| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968466 | 03/27/2015 |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on thru at Grand Villa of Delray West. The facility had deficiencies found at the time of the visit.

An unannounced licensure compliant surveys were conducted in conjunction with this Relicensure Survey on the same dates. Please refer to the separate report for the findings.

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC**

Based on observation, record review and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 4 out of 5 residents (Resident #1, #2, #6 and #7) observed during medication pass.

The findings include:

a) Observations on at 10:57 AM found Resident # 1 receiving the following medications: 81 mg, 10 mg, Benaz capsules, and Atorvasin 10 mg. A record review of Resident # 1's medication observation record revealed a scheduled medication time of 8 AM. Resident # 1 did not receive the medications until 10:57 AM.

b) Observations on at 11:18 AM found Resident # 2 receiving the following medications: ER 20 mg, 0.4 mg, Ciprofloxin 250 mg, Amox- Clar 500 mg, and Florastor 250 mg. A record review of Resident # 2's medication observation record revealed a scheduled medication time of 8 AM. Resident # 2 did not receive the medications until 11:18 AM.

c) Observations on at 9:55 AM found Resident # 6 receiving the following medications: 1 mg, matzim LA 240 mg, Prednisilone SOD 1%, 0.5%, CL ER 8 MEq, and 20 mg. A record review of Resident # 6's medication observation record revealed a scheduled medication time of 8 AM. Resident # 6 did not receive the medications until 9:55 AM.

d) Observations on at 10:08 AM found Resident # 7 receiving the following medications: 100 mg, 20 mg, 75 mg, mg tab, 100 mg tab, Ultra 0.3%, 100 mg, and 81 mg. A record review of Resident # 7's medication observation record revealed a scheduled medication time of 8 AM. Resident # 7 did not receive the medications until 10:08 AM.

During an interview on at 10:25 AM, The Director of Nursing (DON) was informed of the scheduled times for staff to assist with self-administration of medications. The DON acknowledged the errors and stated she will consult with the pharmacist for a plan of correction.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968466 | 03/27/2015 |
| 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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had freedom from documented by a health care provider on an annual basis. Under 58A-5.0131, F.A.C., " Health Care Provider " means a physician or physician ' s assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.

The findings include:

The personnel file for Staff C was reviewed for freedom from documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member. Staff C was hired on

The Administrator and the Memory Care Program Director were interviewed at approximately 12:30 PM on and confirmed that the documentation was not present and available for review. No additional documentation was presented at this time.

Class III

**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff C), who provides direct care to residents with ADRD and Related in this facility that maintained a secured, unit had obtained 4 hours of continuing education annually in ADRD.

The findings include:

The personnel file for Staff C was reviewed for training in ADRD and did not contain documentation of a total of 4 hours of continuing education in ADRD dated within the previous year. The following training was documented and available for review:

Staff C-Date of Hire
a) Level I (4 hours) completed
b) Level II (4 hours) completed
c) One hour update completed

The Administrator and the Memory Care Program Director were interviewed at approximately 12:30 PM on and confirmed that the documentation was not present and available for review. The Memory Care Program Director stated she had completed the required training but submitted documentation of only one (1) hour of training dated No additional documentation was presented at this time.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968466 | 03/27/2015 |
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0086** Continued From page 2

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

**RE: Relicensure Survey**

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on 2015 and , 2015 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
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