STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	11/27/2013
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-11/27/2013
0078-Staffing Standards - Staff-11/27/2013
0085-Training - Nutrition & Food Service-11/27/2013
0092-Food Service - General Responsibilities-11/27/2013
0152-Physical Plant - Safe Living

Revisit Repeat Tags:
0000-Initial Comments-
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac
E203-Ecc - Staffing Requirements-58a-5.030(4) Fac

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

A CHOW (Change of Ownership) with ECC (Extended Congregate Care) revisit survey was conducted on [redacted] and [redacted] at Grand Villa of Delray East. The facility had uncorrected deficiencies at the time of the visit.

This survey was conducted in conjunction with the following complaint inspections: 2013010410; 2013010816; 2013011035; 2013011686; and 2013011916. Please see separate report for findings.

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

Based on record review and interview, the facility failed to ensure certificates were completed with all required components for in-service training, for 3 of 3 sampled employee files reviewed (Employees A, B & C).

The findings include:

During interview with the ED (Executive Director), conducted on beginning at 8:30 AM, she acknowledged that this facility did not issue training certificates for employees. She stated they only document attendance of employee trainings on a sign-in sheets for attendance of staff in-services. The requirement that all employees are to be issued training certificates with the required components was reviewed at this time (specifically related to credentials of trainer and number of hours of each training). The ED stated, it was not the policy and procedure of this company to issue individual training certificates for employees and that she would review this area of concern with corporate. This facility's current training manual with DVDs and a grid noting the various trainings that are required was reviewed with the ED. This manual contained blank individual training certificates to be utilized upon completion of each required employee training. The Administrator acknowledged that this facility does not currently utilize these certificates.

The following employees did not have certificates of training that contained all of the required components for the following staff in-service trainings that are to be conducted within 30 days of hire.

1) Employee A - (Resident Care Assistant with a date of hire noted as
a) policy & procedure
b) Elopement policy & procedure
c) Emergency Preparedness and Evacuation training and Incident Reporting
d) Resident Rights and Reporting Neglect and
e) Control

2) Employee B - (Resident Care Assistant with a date of hire noted as
a) policy & procedure
b) Elopement policy & procedure

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c) Emergency Preparedness and Evacuation training and Incident Reporting
d) Resident Rights and Reporting , Neglect and
e) Control

3) Employee C - (Resident Care Assistant with a date of hire noted as
a) policy & procedure
b) Elopement policy & procedure
c) Emergency Preparedness and Evacuation training and Incident Reporting
d) Resident Rights and Reporting , Neglect and
e) Control

Class III

This is an uncorrected deficiency.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC

Based on record review and interview, it was determined the facility did not maintain documentation of ECC (Extended Congregate Care) training for 3 of 3 employee records reviewed (Employees A, B & C).

The findings include:

During interview with the ED (Executive Director), conducted on beginning at 8:30 AM, she acknowledged that this facility did not issue training certificates for employees related to ECC training. She stated they only document attendance of employee trainings. The requirement that all employees are to be issued training certificates with the required components was reviewed at this time. The ED stated, it was not the policy and procedure of this company to issue individual training certificates for employees and that she would review this area of concern with corporate. This facility's training manual with DVDs and a grid noting the various trainings that are required was reviewed. This manual contained blank individual training certificates to be utilized upon completion of each required employee training. The Administrator acknowledged that this facility does not utilize these certificates. The Administrator also acknowledged that there was no documentation (including sign-in

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sheets) that reflected the following employees had received ECC training:

a) Employee A - Resident Care Assistant (date of hire noted as

b) Employee B - Resident Care Assistant (date of hire noted as

c) Employee C - Resident Care Assistant (date of hire noted as

Class III

This is an uncorrected deficiency.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

RE: Change of Ownership Survey Revisit

This letter reports the findings of a Change of Ownership survey revisit conducted on 27, 2013 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency and the new deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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
Enclosure

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