STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964664	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Delray Beach	16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 429.26(1&9) Fs; 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014010932, was conducted on at Arden Courts of Delray Beach. The facility had no deficiencies found at the time of the visit related to this complaint. The facility had an unrelated deficiency identified at the time of this visit.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record reviews and interview, the facility failed to ensure completion of a Health Care Provider Assessment by a health care provider every 3 years, related to Resident #2 and when there was a change in a resident condition for Resident #3. This affected 2 of 3 records reviewed.
The facility failed to ensure it had a plan of care or service plan that was interdisciplinary to include residents who were provided care by a third party, Hospice. This affected 3 of 3 records reviewed (Residents #1, #2 & #3).

The findings include:

1) Review of the record for Resident #1 revealed an admission date of to facility. Review of the physician orders and Hospice plan of care in place revealed the resident was admitted to hospice services on . The facility had a service plan in place with a 'print date' of but no indication of when the service plan was completed.

Review of both the facility's service plan/care plan and the Hospice care plans revealed there was no indication of it being interdisciplinary with members of the facility and hospice.

During an interview with the DON at approximately 4:20 PM revealed the service plans / plans of care are to be updated every 6 months or with a resident's significant change in condition, by the Administrator. The DON said she is not aware of having an interdisciplinary plan of care for the residents and has never heard of it and had a prior problem with not having an interdisciplinary plan of care when a resident is under hospice care.

During an interview with the hospice nurse present at the time of survey revealed they complete a care

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964664	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Delray Beach	16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

plan and confirmed it was not interdisciplinary to include facility staff.

2) Resident #2 was admitted on . Review of the file for Resident #2 revealed the most recent AHCA form 1823, Health Care Providers Assessment, was dated . On the resident was placed under Hospice services but there was no new AHCA form 1823 completed related to any resident diagnosis of or change of status for Hospice services. During an interview with the Director of Nurses (DON) confirmed that the Health Provider's Assessment form 1823 was the last assessment that was completed for this resident. She said she would complete another one and have the health care provider sign it tomorrow. She said the resident's status did not change when placed under Hospice services. The DON said at 2:15 PM on that she is responsible to ensure the AHCA form 1823, health assessments are current and that they reflect the residents' status.

Further review of the file revealed the resident was placed under Hospice services on for and had medication adjustments related to resident's agitation. Hospice service completed a plan of care but there was no indication there was an interdisciplinary plan of care with the facility.

Further interview with the DON at approximately 4:20 PM on revealed the service plans / plans of care are to be updated every 6 months or with a resident's significant change in condition, by the Administrator. The DON said she is not aware of having an interdisciplinary plan of care for the residents, and has never heard of it and had a prior problem with not having an interdisciplinary plan of care when a resident is under hospice care.

3) Resident #3 was admitted on . Review of the AHCA form 1823(Health Care Provider's Assessment) dated revealed a diagnoses that included , Memory Loss, . The provider documented level as pleasant and, forgetful; there was no special precautions; and the resident's ADLs (Activities of Daily Living) were: Independent with Ambulation, dressing, and transferring; and Supervision with Bathing, eating, and toileting. The record revealed the resident was admitted to Hospice services on for . The DON said at 2:15 PM on that she is responsible to ensure the AHCA form 1823 are current and that they reflect the residents' status.

The resident was observed in a sitting in a lounge chair during the late morning and early afternoon. During an interview with the Hospice nurse, who was present at this time, revealed: the resident is under their service and we don't awake her when she's asleep; she sleeps in the lounge chair that is specific for her; she doesn't walk or bear weight now and is total assist with all ADLs. The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964664	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Delray Beach	16150 Jog Rd. Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Hospice nurse said the resident was admitted to their services on and has been totally assisted with ADLs since that time. The record revealed the resident was placed on a pureed diet on .

During an interview with the DON at 1:45 PM on revealed the last AHCA form 1823 (Health Care Provider's Assessment) was it did not reflect the current status of the resident and it will need to be redone as her ADL status changed when she went on Hospice.

Review of the Hospice plan of care revealed: Start of Care with interventions on the plan of care starting on with updates during the year. There was no indication of an interdisciplinary care plan to include the facility's responsibility for care of the resident. Review of the facilities plan of care revealed no indication it included hospice services. During an interview with the hospice nurse present at the time of survey revealed they completed a care plan and confirmed it was not interdisciplinary to include facility staff.

Further interview with the DON at approximately 4:20 PM on revealed the service plans / plans of care are to be updated every 6 months or with a resident's significant change in condition, by the administrator. The DON said she is not aware of having an interdisciplinary plan of care for the residents and has never heard of it and had a prior problem with not having an interdisciplinary plan of care when a resident is under hospice care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Arden Courts Of Delray Beach
16150 Jog Rd.
Delray Beach, FL 33446

RE: CCR #2014010932

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com