STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	07/15/2015
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **5859 HERITAGE PKWY** **DELRAY BEACH, FL 33484**	

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

0000 Initial Comments

Unannounced licensure complaint surveys, CCR#2015004153 and CCR#2015005653, were conducted on 14-15, 2015 at Grand Villa of Delray West. The facility had deficiencies identified at the time of the visit.
Deficient practice identified at CCR#2015004153.

0054 Medication - Records

Based on record review and an interview, the facility failed to ensure medication was accurately documented when given on the Medication Administration Observation Record (MOR), for 1 out of 4 sampled residents (Resident #2).

The findings include:

a) Review of the 2015 Medication Administration Observation Record (MOR) for Resident #2 showed a prescribed medication, "one pill to be given once a day as needed/PRN". A physician's order dated confirmed the current order.

b) Review of 2015 MOR also showed the medication was given to the resident on and twice each day. There were boxes initialed by staff twice each day. The back of the MOR showed the resident was given the medication at 5:00 PM and 11:10 PM on On it showed the resident received the medication at an undisclosed time and at 7:00 PM.

c) Review of the Controlled Drug Record, used to ensure controlled substances were accounted for, indicated the medication was given three times a day on and The times listed for were 5:00 PM, 11:00 PM and 11:45 PM. The times listed for were 7:20 AM, 13:40 (1:40 PM) and 7:00 PM.

During interview with the faclity's registered nurse (RN) at 11:45 AM on , she acknowledged that the MOR and Controlled Drug Record for this resident were not able to be reconciled to show the actual amount and times that the medication that was given to the resident on these dates. It was determined that the resident did receive the medication at least twice each day on and , more than the ordered amount for "one pill once a day as needed", as documented on the front of the 2015 MOR.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	07/15/2015
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELRAY WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 5859 HERITAGE PKWY DELRAY BEACH, FL 33484	

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

0056 Medication - Labeling and Orders

Based on record review, the facility failed to ensure medication to be taken "as needed/PRN" had specific instructions for unlicensed staff to follow when assisting residents with self-administration of the medication, for 1 out of 4 sampled residents (Resident #2).It was also determined the facility failed to ensure medication to be taken "once a day (qd) as needed (PRN)" was given as ordered, for 1 out of 4 sampled residents (Resident #2).

The findings include:

1) Review of the 2015 Medication Administration Observation Record (MOR) for Resident #2 showed a prescribed medication, "one pill to be given once a day as needed/PRN". A physician's order dated confirmed the current order. No additional directions for use were provided, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations specified.

The 2015 MOR for this resident did not include specific instructions for use of this "as needed/PRN" medication, including parameters and limitations for the resident's use of the medication.

2) Review of the 2015 Medication Administration Observation Record (MOR) for Resident #2 showed a prescribed medication, "one pill to be given once a day as needed/PRN". A physician's order dated confirmed the current order.

Review of 2015 MOR also showed the medication was given to the resident on and , twice each day. Review of the Controlled Drug Record, used to ensure controlled substances were accounted for, indicated the medication was given three times a day on and

During interview with the facility's registered nurse (RN) at 11:45 AM on , she acknowledged that the MOR and Controlled Drug Record for this resident were not able to be reconciled to show the amount of the medication that was given to the resident on these dates. It was determined that the resident did receive the medication at least twice each day on and , more than the ordered amount for "one pill once a day as needed".

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015004153 and CCR #2015005653

Dear Administrator:

This letter reports the findings of state licensure complaint surveys that were conducted on 14, 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -Davis
Field Office Manager

AMD
Enclosure

XG90

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