STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	09/17/2013
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility Change of Ownership (CHOW) with ECC (extended congregate care) survey was conducted on . . . . . Grand Villa of Delray East, had licensure deficiencies found at the time of the visit.

This survey was conducted in conjunction with the Follow Up Surveys to Complaints 2012013036, 2012011719, 2013002704, 2013002988 and 2013006283 as well as the inspection of Complaints 2013006287, 2013006293, 2013007212, 2013007489, 2013007590, 2013008076, 2013008825 and 2013002415. Please see separate reports for the findings.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure that a medical examination report (AHCA Form 1823) had addressed all of the required criteria, for 1 out of 3 sampled residents (Resident #14).

The findings include:

Resident #14 had a medical examination report dated , that did not have documented in section 1, whether the resident required Special Diet Instructions and their height and weight. Section 2 did not have the name of the examiner. The sections to be completed by the facility were blank.

The Resident Services Director was interviewed at 10:55 AM on . . . . . and confirmed the finding.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

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Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had freedom from ..... documented on an annual basis.

The findings include:

The file for Staff C was reviewed for freedom from ..... documented on an annual basis. There was no documentation of this requirement dated within the previous year. The Administrator and Resident Services Director were interviewed at approximately 12 PM on ..... and acknowledged that the documentation was not present and available for review.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff M) who was the person designated by the Administrator as responsible for the facility's food service and the day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings include:

The Administrator was interviewed on ..... at 1:20 PM and confirmed that the person (Staff M)designated as responsible for the facility ' s food service and the day-to-day supervision of food service staff did not presently have available for review documentation of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

Staff M (food service manager) was interviewed on ..... at 1:30 PM and confirmed that the documentation was not present and available for review.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and an interview, the facility failed to ensure certificates were completed with all required components for in-service training for one of 3 sampled staff (Staff C).

The findings include:

On ..... at 10:40 AM, the personnel file for Staff C was reviewed and a list of in-service trainings with one person's signature at the top of the first page was presented by the Administrator and resident care supervisor in response to a request for the staff member's training. Staff C was hired on ..... and the list was dated ..... Upon further review, it was revealed the business office

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manager had signed the training list (she is not CORE trained). Therefore, the following in-services did not have certificates with all of the required components, specifically a qualified trainor's credentials:

a) policy and procedure
b) elopement policy and procedure
c) emergency preparedness and evacuation training and incident reporting
d) resident rights and reporting neglect and
e) control

These findings were acknowledged by the Administrator again during interview at 3 PM on

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, resident record review, and staff interview, the facility failed to provide meals which meet the resident's therapeutic diet, as ordered by the resident's health care provider, for 1 of 35 sampled residents (Resident #31).

The findings include:

On record review of current Health Assessment for Resident #31, dated revealed the resident was prescribed a no-salt, low-cal/low-cholestrol, mechanically soft diet.

During lunch observation on at 12:05 PM, Resident #31 was being served a meal consisting of a chicken on with lettuce and tomato and side of the plate. The chicken on was cut into bite sized pieces. The resident's meal did not meet the definition of a mechanically soft diet. The resident ate very little of what was on her plate.

During an interview with the Food Service Director on at 1:35 PM, the Food Service Director was unaware of the definition of a mechanically soft diet. He was under the impression "mechanically soft" was food which had been chopped or cut up.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and an interview, the facility failed to maintain the environment free of hazards and the structural system in good working order.

The findings include:

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During environmental tour of the Memory Care Unit on [redacted] at 8:40 AM, the following concerns were noted:

a) [redacted] - A corner baseboard is missing in the kitchen.

b) [redacted] - Black scuff mark along lower wall in sitting area.

c) [redacted] - A noticeable (strong) [redacted] smell is coming from inside the [redacted]

d) Hallway - Wall damage/peeling paint is observed underneath and next to fire extinguisher near the locked exit door.

e) [redacted] - Peeling/cracked paint around top of backsplash in kitchen area; missing louvers in vertical blinds.

f) Unfinished wall patches in sitting area and kitchen; wall damage in [redacted]; call bell cord tied around grab bar in [redacted]; missing louver in vertical blinds in [redacted]

g) Drywall has come off corners of lower wall near kitchen.

h) Numerous dining [redacted] are in poor condition; legs are unsteady and potentially unsafe.

On [redacted] at 1:45 PM, the Administrator and Memory Care Supervisor were notified of concerns in the Memory Care Unit. They acknowledge the individual concerns. At 2:35 PM, the Memory Care Supervisor was shown the condition of the dining [redacted] and agreed the chairs were unsteady and potentially unsafe.

2) The following observations additional were made in the assisted living area (excluding the secured unit) during tour at 9 AM on [redacted]

a) " The Wellness Center " the AC in this [redacted] not working according to staff present and there was a leak in the ceiling over the staff desk with water dripping into a container from the vent.

b) An observation made of the ceiling on the second floor directly in front of [redacted] "226" had a large stain, peeling plaster, peeling paint and exposed electrical wires protruding from the ceiling.

c) The club [redacted] residents receive snacks and activities are held, was observed with 2 large garbage cans in a corner with caution tape around them , they were being utilized to capture leaking water from the ceiling.

d) The water fountain by the reception desk was in disrepair (specifically the push style water lever is

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pushed inside the case making it

e) Water damage on the ceilings, old and new, were observed at various places on the ceiling and on walls by sliding glass doors in the club

The Administrator stated during interview at 3 PM on , that roof repairs were needed and the facility was aware of them. However, they were extensive and would require time to renovate the building.

Class III

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on an interview and record review, the facility failed to: 1) ensure a nurse was either staffed or contracted to provide ECC (extended congregate care) as needed for residents; 2) failed to identify an ECC supervisor responsible for the provision of ECC services if needed; 3) failed to ensure and document that direct care staff and the ECC supervisor received training as required.

The findings include:

On at 1 PM, the Administrator was interviewed and stated she did not know if the corporate office was going to continue renewing the ECC license the facility currently has, so there was no ECC supervisor or nurse identified and no residents requiring ECC services. Review of employee records indicated no ECC training was being conducted for direct care staff. However, during review of residents with the memory support supervisor (nurse) and the resident care supervisor (nurse), it was revealed there were 3 residents who were not able to ambulate which would required them to be put on ECC services. Under ECC guidelines, residents who are able to transfer with assistance can remain at the facility if they have a service plan and nursing assessments. Therefore the 3 residents identified should have been placed under the facility's current ECC license. The administrator again acknowledged on at 3 PM that the facility was not sure whether they were going to continue holding and utilizing an ECC specialty license which would allow these residents to remain at the facility.

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

Re: Change of Ownership (CHOW), Extended Congregate Care (ECC) and Complaints Surveys

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 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 representatives. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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