STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	**05/19/2016**
NAME OF PROVIDER OR SUPPLIER **REGAL PARK ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1708 NE 4TH STREET** **BOYNTON BEACH, FL 33435**	

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

0000 Initial Comments

Unannounced licensure complaint surveys, CCR#2016001033 and CCR#2016001785, were conducted on 30, 2016 and May 5, 12 and 19, 2016 at Atlantis Assisted Living. The facility had a deficiency at the time of the investigation.

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interviews, the facility failed to ensure one and fifteen day adverse incident reports were completed within the required timeframe, for 1 out of 5 sampled residents (Resident #5).

The findings included:

On , Resident #5 was admitted to the facility with diagnoses of , , Dyslipidemia, and , as noted on her health assessment (AHCA Form 1823) dated / /. On , an examination completed at the facility by an ARNP (Advanced Registered Nurse Practitioner) showed the resident had "laceration to the upper and lower right eye lid" and a " to the left upper lip" with no documentation of or pain observed from the resident. Review of documentation in observation notes of injuries of unknown origin at the facility on / / at 12:33 AM revealed Resident #5 was "observed with a to her upper left arm".

The adverse incident report later completed and filed on / / documented the resident "complaining of pain in her left wrist" and was sent to the emergency . The documentation shows at 2:00 PM on / /, it was revealed the resident had "3 .". There was no documentation available for review at this time of sustained prior to the resident's admission on / .

During interview with the Administrator on at 11:30 AM, she stated an adverse incident report (one or fifteen day) had not been completed for the resident's injuries of unknown origin. During interview with the owner of the facility on at 9:52 AM, she was asked why an adverse incident report had not been completed for Resident #5's injuries documented on / /. On / at 1:50 PM, an email was received by the owner stating the Administrator had "called Ahca at the time and they told her that she did not need to do an adverse incident because it was not something she could have prevented".

On / at 1:20 PM, a Program Administrator with the Agency was interviewed and stated that the representatives for adverse incident reporting questions (Risk Management) when called by a facility "would not tell a facility whether or not to complete an adverse incident report". She stated they will assist with technical support or refer them to the Agency's website and link for guidance.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 5/19/16 at 2:32 PM, an email was received by the Administrator stating an adverse incident report was not completed at the time of the incident on 2/12/16 because she "called Risk Management and explained to them what happened and she stated an adverse is something that is preventable and because the happened prior to her stay at Regal Park it wasn ' t anything we could have done to prevented the injury. Resident hasn ' t falling or had any incidents or accidents while in the community."

A one day adverse incident report was subsequently filed by the facility on / . A fifteen day adverse incident report was filed on / / and showed the facility determined the injuries were "old " from a " at home prior to admission" on . The resident did not return to the facility due to the "need for a higher level of care" according to the fifteen day adverse incident report. The facility marked on the report that it was "adverse", and noted that the "corrective or proactive action taken" will be that "residents will be assessed prior to admission and on day of move- in which includes a skin check". The reports were not completed within the required timeframe of "within one business day" for the one day report, and "within fifteen calendar days" for the fifteen day report. The report was required for this resident who sustained at least one " " on an unknown date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Regal Park Assisted Living, Inc
1708 NE 4th Street
Boynton Beach, FL 33435

RE: CCR #2016001033 & CCR #2016001785

Dear Administrator:

This letter reports the findings of complaint surveys that were conducted on , 2016, , 2016, , 2016 and , 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 , 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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