STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	01/29/2016
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 1/29/16 at Havencrest ALF of Palm Beach. The facility had a deficiency at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, resident record review and staff interview, the facility failed to:
1) reassess the appropriateness of continued residency, as it relates to pressure sores and level of assistance for Activities of Daily Living (ADLs), for 1 of 2 residents whose records were reviewed [Resident #3]; and
2) have an interdisciplinary care plan, which specifies the services being provided by hospice and those being provided by the facility, completed for 1 of 4 hospice residents [Resident #1].

The findings include:

1) Resident #3 was admitted to the facility on . The Start of Hospice Care is documented on Hospice Comprehensive Assessment and Plan of Care Update Report as , which is prior to admission to this facility.

On / at 8:35 AM, Resident #3 was observed sleeping in bed on left side curled in position, with 1/2 side rails in the up position. At approximately 11:00 AM, Resident #3 is seen on right side. During lunch at 12:30 PM, Resident #3 is sitting upright in bed, with spouse assisting in feeding the resident lunch.

During interview with the facility manager on / at 9:50 AM, she stated Resident #3 was on Hospice care and had a small on her lower back. The Manager indicated the size of the by making a circle with her thumb and forefinger, which was approximately the size of a fingertip.

A review of Resident #3's health assessment (AHCA Form 1823), dated /, indicates the resident has no pressure sores and needs "assistance" with all ADLs. This health assessment indicates resident is on a calorie controlled diet and needs "assistance" with medications. However, it is also documented that the resident is not receiving any medications at this time. It is also noted that the pages of the health assessment are made up of different versions of the Recommended AHCA Form 1823. Page 1 is AHCA Form revision ; Page 2 and 3 simply have "AHCA Recommended Form 1823; and Page 4

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	01/29/2016
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

is from AHCA Form 1823, 2010.

A review of the Hospice Notes for Resident #3 documented the following.

a) 6/08/15 - " to lower back ..." [no details given as to size or stage]
b) 6/15/15 - " to left ..." [no details given as to size or state]
c) 6/20/15 - " treatment to lower back ..." [no mention of to left ...]
d) / - Hospice Comprehensive Assessment and Care Plan Update Report documents, "Significant Change to low midback... to low midback with treatment in place."
e) - "Unstageable to low midback and to left elbow[,] dressing done with no drainage noted ...patient contracted from upper to lower extremities[,] requires total care with ADLs..."
f) / / - "resident has open on right " [first time mention of to]
g) / - " care done to low midback and left elbow with no drainage noted." [nothing mentioned about left]
h) / / - " ..." [first time is mentioned]
On / , during staff interview with Staff A at 2:36 PM and Staff B at 2:43 PM, both aides stated there were currently no residents with in the facility.

During an interview with Hospice Registered Nurse on / at approximately 5:20 PM, she states, "Currently, there is a to the resident's lower mid back, with no drainage, and a to the left elbow ... on the back is on a bony prominence, that is why it isn't healing. The doctor has been in to look at it three times and doesn't think it is going to heal completely. There is no wounds to , only redness...Resident is bed bound and needs total assist for all ADLs. " The Hospice Registered Nurse expressed no concerns about the care the resident is receiving at the facility. "I would say the staff is turning the resident as required."

During interview with Administrator and Facility Manager on / at 5:30 PM, both acknowledged current health assessment for Resident #3 did not accurately reflect presence of on lower back and the level of assistance required for ADLs. However, they both strongly disagreed with the Hospice Nurse's staging of Resident #3's wounds. The facility manager stated, ""The on the lower back is very small and the nurse uses a Q-tip to apply cream. There is no open on the elbow, it is a reddened area." On / at 5:35 PM, an observation of the left elbow of Resident #3 showed a reddened area on outside of elbow, on bony prominence; no open area noted."

2) During record review for Resident #1, who was admitted to the facility on / / and is currently

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	**01/29/2016**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

receiving Hospice services, it was noted the Integrated Care Plan [Interdisciolinary Care Plan] for Resident #1 was signed by Hospice and Facility Representatives on / / , but the specific Problem(s), Orders, Goals and Interventions of the Care Plan had not been completed.

The Facility Manager was asked for a completed Integrated/Interdisciplinary Care Plan for Resident #1. The Facility Manager did not produce the requested document to this surveyor before the conclusion of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Havencrest Alf Of Palm Beach
2880 Nw 25th Wy
Boca Raton, FL 33434

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 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 26, 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
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com