STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965708	10/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Abbey Delray Health Center	2105 Sw 11 Court 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 - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014007949 was conducted on [redacted] at Abbey Delray Health Center Assisted Living. The facility had deficiencies found at the time of the visit.

This licensure complaint survey was conducted in conjunction with the Extended Congregate Care (ECC) monitoring survey on the same date. Please refer to separate report for findings.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure a Resident Health Assessment form was completed and reflective of the resident's current health status and care needs, for 1 out of 3 sampled residents (Resident #3).

The findings include:

Record review for Resident #3 revealed the resident was admitted to the facility on [redacted] Review of the Physician Note dated on [redacted] documented the resident as having progressive [redacted] with memory loss. Review of the Nurses Note dated on [redacted] revealed the resident was very [redacted] about her admission to the facility. The note documents the resident had a prior history of elopement and a "Wanderguard bracelet" was applied to the the resident's rolling walker, which would alert staff that the resident was nearing an exit. Review of the Resident Health Assessment form dated on [redacted] revealed the resident has a diagnosis of [redacted] but it did not reflect the resident's elopement risk and history of elopements.

The Administrator was interviewed on [redacted] at approximately 3:30 PM, he confirmed that the facility elopement policy indicated that all residents with a potential risk for elopement should be

routinely assessed. He stated that if the resident is determined to be at risk for elopement, the Resident Health Assessment form (AHCA form 1823) must reflect the residents current health status and condition.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on observation, record review and interview, the facility failed to follow the elopement protocol for 1 of 3 sampled residents (Resident #3) that was identified at risk for elopement.

The findings are:

On . at 10:35 AM, Resident #3 was observed ambulating in the hallway with a "Wanderguard bracelet" attached to her rolling walker.

Record review for Resident #3 revealed the resident was admitted to the facility on . . . . . Review of the Physician Note dated on . . documented the resident as having progressive . . . . . with memory loss. Review of the Nurses Note dated on . . . . . revealed the resident was very . about her admission to the facility. The note documents the resident had a history of elopement and a "Wanderguard bracelet" was applied to the the resident's rolling walker, which would alert staff that the resident was nearing an exit. Review of the Resident Health Assessment form dated . revealed the resident has a diagnosis of . . . . . but the form did not reflect the resident's elopement risk and history of elopements.

Record review of the facility elopement policy revealed upon admission all residents are assessed for elopement/ wandering potential. If the resident is assessed at risk, a Wanderguard Bracelet will be applied and a picture of the resident will be placed in the " Wanderers Log Book". The Wanderguard Bracelet will be issued to a resident upon a physician order and /or after a recommendation by the clinical staff. Review of the "Wanderers Log Book" with the unit nurse manager revealed no picture of the resident or a completed assessment of the resident's elopement risk.

The Administrator was interviewed on . . . . . at approximately 3:30 PM, he confirmed that the facility's elopement policy indicated that all residents with a potential risk for elopement should be

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routinely assessed. If the resident is determined to be at risk for elopement, a photo of the resident must be maintained in the "Wanderers Log".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Abbey Delray Health Center
2105 SW 11 Court
Delray Beach, FL 33445

RE: CCR #2014007949

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 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/jw
Enclosure

XG90

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