STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963737	09/20/2016
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF WEST PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2330 VILLAGE BLVD** **WEST PALM BEACH, FL 33409**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2016006981 and CCR #2016007089, was conducted on 9/20/2016 at Arden Courts of West Palm Beach, license number 8661. The facility had a deficiency identified at the time of the investigation.

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe living environment for residents in 1 of 4 units evidenced by worn, scraped and/or gouged handrails, and failed to ensure wall air conditioners and other appurtenances were maintained in proper working order, for 6 of 12 sampled resident [redacted] (#8, #13, #18, #19, #23 and #39).

The findings included:

A tour of the facility was conducted on [redacted] while accompanied by the facility's Resident Services Coordinator (RSC). The following concerns were observed (photographic evidence obtained):

1. At 10:47 AM, the wooden handrails located in the Plum Grove Lane unit, especially the rails extending from the unit's entrance door to the unit's kitchen area, were worn, scraped, and/or gouged to the point where multiple slivers of wood were present and had the potential to injure residents using the handrails. In an interview conducted at the time of observation, the facility's Building Services Coordinator was asked and stated the damage was caused by food carts and wheelchairs.

2. At 10:00 AM in resident [redacted], the output plastic vents and inner metal screen for the wall air conditioner (AC) unit were soiled and/or had rust- and dark-colored matter build up. In an interview conducted at the time of observation, the RSC confirmed the resident who occupies this [redacted] hospice services, and received [redacted] treatments when needed. An [redacted] concentrator unit with [redacted] tubing and cannula was present in the [redacted].

3. At 10:40 AM in resident [redacted], the output plastic vents and inner metal screen for the wall AC unit had black spotted matter.

4. At 10:41 AM in resident room 8, the plastic input vents and the output plastic vents and metal screens for the wall AC unit were soiled and/or had rust-colored matter and excessive dust and debris build up. In an interview conducted at the time of observation, the RSC confirmed the resident who occupies this room receives hospice services. Multiple items, including a hand towel, were under the nightstand. An excessive amount of dust and debris was under the nightstand and bed. A facility Housekeeper present

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at the time of observation stated, "We don't clean down there."

5. At 11:01 AM in resident room 23, the plastic input vents and the output plastic vents and metal screens for the wall AC unit had excessive amounts of dark-colored matter. In an interview conducted at the time of observation, the RSC confirmed the resident who occupies this hospice services.

6. At 11:07 AM, resident had excessive amounts of dust and debris build up under the bed. In an interview conducted at the time of observation, the RSC confirmed the resident who occupied this on hospice.

7. At 11:08 AM, resident had excessive amounts of dust and debris and a sock under the bed.

8. At 11:17 AM, the community in the Blue Spruce Circle unit had excessive soil and debris build up around the base of the toilet. There were multiple yellow streaks running down the front of the toilet base.

These concerns were discussed with the Administrator, with the RSC present, on at 3:02 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Arden Courts Of West Palm Beach
2330 Village Blvd
West Palm Beach, FL 33409

RE: CCR #2016006981 & CCR #2016007089

Dear Administrator:

This letter reports the findings of a complaint 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 24, 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida