STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932640	06/01/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1935 SOUTH FEDERAL HIGHWAY** **BOYNTON BEACH, FL 33435**	

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

0000 Initial Comments

An unannounced Change Of Ownership (CHOW) survey was conducted on May 31, 2016 through 1, 2016 at Grand Villa Of Boynton Beach (License #8189). The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interviews, the facility failed to ensure the administrator, who is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times, had provided ongoing monitoring of a pressure for improvement. This affected 1 out of 2 sampled residents (Resident #11).

The findings included:

On at 9:40 AM, the Resident Care Supervisor (RCS) stated during interview that there were no residents currently residing at the facility with pressure sores. After requesting Resident #11's record from the RSS at 11:00 AM on , she stated that the resident had a current pressure that she was not aware of. She stated the pressure was being treated by a Home Health Agency (HHA) and subsequently presented the records documenting the care of the pressure by the HHA Registered Nurse (RN). She also stated that the facility had not had an Administrator since , but that the new administrator started working at the facility on this date ( ).

Review of the HHA records and the facilty's records showing the status and care of the pressure revealed the following:

a) Home Health Certification and Plan Of Care with start of care dated for a pressure documents the " status will improve as evidenced by a decrease in size, drainange, absence of , AND decreased pain".

b) pressure "has progressed to on " with measurements of .4cm length, .4cm width and .2cm depth was treated. A "small" amount of " , pink" drainange was noted.

c) : " pressure on " with no drainage noted was treated.

d) : " pressure sores (2) on and left medial " with no drainage noted were treated. "Both wounds cleansed..."

e) : " pressure on " was treated. A "small" amount of " , pink" drainange was noted. No documentation was present of previously noted pressure "on left medial ".

f) : " pressure on " was treated. A "small" amount of " ,

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pink" drainange was noted.
g) 5/13/16: " pressure on " with measurements of 1.2cm length, .8cm width and .2cm depth was treated (increased size).
h) : " pressure on " was treated.
i) : " pressure on " was treated.
j) : " pressure sores (2) on and right " with no drainage noted were treated. "Wounds cleansed..." and "Right new since last skilled nursing (SN) visit on ". The pressure on the measured ".5cm length, .5cm width and .2cm depth" (increase in size from initial onset). The new pressure on the right measured .6cm length, .8cm width and .1cm depth.
k) / : " pressure sores (2) on and right medial " with no drainage noted were treated. The pressure on the measured ".8cm length, .6cm width and .1cm depth" (increase in size from last visit). The pressure on the right "medial" measured .7cm length, .4cm width and .1cm depth.
l) Resident #11's health assessment (AHCA Form 1823) dated was reviewed and showed the resident's Health Care Provider (HCP) examined the resident on this date and documented "yes" that the resident had a " , 3 or 4 pressure , treatment provided by Home Health Nursing".

During interview with the HHA RN at 10:00 AM on / , she confirmed the above current status of the pressure on Resident #11's last treated by her on / and stated that she "did not know before speaking with the RSS on / " of the Assisted Living Facility (ALF) regulation that requires a pressure to show improvement within 30 days for a resident to remain appropriately placed in an ALF.

During interview with the Administrator, Nurse Consultant and Resident Care Supervisor on / at 3:00 PM, the continuous monitoring of the appropriateness of Assisted Living Facility (ALF) placement related to a pressure for Resident #11 was discussed and not evident based on the unknown status of the 2 pressure sores (s) upon entrance to the facility on / and insufficient documentation to show improvement of the pressure on the within 30 days as required.

Class III

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to notify the resident's representative of a

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significant change related to the onset and treatment of a pressure and that required the provision of additional services by a Home Health Agency. This affected 1 out of 2 sampled residents (Resident #11).

The findings included:

On at 11:00 AM, the Resident Care Supervisor (RCS) stated Resident #11 had a pressure that was being treated by a Home Health Agency (HHA). The records also showed the resident received skilled nursing services by the HHA nurse for 4 on his lower arms and elbows beginning .

Resident #11's health assessment (AHCA Form 1823) dated was reviewed and showed the resident's Health Care Provider (HCP) examined the resident on this date and documented "yes" that the resident had a ", 3 or 4 pressure , treatment provided by Home Health Nursing".

Resident #11's son stated during interview at 9:45 AM on that he was not notified by anyone about the resident's pressure . He stated, "I didn't know he had one". He also said he was not aware of the resident receiving HHA services for skilled nursing care for any wounds. Record review failed to indicate any form of notification regarding R#11's aforementioned condition.

During interview with the HHA RN at 10:00 AM on , she confirmed the above current status of the pressure on Resident #11's last treated by her on and stated that she "did not notify or speak with the resident's son about the pressure " or about services rendered by the Home Health Agency. She stated the resident signed documentation permitting the start of care.

During interview with the Administrator, Nurse Consultant and Resident Care Supervisor on at 3:00 PM, the failure to notify the resident's representative of a significant change related to a pressure and skilled nursing care by a HHA for Resident #11 was discussed and no additional information was presented at this time.

Class III

0092 Food Service - General Responsibilities

Based on employee record review and staff interview, the facility failed to ensure the person designated as responsible for the facility's food service and day-to-day supervision of food service staff complete the

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required 2 hour Nutrition and Food Services training course before assuming responsibility for the facility's food service.

The findings included:

During record review for the facility's Food Service Director/Food Designee, there was no documentation showing completion of the required 2 hour Nutrition and Food Services training course in topics pertinent to nutrition and food service in an ALF.

On / at 1:00 PM, during an interview with the Food Designee, he confirmed that he had not completed the 2 hour Nutrition and Food Service training prior to assuming responsibility for the facility's food service. The Food Designee also confirmed during this interview that he was not a certified food manager, licensed dietician, or a registered dietary technician.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Grand Villa Of Boynton Beach
1935 South Federal Highway
Boynton Beach, FL 33435

Dear Administrator:

This letter reports the findings of a state licensure CHOW survey that was conducted on 1, 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 Davis
Field Office Manager

AMD/jw

XG90

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