STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Grand Villa Of Delray West	**5859 Heritage Pkwy Delray Beach, FL 33484**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014003482 and 2014004089, was conducted on and at Grand Villa of Delray West. The facility had deficiencies found at the time of the visit.

Deficient practice identified at the following:
CCR# 2014003482 cited at A052
CCR# 2014004089 cited at A052

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews, the facility failed to ensure unlicensed staff that assist residents with self-administration followed required standards of practice, for 3 of 4 sampled residents (Resident #5, 6 and 7) observed during the medication pass.

The findings include:

Observations of Employee A, the facilities lead Medication Technician (MT) to "administer" medications to residents, were conducted beginning at 12:43 PM with the facility's Nursing Supervisor, a Registered Nurse, present. The following concerns were noted:

1. Employee A assisted Resident #5 with self-administration of an anti-a medication but did not read the prescription label or advise the resident what she was about to receive. The resident was observed to ask Employee A what the medication was and discussed her need for the medication with Employee A.

2. Employee A assisted Resident #6 with self-administration of a medication but did not read the prescription label or advise the resident what she was about to receive. The resident was observed to ask Employee A, a question about the medication and Employee A reviewed her medication record with her.

3. Employee A assisted Resident #7 with self-administration of eight medications, but did not read the prescription labels or advise the resident what she was about to receive.

This was further discussed with and acknowledged by the Nurse Supervisor and the facility's Resident Services Coordinator on at 5:05 PM. They confirmed Employee A was the facility's lead MT.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Grand Villa Of Delray West
5859 Heritage Pkwy
Delray Beach, FL 33484

RE: CCR #2014003482 & CCR #2014004089

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2014 and 2014 by a representative of 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 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
Enclosure

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