

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
 St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
 St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
 St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= A

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Re-licensure Survey was conducted on 11/26/2013 at Arden Courts of Delray Beach with a Limited Nursing Services {LNS} component. At the time of the survey, deficiencies were identified.

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

Based on observation, record review and interview, the assisted living facility failed to ensure 1 out of 13 (Resident #13) current residents had a accurate and completed health assessment {AHCA Form 1823}.

Findings Include:

1) Observations on 11/26/2013 at approximately 9:11 AM found Resident #13 did not eat unless she was being fed by staff. Observations found Resident #13 would fall asleep at the table when she was not being fed.

Observations on 11/26/2013 at approximately 3:50 PM found Resident #13 was unable to participate in a transfer from the bed to the wheelchair. Observations found she appeared to need total help with transferring.

2) Record review of Resident #13's file revealed she was admitted to the facility on 11/15/2013. Record review of Resident #13's health assessment, dated 11/15/2013, revealed Resident #13 needed assistance with all activities of daily living {ADL's} including transfer, eating, and ambulation. Record review found no comments as to the extend of assistance required. Record review also found that the physician failed to indicate what type of help resident #13 needed with her medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3) In an interview with Staff D on _____ at approximately 9:37 AM, she stated Resident #13 needs to be fed. She stated she will not eat if she is not fed.

In an interview with Staff D on _____ at approximately 11:13 AM, she stated Resident #13 does not use a hoier lift but would definitely qualify for one. She stated Resident #13 is extremely heavy and she is unable to stand up or sit. She stated Resident #13 cannot assist with the transfer. She stated Resident #13 "does not do a thing". She stated she requires two staff members to get her out of bed. She stated Resident #13 need to be picked up and placed in her wheelchair. She stated Resident #13 does not participate in the transfer.

In an interview with the Director of Nursing {DON} on _____ at approximately 4:14 PM, she stated Resident #13 has been going downhill since she entered the facility. She stated resident #13 was walking gingerly when she arrived with a walker and could go small distances. She stated she does not bear weight for facility staff but can do so for her family. She stated, at this point, Resident #13 needs total help with transferring. She stated she can feed herself but it depends on the day.

In an interview with the administrator on _____ at approximately 5:01 PM, she acknowledged the findings.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interview, the assisted living facility failed to ensure that 1 out of 13 (Resident #13) sampled residents met the continued residency criteria.

Findings Include:

1) Observations on _____ at approximately 9:11 AM found resident #13 appeared to be falling asleep at the dining _____ with her breakfast in front of her. Observations found Resident #13 was wheelchair bound. Observations found when staff was finished serving breakfast items to other residents, staff would feed Resident #13. Observations found staff would have to bring the food and drink items to the mouth of Resident #13. Observations found when the staff was not feeding Resident #13 she appeared to _____ back to sleep.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observations on [redacted] at approximately 3:50 PM found staff attempted to engage Resident #13 in conversation. Observation found Resident #13 was not responsive. Observations found two staff members turned over Resident #13 in bed. Observations found both staff members needed to sit Resident #13 up at the side of the bed. Observations found one staff then brought her wheelchair to the edge of the bed while the other supervised Resident #13. Observations found one staff on each side pick up Resident #13 by her arms and her pants and placed her in the wheelchair. Observations found Resident #13 did not participate in the transfer. Observations found Resident #13 was leaning forward when in wheelchair and continued to lean forward when wheeled outside of her [redacted]. Observations found one staff said to the other "she is tall so we have to reposition her".

2) Record review of Resident #13's file revealed she was admitted to the facility on [redacted]. Record review of resident #13's health assessment, dated [redacted] revealed resident #13 needed assistance with all activities of daily living (ADL's) and her needs could be met in an assisted living facility.

3) In an interview with Staff D on [redacted] at approximately 9:37 AM, she stated resident #13 needs to be fed. She stated she will not eat if she is not fed.

In an interview with Staff D on [redacted] at approximately 11:13 AM, she stated Resident #13 does not use a hoist lift but would definitely qualify for one. She stated Resident #13 is not on hospice. She stated Resident #13 is extremely heavy and she is unable to stand up or sit. She stated Resident #13 cannot assist with the transfer. She stated Resident #13 "does not do a thing". She stated requires two staff members to get her out of bed. She stated Resident #13 need to be picked up and placed in her wheelchair. She stated Resident #13 does not participate in the transfer.

In an interview with the Director of Nursing (DON) on [redacted] at approximately 4:14 PM, she stated Resident #13 has been going downhill since she entered the facility. She stated Resident #13 was walking gingerly when she arrived with a walker and could go small distances. She stated she was thinking about giving Resident #13 a discharge notice because she is not appropriate anymore. She stated she does not bear weight for facility staff but can do so for her family. She stated, at this point, Resident #13 needs total help with transferring. She stated she can feed herself but it depends on the day. She stated she noticed last week she was not appropriate and spoke to the Administrator about giving her a 45 day notice. She stated Resident #13 is not on hospice. She stated Resident #13 will be given a 45 day notice today.

