STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**05/26/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GRAND VILLA OF DELRAY EAST	**14555 SIMS ROAD DELRAY BEACH, FL 33484**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Complaint investigations (CCR2015001890 and CCR 2015003558) were conducted at Grand Villa of Delray East, 14555 Sims Road, Delray Beach, Florida on and and Deficient practice was found at the time of the complaint investigations.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, record reviews and interviews, the facility failed to provide anti-em stockings to 1 of 4 residents (Resident #17) as ordered by the primary health care provider.
1- In an interview on at 8:30 AM, Resident #17 stated that she was concerned because the facility refused to provide the compression stockings that her doctor prescribed for her to wear. She stated that she did not have them on at the present time.
2- During an observation on at 10:00 AM, Resident #17 was observed to not have compression stockings on her feet as prescribed by her health care provider.
3- A record review conducted on on Resident #17 ' s health care file reviewed that a health assessment (AHCA form 1823) dated indicated that Resident #17 was prescribed compression stockings on both feet.
4- On a continued record review of Resident #17 ' s health care file indicated the primary health care provider for Resident #17 called in a second prescription dated for Resident #17 to have compression stockings on both feet.
5- In an interview on 9:43 AM with Resident #17, she stated that she was provided the compression stocking this morning. When asked, Resident #17 stated that this was the first time she had worn the compression stockings since they were prescribed by her primary health care provider.
6- In an interview on at 2:40 PM with staff H, staff H stated that she put the compression stockings on Resident #17 feet at 10:00 AM. She stated that she entered the information in the Medication Observation Record (MOR)/Treatment log.
7- On during a record review of Resident #17 Medication Observation Record (MOR)/Treatment record, it states that the compression stockings for Resident #17 are to be put on the resident ' s feet at 7:00 AM and taken off at 8:00 PM. The signature for the 8:00 PM time frame for all dates is illegible.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe and clean environment by not following their pest control contractor ' s preventative directions and not keeping its dining clean.
The findings are:
In an interview with the food service manager on at 9:25am, he stated that the facility had a serious pest and insect problem a couple of months ago because roaches would appear on the kitchen and dining and floors during the daytime. He stated that the facility hired a new pest control company about 2 months ago and that this pest control company introduced new ways to mitigate the facility ' s roach problems, which included the

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0152 Continued From page 1

sealing of all the chair railings in the dining so that the insects cannot hide underneath the cracks between the wall and chair railing. He stated that it was the facility ' s responsibility to ensure this was completed.
In an observation on at 9:30am, the bottom of the dining railing on the east side of the dining not sealed with caulking leaving it exposed for pest or insect intrusion, as per the attached photographs.
Further observations of the dining indicated that the wall, trim and door frame leading into the kitchen was discolored and stained with food-like particles, as per the attached photographs. In an observation at this time on the dining opposite to the kitchen, there was a painted box attached to the wall which was not completely fastened to the wall, as per the attached photograph.
In an interview with the pest control company ' s representative on at 10:30am, he stated that when his company initially began treating the facility a couple months ago, the facility had a serious roach problem in its kitchen and dining He stated that his company initially developed a pest control plan which included preparations of facility areas in order for the professional pest control treatments to be effective and that it required that the facility to completely seal the chair railings in the dining that no pests or bug can hide in between the cracks of the chair rails and the walls. He stated that he relied on the facility staff to complete this preparation process and to maintain all areas of the facility clean so that the pest control treatments would be most effective.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Grand Villa Of Delray East
14555 Sims Road
Delray Beach, FL 33484

RE: CCR #2015001890 & CCR #2015003558

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on . 2015 through , 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. **Please forward documentation of correction to the Field Office.** 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
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com