STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968381	08/10/2016
NAME OF PROVIDER OR SUPPLIER **SONGBIRD VILLA I, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11030 56TH PLACE NORTH** **WEST PALM BEACH, FL 33411**	

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

0000 Initial Comments

An unannounced standard licensure survey was conducted on / at Songbird Villa I LLC , License #12283. The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on resident record review and staff interview, the facility failed to ensure 1 of 3 residents had a new health assessment completed after a face-to-face medical examination by a health care provider following a significant change (Resident #3).

The findings include:

On / , during medical record review for Resident #3, it was noted the current health assessment (AHCA Form 1823) in the resident's file was dated , which was prior to this resident being admitted to Hospice on / . A resident placed on Hospice would be, by regulatory definition, a resident who has experienced a significant change, thereby requiring a face to face medial examination and completion of new AHCA Form 1823.

During interview with Designee and Administrator on at 3:30 PM, they acknowledged that a new health assessment should have been completed for Resident #3 when she was admitted to Hospice.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff A and B) received the required in-service trainings within 30 days of hire.

The findings include:

On , during employee record reviews for Staff A (hire date) and Staff B (hire date /), there was no documentation contained within these employee files, or provided by administration, showing completion of the following regulatory required in-service trainings completed within 30 days of employment:

a) Elopement Response
b) Emergency Preparedness & Evacuation

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c) Incident Reporting
d) Resident Rights
e) Recognizing and Reporting Resident , Neglect, and/or
f) Nutrition and Safe Food Handling

During interview conducted with Designee on / at 3:00 PM, she acknowledged the absence of documentation for both employees confirming their completion of these required staff trainings.

Class III

0083 Training - First Aid and

Based on employee record review, staffing schedule, and staff interview, the facility failed to ensure 1 of 3 staff members has a completed course in First Aid and holds a currently valid card documenting completion of such courses (Staff A).

The findings include:

During employee record review for Staff A (hire date) who is a live-in direct care aide, there was no documentation contained within the employee's file, or provided by the Designee, showing Staff A completed an approved course in First Aid and holds a currently valid certification card.

Review of the facility staffing schedule for Staff A reveals there are many times when Staff A is scheduled to work alone with the residents; therefore, she is required to have First Aid certification. Staff A is not a licensed nurse or a Emergency Medical Technician/Paramedic, so she would not be exempt from either of these trainings.

During interview conducted with Designee on at 3:00 PM, she acknowledges the absence of documentation confirming completion of the First Aid training.

Class III

0090 Training -

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff A and B) received the required one hour in-service training in the facility's policies and procedures regarding ( ) within 30 days of hire.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

On 8/10/16, during employee record reviews for Staff A (hire date /) and Staff B (hire date /), there was no documentation contained within these employee files, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment:

During interview conducted with Designee on / at 3:00 PM, she acknowledged the absence of documentation for both employees confirming their completion of this required staff training.

Class III

0162 Records - Resident

Based on resident record review and staff interview, the facility failed to have a Hospice Integrated/Interdisciplinary Care Plan signed by the Assisted Living Facility, for 3 of 3 Hospice residents (Residents #2, #3, #5).

The findings include:

On / , during record review for Residents receiving Hospice services (#2, #3, and #5), it was revealed that each of the Hospice Integrated/Interdisciplinary Care Plans had not been signed by an ALF representative acknowledging the Integrated/Interdisciplinary care plan was developed and implemented by a licensed hospice in consultation with the facility.

On at 3:30 PM, the Designee acknowledged the missing signatures from each of the Hospice residents' Care Plan.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Songbird Villa I, LLC
11030 56th Place North
West Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure 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 , 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/sf
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