STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11910377 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF DELRAY EAST	14555 SIMS ROAD DELRAY BEACH, FL 33484

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS) NW	DATE 1/19/16	SIGNATURE OF SURVEYOR [signature]	DATE 1/19/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 9/19/2014	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

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

0000 Initial Comments

An unannounced 2nd follow-up complaint survey (CCR#s 2014006798, 2014007413, 2014007531, 2014007823, 2014008637 and 2014008836) was conducted from 12-29-15 to 12-31-15 at Grand Villa of Delray East assisted living facility (ALF). This survey was conducted in conjunction with the Change of Ownership (CHOW) survey and follow-ups to complaint surveys (CCR#2015001890, CCR # 2015003558, CCR #2014011399, CCR #2015001890 and CCR # 2015003558). The facility had uncorrected deficiencies identified at the visit.

Refer to separate report for findings.

0008 Admissions - Health Assessment

Based on observation, record review and interview, the facility failed to ensure that the health assessments for residents # 1 and #3 accurately addressed their physical and mental status, any health-related problems, any physical limitations, and their level of assistance required to complete activities of daily living (ADLs).

The findings are:

a.) Review of Resident #1 ' s record indicated that he was admitted to the facility on / with diagnoses including , Parkinson ' s, and history of and was admitted to the memory care unit on / . Review of the resident's health assessment dated on / indicated that Resident #1 had memory with forgetfulness, unsteady gait and required precautions. Further review of the health assessment indicated that Resident #1 was independent with ambulation, but required the use of a walker. Further review of the health assessment indicated the resident was independent for toileting and transferring and required stand by supervision with bathing, dressing and self- care.

Review of the facility progress notes and internal incident reports indicated Resident #1 had a history of on , 11/9, / ,12/8 and / . The resident was assessed after each to be a risk.

In an observation of Resident #1 on at 11:30AM he was observed sitting in a recliner chair and a rolling walker was observed positioned across the the resident. Resident #1 was observed to get up from the recliner chair and to ambulate with an unsteady gait to the . The resident stated that he did not use a walker and he had no . In an additional observation on

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12/30/2015 at 9:30AM, Resident #1 was observed lying in bed, his walker was positioned across the room from the resident.

In an interview with the care giver on at 12:00PM she stated that Resident #1 ambulated with a walker and he was forgetful to use his walker. She stated that Resident #1 had history of repeat and she routinely cued/instructed him to use the walker and use his call pendant for assistance before attempting to ambulate. She stated that she made frequent rounds to monitor of the resident for his safety and moves the walker near the resident. Review of the care giver ' s memory care assignment sheet for Resident #1 dated on indicated that the resident required supervision for ambulation with walker and to " remind the resident to slow down for balance. "

In an interview with the memory care manager on at 11:20AM she stated that Resident #1 was independent for ambulation and used a walker. She stated that he had an unsteady gait without the walker and had a history of recent . She stated Resident #1 was considered a risk and was placed on the facility " Watch Me Program " for but he did not require supervision since he was able to ambulate by himself.

Resident #1 was admitted to hospice services on / with diagnosis of functional and mental decline and assessed to require supervision for mobility and transfers. In an interview with the hospice physician on at 10:00AM she stated that she was aware of Resident #1 ' s history and she had concerns with the resident ' s physical decline due to his medical . She stated that Resident #1 had a diagnosis of activity and unsteady gait and he should be utilizing a walker at all times when he ambulated. She stated that Resident #1 was forgetful to use his walker and the caregivers should be cueing / supervising him to use the walker. She stated that the health assessment did not accurately reflect the resident's current physical and functional status and it should be updated to reflect that Resident #1 required supervision for ambulation and transfers.

b.) Review of Resident #3 ' s record indicated that she was admitted to the facility with medical diagnoses including , chronic kidney , with a history of and , . Review of the resident's health assessment dated on / indicated that Resident # 3 required hands on assistance with ambulation, bathing, dressing and self- care. Further review indicated she required stand by supervision with toileting and transfers. Review of the facility ' s internal incident reports indicated the resident had on 11/7, / and while she was making attempts to ambulate and transfer herself. She was assessed on / and / to be a risk and placed on the facility ' s " Watch Me Program " for .

In an interview with the care giver on at 2:00PM she stated that Resident #3 had a history of and was on the "Watch Me Program " to monitor the resident for . She stated that Resident #3

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was independent for ambulation by propelling herself in her wheelchair to the bathroom and transferring herself to the toilet. She stated that Resident #3 would not wait for assistance with toileting/ transferring therefore she checked on the resident more frequently. She stated that Resident #3 had declined and was physically weaker with and utilized her wheelchair more often. Review of the care giver ' s assignment sheet dated on indicated that Resident #3 required supervision with toileting and transfers.