In an interview with the Administrator on [redacted] at approximately 5:01 PM, she acknowledged the findings and revealed a 45 day discharged notice for Resident #13 dated [redacted].

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In a interview with the physician of Resident #13 on 11/26/2013 at approximately 3:22 PM, he stated he looked at Resident #13's chart and reviewed it. He stated she has been at the facility for a few months. He stated when she came in she could barely lift her head. He stated after treatment of a _____ track _____ and physical _____ she showed a slight improvement but she declined to the point she could not stand or walk. He stated she is unable to communicate.

Class III

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

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

Findings Include:

1) Record review of the facility's policies including all Limited Nursing Services {LNS} policies revealed the facility did not have a written policy in place which addressed third party services. A policy for third party services is needed to help coordinate the continued care for the residents when the third party services are not present at the facility.

Record review of the three Limited Nursing Services {LNS} residents revealed Resident #7 receives third party services from a Home Health Agency {HHA} for a _____ on her _____ two times a week. Record review also revealed Resident #14 receives third party services from Hospice for a _____ on her _____ two times a week.

2) In an interview with the Director of Nursing {DON} on 11/26/2013 at approximately 3:00 PM, she stated there is no documentation of third party services with the facility. When requested, she stated she does not have a policy for third party services.

In a interview with the administrator and the DON on 11/26/2013 at approximately 3:05: PM, they acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and interview the assisted living facility failed to ensure 3 out of 4 (Staff B, Staff C, and Administrator) sampled facility employees had freedom from ... documented on an annual basis.

Findings Include:

1) Record review of Staff B's personnel file revealed her date of hire was ... Record review on ... found freedom from ... was documented on ... Record review revealed the previous time Staff B was seen by a health care practitioner was in ... of 2012 {specific date not given} in which no changes were documented from a ... examination where the health care practitioner indicated Staff B was free from ...

Record review of Staff C's personnel file revealed her date of hire was ... Record review on ... found freedom from ... was documented on ... Record review revealed the previous time Staff C was seen by a health care practitioner was in ... of 2012 {specific date not given} in which no changes were documented from a ... examination where the health care practitioner indicated Staff C was free from ...

Record review of the Administrator's personnel file revealed her date of hire was ... Record review revealed the Administrator had verification of free from ... documented on ... with the last subsequent examination in ... of 2012 {specific date not given} which revealed no changes documented. Record review revealed the Administrator did not have documentation that she was free from ... on an annual basis.

2) In an interview with the Administrator on ... at approximately 1:16 PM, she stated that she had the doctor fax over a written statement today for Staff B and Staff C because of what another surveyor told her. She stated the doctor comes in and will review all the staff tomorrow to make sure they all have annual documentation of freedom from ... She stated she knew that they needed to have signs and symptoms but thought the x-ray lasted 10 years.

In an interview with the Director of Nursing {DON} on ... at approximately 1:18 PM, she stated she thought the x-rays were sufficient and did not know they needed a freedom from ... statement. She stated the physician did not see Staff B and Staff C today but he knows them. She stated the physician trusts her that what she says is true. She confirmed that Staff B and Staff C did not have a face-to-face

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

meeting with the physician before obtaining the freedom from ... documentation dated ...

In an interview with the Administrator on ... at approximately 5:01 PM, she acknowledged the findings.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the assisted living facility failed to have training certificates for 1 out of 4 (Staff C) sampled staff members for all trainings completed.

Findings Include:

- 1) Record review of Staff C's personnel record revealed her date of hire was ... Record review revealed Staff C did not have a certificate of completion for completing the following trainings: elopement response training, emergency preparedness and evacuation, and incident report training,
- 2) In an interview with the business office manager on ... at approximately 2:18 PM, she stated Staff C took the trainings when she was hired. She stated the training was included in the general orientation. She stated when she was hired, the company was not doing certificates. She stated they started doing the certificates six years ago and did not do them prior to that.

In an interview with the Administrator on ... at approximately 5:01 PM, she acknowledged the findings.

Class ...

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/20/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 11/26/2013
NAME OF PROVIDER OR SUPPLIER Arden Courts Of Delray Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arden Courts Of Delray Beach
16150 Jog Rd.
Delray Beach, FL 33446

Re: Relicensure and Limited Nursing Services (LNS)

Dear Administrator:

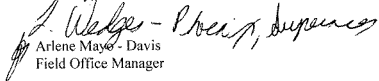
This letter reports the findings of a State Licensure Survey that was conducted on , 2013 by representatives from this office.

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 2014 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

