STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident 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 Assisted Living Facility biennial re-licensure survey was conducted on . The Village on High Ridge had licensure deficiencies identified at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure the health assessment (Form 1823) was completed with all criteria addressed, for 1 of 2 sampled residents (Resident 1).

The findings include:

On the health assessment dated for Resident #1 was reviewed and did not have marked the level of assistance needed, if any, with transfers. The resident was receiving ECC (extended congregate care) services and had "assistance" documented as needed with transfers on the latest service plan updated and reviewed on 11/1/13. These findings were acknowledged by the Executive Director at 3:15 PM on .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each newly hired staff member shall have to submit a statement from a health care provider (within 30 days), based on an examination conducted within the last 6 months, that the person does not have any signs or symptoms of a communicable including for 1 of 3 sampled employees (Employee A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

During employee record review, conducted with the Personnel Secretary, on beginning at approximately 12:20 PM, she acknowledged that Employee A's date of hire was noted as The Personnel Secretary also acknowledged that Employee A has been working in a direct care position with residents and is currently on the schedule to work with residents. The Personnel Secretary could not provide an explanation as to why Employee A did not have an physical examination until (60 days after employment). She also could not provide an explanation as to why the physician signed a statement, dated indicating they "certify this individual has been diagnosed to be free from any Communicable and when the P.P.D. test was not given until by an LPN (Licensed Practical Nurse) nor read as "positive" by the LPN on The Personnel Secretary acknowledged that the physician indicated no communicable including prior to the test being conducted. The Personnel Secretary also confirmed that Employee A has been working at the facility in a direct care capacity since the "positive" P.P.D. result and is noted on the future schedule. She could not provide an explanation for this.

The facility also failed to ensure that in addition, any staff member that is later found to have, or is suspected of having, a communicable he/she shall be removed from duties until the Administrator determines that such condition no longer exists of 1 of 3 sampled employees (Employee A).

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and record review, it was determined the facility failed to ensure each employee involved in direct resident care received at least 1 hour of training in the facility's policies and procedures regarding (Do No Orders) within 30 days after employment or within 60 days after the effective date of this rule, for 2 of 3 sampled employees (Employees B & C).

The findings include:

During employee record review and interview with the Personnel Secretary, conducted on beginning at approximately 12:45 PM, she was provided the opportunity to locate training certificates

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(indicating completion of required training) for the following employees and was unable to locate them. She stated we usually keep copies of tests and not certificates for some training:

a) Employee B (date of hire noted as . Record review revealed no evidence of training.

b) Employee C (date of hire noted as . Record review revealed no evidence of training.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview, it was determined the facility did not maintain training certificates, or copies of certificates (with the required components), for 2 of 3 sampled employee files reviewed (Employees B & C).

The findings include:

During employee record review and interview with the Personnel Secretary, conducted on beginning at approximately 12:45 PM, the following was noted. She was provided the opportunity to locate training certificates (indicating completion of required training) for the following employees and was unable to locate them. She stated we usually keep copies of tests and not certificates for some training:

A) Employee B (date of hire noted as the following training certificates were noted unavailable.
1) Control
2) Emergency Preparedness & Evacuation
3) Incident Reporting
4) Recognizing/Reporting Neglect, and
5) Nutritional or Safe Food Handling

Employee C (date of hire noted as the following training certificates were noted unavailable.
1) Control
2) Emergency Preparedness & Evacuation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3) Incident Reporting
4) Nutritional or Safe Food Handling

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observation, interviews and record review, the facility failed to ensure all residents (Resident #4) had a signed statement refusing a therapeutic diet .

The findings include:

On at 12:00 PM, Resident 4's meal was observed with the Food Service Manager (FSM). The resident had been served a whole piece of chicken as his entree. The FSM stated during interview at this time that the resident was supposed to be on a mechanical soft diet (ground meat consistency) and referred to the list of residents ' diets that also documented a mechanical soft diet for this resident. Interviews with random dining staff at this time revealed the resident refused to adhere to this diet.

An interview with the resident was conducted at 12:10 PM on . He stated he would not eat meat if it were served ground or chopped. He stated, "If I want my meat cut, I can cut it myself."

Review of the resident's record revealed a physician's order dated for a mechanical soft diet. Further review with the FSM at 2:45 PM on confirmed the resident refused to adhere to the therapeutic diet but had not signed a statement indicating such. These findings were acknowledged during interview with the Executive Director at 3:00 PM on

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and employee record review, it was determined this facility failed to ensure that each employee had a current eligible level 2 background screening on file, for 1 of 3 sampled employee records reviewed (Employee A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910630	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Village On High Ridge	1800 South Drive Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

An interview and employee record review was conducted with the facility's Personnel Secretary on at 11:35 AM. She was asked why Employee A (date of hire noted as who provides direct care to residents did not have a current eligible background screening (the one on file was dated . The Personnel Secretary replied that the facility had accepted an old background screening from a previous employer for Employee A. The Personnel Secretary was asked if the Affidavit of Compliance with Background Screening Requirements had been completed and signed/dated by Employee A. Review of this document with the Personnel Secretary revealed that this document had not been completed in its entirety (specifically the portion referencing utilizing a previous employer's background screening and attesting that there had not been a break in employment that had exceeded 90 days). Review of Employee A's application for employment indicated that she had been hired by her most recent employer on 2011 and the employment end date was not completed. The Personnel Secretary was asked if she had verified Employee A's references in order to verify employment dates for this employee. She acknowledged that she had not completed reference checks. The Personnel Secretary acknowledged that she had not determined if there had been a break in employment that exceeded 90 days for Employee A prior to accepting the background screening that was dated (16 months prior to Employee A's hire date at this facility).

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
The Village On High Ridge
1800 South Drive
Lake Worth, FL 33461

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 (30) 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/dso
Enclosure: State form 5000-3547
XG90

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