STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963737	03/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of West Palm Beach	2330 Village Blvd West Palm Beach, FL 33409	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannouced licensure complaint survey, CCR#CCR#2014002151, was conducted on at The Arden Courts of West Palm Beach. The facility had no deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to ensure that a resident is reassessed upon a significant health change by a Health Care Provider as part of the continued residency criteria and that the examination is documented on a Resident Health Assessment form(AHCA Form 1823), for 1 out of 3 sampled residents (Resident #1). As evidence of the facility failure to ensure that Resident#1's AHCA Form 1823 was accurate and reflective of the resident's current condition and care needs.

The findings include:

Review of Resident ' s #1 record revealed that on , the resident returned to the facility from a nursing home following a stay at an acute care facility for a hip. Review of the resident ' s Health Assessment form (AHCA 1823) , dated did not indicated that the resident had any wounds or needed hospice care.

Review of the staff notes dated , documented the resident had an open area to the right hip, with an additional diagnosis of documented on . The resident was placed on Hospice Services on per review of the Hospice skilled nursing notes. Further review of the hospice notes indicated that the resident ' s condition declined, had sustained a 9.8% weight loss (which was not significant over past 6 months per the nutritional notes) and had developed an

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additional [redacted] On [redacted], the Hospice orders reflected the resident had two wounds and treatment was ordered. The Hospice notes identified these wounds initially as [redacted] pressure sores; however, on the [redacted] Hospice assessment, the wounds were documented as a [redacted]. During an interview with a Hospice nurse via phone at approximately 12 PM, it was revealed the resident did have an additional decline in condition during the [redacted] of 2013 and had three [redacted] wounds.

Review of resident #1 ' s record indicated that an AHCA Form 1823 dated [redacted], revealed diagnoses including [redacted], and history of [redacted] hip and the resident was on Hospice Services. Further review of this Health Assessment did not have any documentation of the three pressure sores the resident developed at the time. Further review of Resident #1 ' s record failed to indicate that the facility had the resident reassessed by a physician during the months of [redacted] 2012, [redacted] 2012, or [redacted] 2013; reflecting the resident ' s significant change for her development of wounds, weight loss, decline in condition or that the resident was placed on Hospice care on [redacted].

Resident #1 ' s records were reviewed by the Administrator and she agreed that there was no AHCA form 1823 completed following Resident #1 ' s development of wounds and decline in condition on [redacted]. She also confirmed aforementioned and stated no further documentation was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arden Courts Of West Palm Beach
2330 Village Blvd
West Palm Beach, FL 33409

Re: CCR #2014002151

Dear Administrator:

This letter reports the findings of a State Licensure Complaint 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 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/jw
Enclosure
XG90

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