STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	12/31/2015
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **14555 SIMS ROAD** **DELRAY BEACH, FL 33484**	

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

0000 Initial Comments

An unannounced change of ownership (CHOW) survey was conducted from 12-29-15 to 12-31-15 at Grand Villa of Delray East assisted living facility (ALF). The CHOW was conducted in conjunction with the follow-ups to complaint surveys (CCR#2015001890, CCR # 2015003558, CCR #2014011399, CCR #2014006798, CCR #2014007413, CCR #2014007531, CCR #2014007823, CCR #2014008637, CCR #2014008836,CCR #2015001890 and CCR # 2015003558). The facility had a deficiency identified at the time of the survey.

Refer to separate report for findings regarding the follow-up surveys.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, it was determined that the facility failed provide appropriate assistance with the self-administration of medications for 1 of 5 (Resident #5) residents observed for the provision of assistance with the self-administration of medications. Specifically, the Medication Assistant failed to identify the medications provided to Resident #5.

The findings included:

During a 12:00 PM observation of medication provision for Resident #5, the surveyor observed the following:

Staff H (Medication Assistant) checked the Resident's electronic medication observation record. The MA then sanitized her hands, removed Resident #5 ' s pharmacy labeled medication cards from the medication cart. Staff H then transferred 1 20 milligram tablet and 1 300 milligram capsule from the cards into a soufflé cup while her back was turned to the resident. Staff H then returned the medication cards to the medication cart.

Staff H (Medication Assistant) then took the soufflé cup containing the medications to the Resident who was seated in a chair. Staff H (Medication Assistant) handed the soufflé cup and a cup of water to Resident #5. Staff H (Medication Assistant) then observed Resident #5 swallow her medications. During this observation, at no time did the Staff H (Medication Assistant) identify the medications being provided

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to the Resident.

Staff H (Medication Assistant) was interviewed immediately after providing Resident #5 with her 12:00 PM medications. Staff H (Medication Assistant) stated that the medications were not identified to the Resident because " She can ' t hear or see much so you have to just put it in front of her " . During a further interview with Staff H, she stated that she does not administer medication to residents, as this can only be done by a nurse.

Review of Resident #5's Health Assessment for Assisted Living Facilities, dated on , indicated that the resident was diagnosed with , and . This assessment indicated that the resident had the sensory limitations of being legally and hard of hearing.

On / at 2:55 PM, in the presence of a surveyor and the Quality Assurance Nurse, Resident #5 stated that her hearing aid did not work properly and that she had to push on it in order for it to work.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Change of Ownership

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 through , 2015 by a 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 29, 2016.** 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

Delray Beach Field Office
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