STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	08/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGAL PARK ASSISTED LIVING, INC	**1708 NE 4TH STREET BOYNTON BEACH, FL 33435**

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016005314, was conducted on 8/02/16 at Regal Park Assisted Living , License #12470. The facility had an additional deficiencies found at the time of the investigation.
This complaint survey was conducted in conjuction with revisit to complaint surveys #2016001033 and #2016001785, which were completed on .

0054 Medication - Records

Based on medication record review and staff interview, the facility failed to ensure Medication Observation Records (MORs) were completed appropriately, for 3 of 10 sampled records reviewed (Residents #10, #11, and #12) .

The findings include:

On , during review of the 2016 Medication Observation Record for sampled residents residing in the Memory Care Unit, the following records were found to having missing documentation related to the provision of medication ordered:

A) Resident # 10: 1) On , at 5:00 PM, there are no staff initials indicating this resident's Ensure was provided as ordered.
2) to , staff initials for the Ensure are circled, indicating resident did not receive medication. However, there is no explanation on the back of the MOR to suggest why the staff initials are circled for these dates. On , the order for Ensure is discontinued.
3) On at 12:00 Noon, the dose of Seraquel is not initialed by staff as having been provided.

B) Resident #11: 1) On , there were no staff initials for the following medications: Tears 1.4%, Omega 3 supplement (8 AM & 12 Noon doses), D3, and .
2) On , there are no staff initials for D3 (12 Noon dose) or (8 PM dose).

The back of the MOR contains no explanations as to why the doses of medications on these dates were not provided as ordered.

C) Resident #12: 1) On / at 8 AM and 12 Noon, there are no staff initials indicating this resident's Ensure was provided as ordered. 2) The 8 AM dose of on also did not contain staff initials documenting provision of this medication.
3) From to , the staff initials for the resident's Ensure are circled, usually indicating

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resident did not receive medication. However, there is no explanation on the back of the MOR to suggest why the staff initials are circled for these dates. On , the order for Ensure is discontinued.
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 #2016005314

Dear Administrator:

This letter reports the findings of a State Licensure 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 , 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

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