STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967224	**02/25/2016**
NAME OF PROVIDER OR SUPPLIER **VILLA OF KINGS & QUEENS OF DELRAY BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **13415 BARWICK RD** **DELRAY BEACH, FL 33445**	

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

0000 Initial Comments

A biennial relicensure survey with Limited Nursing Services (LNS) was conducted at Villa of Kings & Queens of Delray Beach on . Villa of Kings & Queens of Delray Beach had a deficiency at the time of the survey.

0008 Admissions - Health Assessment

Based on observation, interviews, and record review, it was determined that the facility failed to maintain a complete and accurate Resident Health Assessment for Assisted Living Facilities form (AHCA Form 1823), for 1 of 2 resident records reviewed. The AHCA Form 1823 for Resident #1 failed to include the provision of hospice services for Resident #1, who had been receiving hospice services since , 2015

The findings included:

1) Resident #1 was admitted to the facility on with diagnoses including , , chronic pain , and . During a review of records for Resident #1, it was noted that the nursing/ /services portion of the resident ' s current AHCA Form 1823, dated / , documented the following: " ADLs " (activities of daily living) and " assist with meds " .Hospice services are not documented in this section, or in any part of the form. Review of Resident #1 ' s facility progress notes and hospice records revealed that Resident #1 has been receiving hospice services since .

During an interview with Resident #1, the resident confirmed that she receives hospice services for late stage . The surveyor observed that the resident was reclining in a hospital bed. The resident confirmed that the bed was provided by the hospice agency from which she receives services.

During an interview with the Administrator on at 1:00 PM, she confirmed that Resident #1 receives hospice services. The Administrator also confirmed that the provision of hospice services was not included on the resident ' s current form 1823. The Administrator provided no further documentation for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967224	**02/25/2016**
NAME OF PROVIDER OR SUPPLIER **VILLA OF KINGS & QUEENS OF DELRAY BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **13415 BARWICK RD** **DELRAY BEACH, FL 33445**	

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Villa Of Kings & Queens Of Delray Beach
13415 Barwick Rd
Delray Beach, FL 33445

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 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 18, 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
Enclosure
XG90

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