In an interview with the care manager on at 1:00PM she stated that Resident #3 had a history, was assessed to be a risk and placed on the facility " Watch Me Program "for . She stated that the resident ' s health assessment form had not been updated to accurately reflect the resident's physical and functional status, and it did not address the resident's risk. She stated that the resident ' s health had declined and she was to be evaluated for hospice services.

Class III

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to provide the level of supervision and assistance needed to meet the care needs of 2 of 14 sampled residents (Residents #5 and 6) to ensure the safety and wellbeing of the identified at- risk residents. Specifically, the facility did not follow their own policy for residents identified through internal assessment to be at risk of by referring them to the facility ' s " Watch Me " program and did not coordinate care and interventions to mitigate the risk of for residents assessed to be at risk of . As a result, Residents #5 and #6 sustained multiple .

The findings include:
a) Review of resident #5's health assessment dated on - - indicated that the resident was diagnosed with , , , , and . This assessment indicated that the resident was physically limited due to ataxia and had sensory limitations for being hard of hearing and legally . Further review of this assessment indicated that the resident needed supervision with her bathing, dressing and , and was independent with ambulation, using a walker, and transferring .
Review of the facility's incident log indicated that resident #5 was involved in accidents on - - , - and twice on - - . Review of the facility's incident report dated on - - indicated that the resident reported to the facility at 4pm that she and hit her head in her approximately 11:30am, was picked up from the floor by "2 girls" and the facility nurse was not notified at that time. Further review of this report indicated that the resident lost her balance and suffered an to her mid-back, and the resident was to be screened by physical .

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Review of the facility's incident report dated on 10-2-15 indicated that resident #5 in her room at approximately 6:25am while she was attempting to independently retrieve socks from her dresser drawer and she lost her balance. Further review of this report indicated that the resident was not injured and the resident was to be screened by physical .
Review of the facility's incident report dated on - indicated that resident #5 in her approximately 6:25am while she was attempting to independently retrieve socks from her dresser drawer and lost her balance. Further review of this report indicated that the resident was not injured and the resident was referred to physical .
Review of the facility's incident report dated on - - indicated that resident #5 in her approximately 1:30pm while she ambulated independently, lost her balance and landed on her . Further review of this report indicated that the resident had pain on her tail bone and the resident was referred to hospice services.
Review of the facility's incident report dated on - - indicated that resident #5 in her approximately 6:30pm while she transferred from sitting to standing independently, lost her balance and landed on her . Further review of this report indicated that the resident was not injured and the resident was referred to hospice services.
Review of the resident's physical evaluation dated on - indicated that the resident required physical due to have suffered a , poor balance, lower extremity and . Review of the physical clinical note dated on - indicated that the resident was a high risk for due to , decreased balance, unsteady ambulation and decreased endurance.
In an interview with the physical , on - at 11:50am, she stated that she treated resident #5 in , 2015, and the resident needed supervision with her ambulation and transfers, and needed assistance with bathing. She stated that the resident's physical progress was halted due to her legal and , which were conditions that could not be cured. She stated that the facility was aware of the resident's physical status and the facility did not seek further consultation from her when the resident received a medical examination in 2015.
Review of resident #5's risk assessment dated on - indicated that the resident was a risk with a total score of 21, with consideration of a score of 10 or higher being a risk.
In an interview with caregiver F on - at 11:15am, she stated that she was familiar with resident #5 and that the resident needed to be supervised with her ambulation, using a rolling walker, and transfers since the resident had sensory , including hearing and vision loss. She stated that she tried to supervise the resident whenever she could, and she had recently seen that the resident walked and transferred independently without any staff supervision .
In an interview with the nurse coordinator on - at 11:20am, she stated that she was aware that resident #5 was assessed by the physician on - - to be independent with ambulation and transfers, yet the resident was a considerable risk due to her condition. She stated that she was not aware of the specific /accident mitigation strategies implemented for the resident since the resident

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in , 2015 and that the resident had several times in the past few months. She stated that the resident was evaluated and treated by the physical and she was not aware of the results of the physical treatments .
In an interview with resident #5's daughter on - - at 11:30am, she stated that she believed the resident needed physical assistance or supervision while walking and transferring, because she can lose her balance easily. She stated that the resident also did not like to use the rolling walker, therefore, she needed encouragement and assistance with this from the staff. She stated that the resident started falling frequently about 3 months ago and even 3 times in one day a few weeks ago. She stated that she was not sure specifically what the facility did to mitigate the resident's and accidents. She stated that she relied on the facility's coordination of care for the resident.
In an interview with the administrator on - - at 12:35pm, she stated that resident #5 was placed on hospice crisis care, which meant that the resident needed 24-hour, around the clock nursing supervision, since the resident again inside her - , while she was walking independently .

