STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963737	**09/23/2015**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF WEST PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2330 VILLAGE BLVD WEST PALM BEACH, FL 33409**	

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

0000 Initial Comments

An unannounced Relicensure with Limited Nursing Services (LNS) survey was conducted on 22-23, 2015 at Arden Courts Of West Palm Beach. The facility had deficiencies found at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, it was determined the facility failed to ensure that each resident had convenient access to a telephone to facilitate each resident's right to unrestricted and private communications on all 4 units and the common areas of this facility (Plum Grove Lane; Evergreen Way; Peachtree Place; and Blue Spruce Circle); and, that all residents were given access to their belongings, unless deemed unsafe (affecting 1 out of 11 sampled residents, Resident #21).

The findings include:

1) During tour of the Evergreen Way Unit conducted with the ED (Executive Director) and the MED (Mobile Executive Director), on beginning at approximately 10:35 AM, they were asked where a convenient, unrestricted, and private telephone was provided for resident use. The ED pointed out the wired telephone located at the caregivers work desk area that is located in the kitchen area and adjacent to the dining the living . The MED (Mobile Executive Director) stated this is the layout in all of their buildings and that it has never been a problem. She was asked how a resident would make or receive a private phone call in this location. She admitted that this was not a private location. She stated they have tried portable phones but they get lost so they don't use them anymore. She stated that residents could use the phone in the wellness center. She was asked if a resident would be left alone (for privacy) in the wellness center where all of the resident's charts are maintained. She stated no they would not. The ED and the MED acknowledged they they do no currently have a method in place for residents of this facility (all 4 units: Plum Grove Lane; Evergreen Way; Peachtree Place; and Blue Spruce Circle) to make or receive private telephone calls. The ED stated there would only be a couple of residents in this secured facility that could even converse on the phone.

2) During interview with Resident #21 on / at 10:45 AM, he stated he had no phone in his that there was no area to use the phone in private.

3) During interview with Resident #21 on / at 10:45 AM, he was asked to show this surveyor his . He stated he did not have a way to get into the acknowledged he did not have a key to open the locked door. The door was observed locked at this time. Upon request, the Program Servicing Coordinator used her key to open the door to the resident's him. The resident's right to have

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access to belongings (unless deemed unsafe) was not adhered to.

These findings were discussed with the ED and MED at 1:30 PM on 9/23/15. They acknowledged a phone with privacy would be obtained for residents' use and that keys would be provided to residents who were able to access their rooms safely.

Class III

0091 Training - Documentation & Monitoring

Based on interview and record review, it was determined the facility failed to ensure that each direct care staff member had documentation of the required trainings including the required training certificate components (i.e. the hours of the training program and the provider's name and approved trainer's credentials), for 1 of 3 direct care staff files reviewed (Staff B).

The findings include:

During personnel record review conducted with the ASC (Administrative Services Coordinator) on beginning at approximately 11:25 AM, she was asked to locate a training certificate for Staff B (date of hire noted as) reflecting training on (Do No Orders). She located a policy that was signed and dated on by Staff B related to Advance Directives. The ASC acknowledged that there was no training certificate on file for for Staff B that indicated the length of the training or the trainer's credentials.

Further review of Staff B's personnel record did not contain a training certificate for the facility's policies and procedures for Elopements. The ASC stated that the current ED (Executive Director) was the ASC in 2010 and that she could sign a certificate for Staff B for Elopement training. Approximately 15 minutes later the current ASC provided a certificate signed by the former ASC (current Executive Director) that was dated on the topic of Elopement Policy and Procedures for 1 hour. However, it was explained to the current ASC that the former ASC (current Executive Director) was not Core trained and had not passed the Core Competency Test until / /. Therefore she was not an approved trainer in order to sign that certificate for Staff B.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arden Courts Of West Palm Beach
2330 Village Blvd
West Palm Beach, FL 33409

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2015 by 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 17, 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 Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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