STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	11/10/2015
NAME OF PROVIDER OR SUPPLIER **ST MARY'S ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7001 SOUTH DIXIE HIGHWAY** **WEST PALM BEACH, FL 33405**	

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

0000 Initial Comments

An unannounced Biennial Standard Relicensure survey was conducted on 11/9/15 and 11/10/15 at St Mary's Assisted Living. The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on interviews and record review, it was determined the facility failed to ensure a resident's Health Assessment form (AHCA Form 1823) was accurate and reflective of the resident's current care needs and diagnosis, for 2 of 3 sampled residents (Resident #4 and #6).

The findings included:

a) Review of Resident #4's file showed the resident was evaluated for care on . It was determined he had developed a , to his left . Review of his records revealed a medical examination form dated . The form had no information related to his or behavioral status; nursing, treatment, service requirements; nor special precautions. There was no documentation showing facility staff attempted to obtain this information from the health care provider whom performed the examination. There was no documentation showing he received an updated medical examination form (AHCA Form 1823). Review of the facility's Third Party Provider Sign In Log revealed three entries by the care nurse dated / / , / / and / .

b) During the entrance conference conducted / at 8:50 AM, the Administrator was asked if any of their 33 residents had , she stated no. She was then asked if any residents were receiving any type of care, she stated no. At that time Resident #6, passing by at the time stated he had a on his , and a nurse has been coming here to treat it for several weeks. He further stated she comes three times a week. The Administrator stated she wasn't aware of his , or treatments, and wasn't aware a home health nurse was treating the . She further stated she had no documentation related to the , or treatments Resident #6 received.

Review of Resident #6's record revealed an AHCA Form 1823 dated . The form had no information related to nursing, treatment, service requirements, or special precautions. There was no documentation showing the facility staff attempted to obtain this information from the health care provider whom performed the examination. This was discussed with the Administrator on / / at 10:05 AM.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Resident Care - Supervision

Based on interviews and record review, it was determined the facility failed monitor a resident's health status for 1 of 2 sampled Residents (#6). Staff was not aware of the resident's or treatments received for the .

The findings included:

During the entrance conference conducted / at 8:50 AM, the Administrator was asked if any of their 33 residents had , she stated no. She was then asked if any residents were receiving any type of care, she stated no. At that time Resident #6, passing by at the time stated he had a on his and a nurse has been coming here to treat it for several weeks. He further stated she comes three times a week. The Administrator stated she wasn't aware of his , or treatments, and wasn't aware a home health nurse was treating the . She further stated she had no documentation related to the , or treatments Resident #6 received.

Review of the facility's Third Party Provider Sign In Log revealed three entries by the care nurse dated /, /, and /. The Administrator contacted the home health agency providing the care and obtained an initial evaluation dated that documented Resident #6 had a , on his left .

In an interview conducted / at 9:45 AM, Employee A, a caregiver, stated she assists Resident #6 with bathing. She stated she noticed a on his but forget to tell the Administrator and forgot to write it in his chart. In an interview conducted / / at 9:48 AM, Employee B, a caregiver and the Assistant Administrator stated she knows he has a small on his right but did not report it to the Administrator or document it in his chart.

This was discussed with and acknowledged by the Administrator on / / at 10:00 AM.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews, it was determined the facility failed to provide an ongoing activities program as required. The facility failed to provide adequate social and leisure activities as posted and not providing reasonable opportunities for regular exercise several times a week. This had the potential to affect all 33 current residents of the assisted living facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

I. Observation of the facility's posted activity schedule revealed the following scheduled activities:
1. The activity schedule for Monday was to include exercise from 10:00 AM to 11:00 AM, music and dancing from 1:00 PM to 2:00 PM, and 3:00 PM to 4:00 PM.
2. The activity schedule for Tuesday / was to include Wheel of Fortune from 10:00 AM to 11:00 AM, friendly visits from 1:00 PM to 2:00 PM and trivia from 3:00 PM to 4:00 PM.

A large white board in the front bingo from 3:00 PM to 4:00 PM for both days. During observations conducted on and , no exercise, music and dancing, Wheel of Fortune or friendly visits, or other activities (or opportunities to exercise) besides bingo were observed to occur.

II. In confidential resident interviews (CRI), four residents provided the following information:
1. CRI #1 stated five people play bingo everyday, they used to have eight. They do have any other activities in the facility.
2. CRI #2 stated they play a lot of bingo, they used to have pizza parties and ice cream socials, once in a while go on picnics. One resident used to lead them in yoga but not any more. They also used to play trivia, pictionary, cards. They need more regularly schedule activities, something that stimulates your .
3. CRI #3 stated there's no activities except bingo every day, no outings, no card or board games, no dominoes, watches TV to past time, would like WII bowling, likes any type of card games.
4. CRI #4 stated they play bingo every day, sometimes I play, only other thing to do is watch TV. Would like to play cards, likes rummy.

During interviews conducted / / and / , multiple residents stated they provide their own activities such as shopping, fishing, outings with friends and family. During an interview conducted 11/ / at 2:45 PM, the Assistant Administrator was asked to and identified six residents that do not go out of the facility on their own.

5. On / at 9:58 AM, during interview conducted with CRI #5 she stated, "The only activity we have right now is BINGO. We have that five days a week. I would also like to play Trivia and cards." On / at at 9:01 AM, during an interview conducted with CRI #6 he stated, "They [the facility] used to do exercises, but not anymore. I guess the girl that did it doesn't want to do it anymore. I would like them to start the exercise class again."

Class III

0152 Physical Plant - Safe Living Environ/Other

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Based on observation and staff interview, the facility failed to provide a safe, sanitary living environment, ensuring all appurtenances are in good working order.

The findings included:

During observational tour conducted on / at 9:20 AM, the following environmental concerns were noted in the main dining the facility (photo evidence obtained):

a) Damage to the door frame leading from small dining area near kitchen into main dining (photo 1)
b) Heavily soiled dining (photos 2 - 6).
c) Wall damage located mid-level and at baseboard level along wall to the right of the door in the Main Dining leads to outside garden area (photos 7 - 9).
d) Scrape along south wall, above chair rail (photo 10).
e) Rusted bottom of window air-conditioning unit (photo 11).
f) Florescent light in ceiling is not securely attached to the ceiling on one corner (photo 12).
g) Scuffed wall with wall socket that doesn't fit flush to the wall, located under front window next to piano (photo 13).
h) Baseboard damage, located under front window next to piano (photo 14).

In an interview with the Administrator on / at 2:45 PM, she acknowledged the environmental issues discussed.

Class III

Z816 Background Screening-Compliance Attestation

Based on interviews and record review, the facility failed to obtain an updated background screening when an employee had more than a 90-day break in employment prior to being re-hired, for 1 of 3 sampled Employees (A).

The findings included:

Review of Employee A's personnel records revealed the following. She was re-hired by the facility on / . Review of her Level II background screening documented an eligible date of . Review of her application did not account for employment for the dates until . In an interview conducted / at 11:10 AM with the Administrator present, Employee A stated she did not work during that period, she was and stayed home for her entire and returned to work

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shortly after her child was born.
This was discussed with the Administrator on / /15 at 11:15 AM, she confirmed no updated background screen had been obtained when Employee A was re-hired.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
St Mary's Assisted Living Facility
7001 South Dixie Highway
West Palm Beach, FL 33405

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 9-10, 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 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 , 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/dso
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