

12.5mg

ES 500mg every 6 hours

20mg QHS

5mg QHS

Resident #14: Expired on

M10 tab 10meq ER QAM (every morning)

Preservision soft gels QAM

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heron's Run	2939 S. Haverhill Road West Palm Beach, FL 33415	

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40mg QAM

1gm (take 2 capsules - 2gm) QAM

Diltazem 120mg CD QHS

6.25mg

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review it was determined the facility did not ensure that each staff member that has contact with residents has annual documentation they are free from communicable including for 1 of 4 sampled employee files reviewed (Employee D).

The findings include:

During employee record review and interview with the ED (Executive Director) and the HWD (Health & Wellness Director), conducted on beginning at approximately 12:05 PM, they were provided the opportunity to locate the annual documentation of freedom from communicable including for Employee D (date of hire noted as The last annual documentation was dated The ED stated she knows there is documentation of a more recent statement of freedom from communicable including She was provided additional time to locate this documentation and she was unable to do so.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review it was determined the facility did not ensure each direct care staff member had received Elopement training for 2 of 3 sampled employee records reviewed (Employees A & C).

The findings include:

During interview and record review with the ED (Executive Director) and the HWD (Health & Wellness Director), conducted on beginning at approximately 12:05 PM, they were provided the opportunity to locate the missing documentation of Elopement trainings for the direct care staff noted below:

Employee A (date of hire noted as

Employee C (date of hire noted as

They were unable to locate documentation to reflect the above noted employees had completed the required training related to Elopement.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

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Based on interview and record review it was determined the facility failed to ensure each direct care staff member had received all of the required trainings within 30 days of employment that covers the following subjects: Reporting Major Incidents; Facility Emergency Procedures including chain-of-command and staff roles related to emergency evacuation; Recognizing and Reporting Resident , and Elopement policy and procedures for 2 of 3 sampled employee records reviewed (Employee A & Employee C).

The findings include:

During interview and record review with the ED (Executive Director) and the HWD (Health & Wellness Director), conducted on beginning at approximately 12:05 PM, they were provided the opportunity to locate the missing documentation of trainings for the direct care staff as follows:

Employee A (date of hire noted as Elopement; Emergency Preparedness; Incident Reporting; and Recognizing and Reporting

Employee C (date of hire notes as Recognizing and Reporting

The ED and the HWD acknowledged that these trainings were not located in the personnel files.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on interview and record review it was determined the facility did not ensure that staff members who completed a First Aid course and hold a current valid card documenting completion of such course are in the facility at all times for 2 of 4 staff members that work the evening shift (Employees B & F).

The findings include:

During interview and record review with the ED (Executive Director) and the HWD (Health & Wellness Director), conducted on beginning at approximately 12:05 PM, they were provided the opportunity to locate the missing documentation of First Aid trainings for the direct care staff noted below:

Employee B (date of hire noted as she works the 3-11 shift

Employee F (date of hire not noted): she works the 3-11 shift

Review of the staff schedule indicated they were the only direct care staff noted as being scheduled on from 8:00 PM - 11:00 PM. The ED and the HWD acknowledged that this 3 hour time frame did not have a direct care staff member who had current First Aid training

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview, and record review it was determined the facility did not have documentation to

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support that their weekly cycle menus were reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a RD or LD/N. In addition the weekly menu was not conspicuously posted or easily available to residents.

The findings include:

An observational tour of the facility was conducted with the ED (Executive Director) and the HWD (Health & Wellness Director) on . . . . . beginning at approximately 9:00 AM. The 2 floors of this ALF was toured. The incorrect cycle menu was posted outside of the dining . . . . . The daily menu was posted and reflected a different meal than the cycle menu did. The weekly cycle menu was changed by the dietary manager on . . . at approximately 11:20 AM. She provided a copy to this surveyor for review. The menu that was entitled Week 3 contained a signature (a first initial, a last name, and RD, LD/N). This document was not dated as to when it was reviewed. The other 3 weekly cycle menus (Week 1, Week 2, and Week 4) did not contain a signature or a date. The dietary manager was asked why these menus were not signed and dated. She stated the menus are corporate menus.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on observation, interview, and record review it was determined the facility did not ensure their Emergency management plan, with documentation of review and approval by the county emergency management agency, was approved and located were immediate access by facility staff is assured. In addition the facility did not ensure that all completed survey, inspection and complaint investigation reports, were readily accessible to residents and visitors.

The findings include:

1) During entrance conference with the ED (Executive Director) and the HWD (Health & Wellness Director), conducted on . . . . . beginning at approximately 8:45 AM, a copy of the facility's CEMP (Comprehensive Emergency Management Plan) approval letter was requested. The ED provided a copy of the most recent approval letter, dated . . . . . She acknowledged that the facility does not have a current approval letter for their CEMP. She stated this is something that she is currently working on. She was asked where the CEMP (that was approved on . . . . .) is kept. She replied it is kept in her office because she has been working on it. She was asked if she was aware that the facility's CEMP is to be located where it is easily accessible to facility staff. She acknowledged that she was aware of this requirement and that she had only kept it in her office for a couple of weeks while she was working on it.

2) An observational tour of the facility was conducted with the ED (Executive Director) and the HWD (Health & Wellness Director) on . . . at approximately 9:00 AM. The 2 floors of this ALF were toured. The advocacy numbers were not posted on either floor of the ALF. The . . . . . number was posted on the 1st floor. The survey reports were posted at eye level (when standing) on a bulletin board across from the Wellness Center. All documents were in a single sheet protector and this packet was affixed to the bulletin board with 4 push pins (one in each corner). The last 2 complaint survey reports were not located in this packet. The ED provided a binder that contained the required surveys. She was asked where that binder was located. She

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stated it is in her office. She was asked if her office is locked in the evenings and on weekends. She confirmed that it is locked.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and record review it was determined the facility did not ensure that each employee that provides personal care/services to residents has a Level 2 background screening for 1 of 4 sampled employee records (Employee A).

The findings include:

During employee record review and interview with the ED (Executive Director) and HWD (Health & Wellness Director), conducted on beginning at approximately 12:05 PM, they were asked why Employee A (date of hire noted as did not have documentation of a background screening until (Level 1). They reviewed this employee's file and could not find any other background screenings for this employee. They acknowledged that when the background screening was conducted that the facility should have obtained a level 2.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Heron's Run
2939 S. Haverhill Road
West Palm Beach, FL 33415

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 16-17, 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

AMD/dso
Enclosure: State form 5000-3547
XG90

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