STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967224	03/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Of Kings & Queens Of Delray Beach	13415 Barwick Rd Delray Beach, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Limited Nursing Services (LNS) was conducted on [redacted] at Villa of Kings & Queens of Delray. The facility had licensure deficiencies identified at the time of the survey.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation and interview, the facility failed to ensure that [redacted] glucose monitoring kits were labeled for individual resident use for 2 of 2 sampled residents (Resident #1, Resident #2).

Findings include:

1) An observation of the medication cabinet was conducted on [redacted] at 9:15 am, accompanied by the Administrator. She was asked to show the surveyor the [redacted] glucose monitoring equipment used for the two resident (Resident #1, Resident #2) who had daily [redacted] sugar monitoring conducted. The Administrator removed 3 kits from the medication cabinet. One kit had a label with the name of the facility on it. The other two kits did not have any labels or other identifying information as to whom the kits were being used for. When the Administrator was asked to identify which kit was used for which resident, she could not do so. Upon opening the kits, the surveyor observed lancets, [redacted] paper strips, a glucometer and [redacted] wipes. When the surveyor asked the Administrator what she used to clean and sanitize the kits after each use, she stated the cleaning solution is in the kits. The Administrator looked in the medication cabinet but could not locate any cleaning product for the kits. The Administrator confirmed that the glucometer device should be cleaned after each use. The Administrator confirmed that the facility failed to label the kits with the name of the resident that they were used for.

Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff members (Staff A and B) had received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

The findings include:

Review of the personnel files for Staff A and B revealed there was no documentation of in-service training regarding the facility 's resident elopement response policies and procedures completed within thirty (30) days of employment. Staff A was hired on [redacted] and Staff B was hired on [redacted]. The Administrator was

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interviewed at approximately 1:00 PM on . . . . and acknowledged that the documented training certificates were not present and available for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Villa Of Kings & Queens Of Delray Beach
13415 Barwick Rd
Delray Beach, FL 33445

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 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 . **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 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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