STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910699	09/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Willow Bay Senior Resort	4001 West Hillsboro Blvd. Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014006870 & CCR# 2014006467, was conducted on [redacted] at Willow Bay Senior Resort. The facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review interview and observation, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility. As evidenced by lack of supervision resulting in 2 elopements and leaving a hospice resident in bed locked in their [redacted]

The findings include:

a) During a tour of the facility on [redacted] at 9:40 AM with the administrator/owner of the secured memory unit observation was made of 16 residents sitting in the common area unsupervised. The administrator called out and 1 staff member was observed in a [redacted] the hall. A second staff member when called came out of a resident [redacted] the end of the hallway. The tour continued and all of the doors to the resident [redacted] were observed locked. Random [redacted] were selected and had to be unlocked by the staff member who stated all of the residents are out of their [redacted] they lock the doors so nobody wanders inside. At 9:50 AM in [redacted] the door was unlocked by staff and Resident #3 was observed in bed, side rails up, laying in the dark. He was non-verbal. Staff stated the resident is on hospice and could not explain why he was left in a locked [redacted] in bed by himself. Resident #3 was admitted to the facility [redacted] A review of Resident #3's Resident Health Assessment (AHCA form 1823) dated [redacted] has a diagnosis to include Parkinson, [redacted] and on hospice. The resident requires assistance with all activities of daily living.

b) Resident # 1 was admitted to the facility on [redacted] A review of Resident #1's Health Assessment (AHCA form 1823) dated [redacted] has a diagnosis to include [redacted] and on hospice. The

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behaviors note the resident is forgetful at times and ambulates independently. On at 6:00PM during the certified nurse assistant (CNA) noted the resident was missing from the memory care unit. A review of the AHCA 1 day report notes the resident eloped through the back door of the facility. The resident wandered to a house behind the facility. The home owners called the police and the resident was returned to the facility. Further record review revealed the facility failed to do a thorough investigation, so it is unable to be determined where staff was, what the resident was doing prior to her eloping through a back door and how long she was missing before the police returned her to the facility.

c) Resident #2 was admitted to the facility on A review of Resident #'s AHCA form 1823 dated has a diagnosis to include and The behaviors noted as the resident is forgetful and needs assistance with ambulation. Observation on at 10:00 AM, revealed the resident was sitting in the memory unit; she acknowledged the surveyor but did not speak. Record review revealed a note dated at 7:30 PM documenting at 5:25 PM the CNA noticed Resident #2 missing during 5 PM . Resident was " last seen in the lobby area around 3:45PM. " At 6:15 PM the resident was found at a local hospital after being picked up by the sheriff. She was discharged from the hospital and returned to the facility. Further record review of Resident #2's file and the facility records revealed the facility failed to do a thorough investigation so it is unable to be determined where staff was and why the resident was hanging around the lobby by herself prior to her eloping through the front door and how long she was missing before the police returned her to the facility.

During an interview on at 1:30 PM with the facility Owner/Administrator and registered nurse liaison, they stated the facility does an elopement assessment on all residents but were not able to provide evidence of documentation of the assessments. Both had agreed Resident #1 and #2 had not been identified as elopement risks.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview, it was determined the facility failed to ensure all medications are locked and secured at all times.

The findings include:

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Observation at 10:15 AM with the Administrator revealed the Wellness Center door was unlocked. The [redacted] medications laid out all over a desk, syringes, shelves full of medications and a fridge full of medications. The Administrator was present and stated it was residents' medications and should always be locked.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Willow Bay Senior Resort
4001 West Hillsboro Blvd.
Deerfield Beach, FL 33442

RE: CCR #2014006467 and #2014006870

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 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 (30) 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/dso
Enclosure: State form 500-3547
XG90

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