b) Review of resident #6's record indicated that she was admitted to the facility on / with diagnoses to include , , , and radiculopathy .
Review of resident #6 ' s most current Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated on - , indicated that the resident was diagnosed with , , , and , and was not identified to be at risk for . Further review of this assessment indicated that the resident needed hands-on assistance with bathing, and reminders for dressing. The Resident was assessed as Independent for ambulation with a cane or walker, and independent for eating, toileting, and transferring.
Further review of the facility records indicated that the resident had reported on / / , / / , and / . Review of the resident's progress note dated on indicated that Resident #6 while in her the resident did not remember what happened. Review of the facility's incident report dated on at 11:40 AM indicated that resident #6 when she was standing in her . Further review of this report indicated that the resident due to having lost her balance.
An / facility progress note revealed that Resident #6 was found at 10:05 AM sitting in her closet. The Resident reported hip pain and pelvis pain, and was transported to the hospital by emergency responders. An / incident report completed by the Quality Assurance nurse contained the following: " 911 called due to complaint of hip pain and pelvis pain ". This report identified the incident cause as " Lost balance and in closet ".
An / / facility progress note revealed that at 9:30 PM, Resident #6 reported to the Medication Assistant that she had in her "pulled herself up". The Resident was noted to have a to her left arm. An / incident report completed by the nurse on duty contained the following: " Resident stated while she was ambulating with her walker in her lost her balance and and got up by herself. to left arm. Clean and cover with dry dressing. " The facility incident

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investigation form identified the incident cause as "Lost balance. " The incident investigation form was reviewed and signed by the Executive Director and Quality Assurance Nurse on . Review of Home Health Agency visit forms revealed that Resident #6 was provided care to her left upper extremity on and .

In an interview with the facility administrator on at 11am, she stated that the facility has developed an internal program to identify residents with special precautions or needs to the staff. She stated that the program is called ' Watch Me ' and that residents can be placed on the Watch Me program for any number of reasons, including for being at risk for or accidents. She stated that if a resident is placed on Watch Me, the resident ' s elevated status is placed on the caregiver ' s staff assignment sheets, so that the staff member can implement prevention measures and check on the identified residents " every hour or so ".

A subsequent review of the facility Monthly and Tracking Form revealed that the form indicates that the facility had 0 (zero) resident requiring transport to the emergency the month of , 2015. This information is in conflict with Resident #6 ' s facility progress notes and accident reports. A review of the facility ' s current list of residents on the Watch Me program , dated , revealed that Resident #6 was not included in this program.

On the facility Quality Assurance (QA) nurse completed a Risk Assessment Tool form for Resident #6. The Resident was scored at 12. On the facility Quality Assurance (QA) nurse completed a Risk Assessment Tool form for Resident #6. The Resident was scored at 17. On the facility Quality Assurance (QA) nurse completed a Risk Assessment Tool form for Resident #6. The Resident was scored at 17.

A review of the current facility caregiver staff assignment sheets revealed the following instructions for Resident #6 ' s care and supervision: " Resident is independent with walker, needs assistance with showers and supervision/reminders with dressing. Independent with all other ADLs (activities of daily living). Make sure she has her glasses on every day. " Under the section of the assignment sheet titled Special Precautions the only entry for Resident #6 is eyeglasses. The Resident is not identified as a risk and not identified as a part of the Watch Me program.

During a 11:38 AM interview, staff member G stated that there were no special precautions in place for Resident #6.

During a 11:10 AM interview with direct care staff member I, she stated that she was not sure whether Resident #6 has in the past. This staff member pointed to her assignment sheet and stated that she did whatever was listed on this assignment sheet.

During a 12:11 PM interview with direct care staff member J, she stated that she worried about Resident #6 falling. This staff member stated that the resident requires frequent reminders and has to be reminded to eat and reminded "what to do".

A review of facility documents titled Management Policy and Procedures revealed the following: ' A risk assessment is completed on each resident upon move-in and following a ' A resident identified as a risk by a score of 10 or greater Risk Assessment Tool at any time during

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his or her stay remains on Mitigation Strategies for the duration of his or her stay unless their risk score declines such that they no longer meet the risk criteria and/or physician determines the resident is no longer a risk.

In an interview with the facility Resident Care Supervisor (RCS) on - - , she stated that resident #6 should have been put on the "Watch Me" prevention program and she did not know why this was not done.

In an interview with the QA nurse on / , she stated that resident #6 had been at risk for and the resident needed to have been place in the "watch me" prevention program. She also stated that it was not necessary to notify the resident's physician of the resident's increased risk for because this was a facility assessment tool.

In an interview with resident #6's primary care physician on / at 10:00 AM, he stated that he did not remember to have been informed of the resident's increased risk level as per the facility's recent nurse assessment.

In an interview with resident #6's physician on / at 3:30 PM, she stated that she performed the resident's most recent health assessment on - - and that the resident needed "hands-on" assistance with bathing because the resident was at risk for .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2016

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

Dear Administrator:

This letter reports the findings of a Second State Licensure Revisit Survey conducted on 29, 2015 through 31, 2015 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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

YOSF

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida