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	AL11965708	01/21/2015
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 - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
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
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure & ECC survey was conducted on at Abbey Delray Health Center. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to ensure all sections were completed on the AHCA Form 1823, Resident Health Assessment for 1 out of 2 sampled resident records (Resident #6), as evidenced by an incomplete assessment of the resident's medication mode.

The findings include:

Review of Resident #6's record revealed the resident was admitted to the facility on Review of the resident's AHCA Form 1823 Health Assessment dated revealed the form lacked documentation of whether the individual will require any assistance with the administration of medication, as required.

During an interview on at 2:00 PM with the Director of Nursing (DON), he acknowledged the findings.

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0053-Medication - Administration 58A-5.0185(4) FAC

Based on record review and interview the facility failed to 1). provide evidence medications were provided to residents who require assistance with medications; and 2). ensure residents received the proper administration of medication, in accordance with a health care provider's order. As evidenced by failure to provide evidence the residents received and/or were offered their medications and failure to perform and document the results of readings and glucose test readings for 3 out of 7 sampled residents. (Resident #4, #5 and #7).

The findings include:

1. Review of Resident #4's 2015 Mediation Observation Record (MOR) revealed the following medication orders, with the following concerns:

a. 3.125 mg tab, 1 at bed time. Hold for SBP less than 100, HR Rate) less than 60. Further review of the MOR revealed on and there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered; there was no explanation of why the medication was not given; and there was no documentation of the resident's or pulse. On the MOR contains a signature indicating the was given. However, there was no documentation reflecting the resident's or pulse was obtained, prior to the medication being given. On , the MOr is documented that the was "not on cart" .

b. Centrum Silver, give 1 tablet daily. On and , there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

c. 100 mg, give 1 tablet daily. On , the MOR documented "not on cart".

d. Oscal 500 mg, give 1 tab 3 times a day. On and at the 1:00 PM dose, there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

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e. Welchol 625 mg, give 2 tabs twice daily. On , the MOR documented "not on cart".

f. 100 unit/ml vial, inject 8 units sub q 7:30 AM,11:30 AM and 4:30 PM. There was no evidence of documentation (staff members signature/initials), indicating the was given and/or offered to Resident #4 nor an explanation of why the was not given on at 11:30 AM; at 7:30 AM and 11:30 AM; at 11:30 AM; at 4:30 PM; and at 11:30 AM.

Review Resident #4's 2014 MOR revealed the following medication orders, with the following concerns:

g. 1 mg, give once daily. On there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

h. Middarone 200 mg. give 1 tab daily. On , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

i. 3.125 mg, give 1 at bedtime. Hold for SBP **is** less than 100 HR less than 60. On 12/1, there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered; there was no explanation of why the medication was not given; and there was not documentation of the resident's or pulse.

j. Centrum Silver, give 1 tablet daily. On , there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

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k. Oscal 500 mg, give 1 tablet 3 times daily. On and at 1 PM, there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

l. , give 1 tablet daily. On and , there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

m. B-6, give 1 tablet once daily. On , there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

n. Lantus 100 units/ml vial, inject 28 units sub q (under the skin) at bedtime. On , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

o. 100 unit/ml vial, inject 8 units sub q (under the skin) at 7:30, 11:30 and 4:30. On at 7:30 AM and 11:30 AM; on 11:30 AM; and on 4:30 PM, there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given

2. Review Resident #5's 2015 MOR revealed the following orders, with the following concerns:

a. 20 mg, give 1 tab daily. On , the MOR documented "not given, not on cart".

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b. [redacted] 100 mg, give 1 tab daily. On [redacted], there was no evidence of documentation (staff members signature/initials), indicating that the supplement was administered and there was no explanation of why the supplement was not given.

c. [redacted] 10 m, give 1 tab at bedtime. On [redacted], there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

d. [redacted] 325 mg, give 1 tab once daily. On [redacted] and [redacted], the MOR documents "not given, not on cart".

e. [redacted] 120 mg, give 1 tab three times daily. On [redacted] the MOR documented the "not available"; ands on [redacted] (morning and evening dose), there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given;

f. [redacted] 100 units sliding scale 201-250 2 u, 251-300 3u, 301-350 4u, 351-400 5u. On [redacted] and [redacted] there was no documentation of [redacted] and there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given on [redacted] at 9 pm.

g. Lisinoprel 10 mg, give once daily. Hold if SBP [redacted] is less than 110. On 1/3, 1/8, [redacted] there is no documentation of the residents [redacted]

Review of Resident #5's [redacted] 2014 MOR revealed the following orders, with the following concerns:

h. [redacted] 5 mg, give one tab daily. On [redacted], there was no evidence of documentation (staff

members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

i. 10 mg, give at 1 tab at bedtime. On , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

j. 10 mg, give 1 tab daily. Hold is SBP less than 110. On 12/8, , there is no documentation of the resident's

3. Review Resident #7's 2015 MOR, revealed the following orders, with the following concerns:

a. 20 mg, give 1 at bedtime. On , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

b. ER 100 mg, give 1 tab daily. Monitor prior. On the MOR documented "not given, not on cart"; and on , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given.

c. 500 mg, give every 12 hours. On , there was no evidence of documentation (staff members signature/initials), indicating that the medication was administered and there was no explanation of why the medication was not given; and on at 9 pm; and and , the back of MOR documented "not given not on cart".

During an interview on at 2:50 PM with the Nursing Supervisor (Registered Nurse-RN) , she

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stated the facility does run out of medications on occasions. She stated that she is in charge of ordering the medications, but she was out on vacation and does not know what happened during the aforementioned time period. There is no evidence of documentation the facility notified the resident's physician's to inform them of the missed medications nor was there evidence that the facility made an attempt to obtain unavailable medications from another source. Interview on at 3:30 PM with a second facility RN (Registered Nurse) she also stated the facility runs out of medications and she documents that information on the resident's MOR. During an interview and review of Resident #4, #5 and #7's MOR's at 4:00 PM with the Administrator and DON (Director of Nursing), they both acknowledged the findings.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation interview and record review, the facility failed to ensure that prescriptions are filled or refilled in a timely manner for residents who receive assistance with self-administration, for 3 out of 7 sampled residents (Resident #4, #5 and #7).

The findings include:

1. Review of Resident #4's 2015 Medication Observation Record (MOR) revealed the following medications were not on the medication cart and available to the resident:

a. 3.125 mg tab. On the MOR documented the medication was "not on cart".

b. 100 mg. On the MOR documented the medication was "not on cart".

c. Welchol 625 mg. On the MOR documented the medication was "not on cart".

2. Review of Resident #5's 2015 MOR revealed the following medications were not on the medication cart and not available to the resident:

a. 20 mg. On and the MOR documented the medication was "not given, not on cart".

b. 325 mg. On and the MOR documented the medication was "not given, not on cart".

c. [redacted] 120 mg. On [redacted], the MOR documented the medication was "not available".

3. Review Resident #7's [redacted] 2015 MOR revealed the following medications were not on the medication cart and not available to the resident:

a. [redacted] ER 100 mg. On [redacted], the MOR documented the medication was "not given, not on cart".

b. [redacted] 500 mg. On [redacted] and [redacted], the MOR documented the medication was "not given not on cart".

During an interview on [redacted] at 2:50 PM with the Nursing Supervisor (Registered Nurse-RN), she stated the facility does run out of medications on occasions. She stated that she is in charge of ordering the medications, but she was out on vacation and does not know what happened during the aforementioned time period. There is no evidence of documentation the facility notified the resident's physician's to inform them of the missed medications nor was there evidence that the facility made an attempt to obtain unavailable medications from another source. Interview on [redacted] at 3:30 PM with a second facility RN (Registered Nurse) she also stated the facility runs out of medications and she documents that information on the resident's MOR. During an interview and review of Resident #4, #5 and #7's MOR's at 4:00 PM with the Administrator and DON (Director of Nursing), they both acknowledged the findings.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and personnel record review, the facility failed to ensure that direct care staff members had the required in-service training, for 5 out of 5 sampled employee records reviewed (Employee A, B, C, D and E).

The findings include:

During a review of the personnel records, it was noted that Employee A, B, C, D and E all provide direct care to residents. Further record review revealed the following staff members' personnel files lacked documentation indicating the employees received the required in-service training within 30 days of hire. Specifically:

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1. Employee A, with a hire date of , lacked documentation of the following training :

a. Elopement response policies and procedures
b. Reporting major incidents

2. Employee B, with a hire date of , lacked documentation of reporting major incidents training.

3. Employee C, with a hire date of , lacked documentation of reporting major incidents training.

4. Employee D, with a hire date of , lacked documentation of the following training:
a. Reporting major incidents
b. Elopement response policies and procedures

5. Employee E, with a hire date of , lacked documentation of the following training:
a. Reporting major incidents
b. Elopement response policies and procedures

During an interview on , at 3:15 PM with the facility Human Resources Director, she acknowledged the findings. During an interview on , at 4:00 PM with the facility Administrator and DON (Director of Nursing), they were informed and both acknowledged the findings.

Class III

0082-Training - , 58A-5.0191(3) FAC
Based on interview and personnel record review, the facility failed to ensure that direct care staff members had the required documentation of a completed course on and for 2 out of 5 sampled employee records (Employee A and C.)

The findings include:

During a review of the personnel records it was noted that Employee A, a direct care staff member, with a hire date of and Employee C, a direct care staff member, with a hire date of both did not have the required documentation of a completed course on and within 30 days

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after employment.

During an interview on at 3:15 PM with the facility Human Resource Director, she acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on interview and personnel record review, the facility failed to ensure that direct care staff members obtained in-service training in the facility's policies and procedures regarding) for 2 out of 5 sampled employee records reviewed (Employee A and B) .

The findings include:

During a review of the personnel records for Employee A, a direct care staff member with a hire date of and Employee B, a direct care staff member with a hire date of , it was revealed the the employee files lacked evidence the employees obtained training in the facility's policies and procedures regarding within 30 days after employment, as required.

During an interview on at 3:15 PM with the facility Human Resources Director, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Relicensure and Extended Congregate Care

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 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,

for Arlene Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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