RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

RE: CCR #2016006218, #2016007744, 2016008460 and #2016008859

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 , 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 Manageer

AMD/jw

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	10/13/2016
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 #2016006218, #2016007744, #2016008460 and #2016008859 were conducted on / , , and at Regal Park Assisted Living, Inc. (License #12470). The facility had deficiencies found at the time of the investigations.

These complaint investigations were conducted in conjuction with a revisit to complaint investigation CCR #2016005314, completed / . Please refer to the separate report for the findings.

0025 Resident Care - Supervision

Based on record review and interviews, the facility failed to assist in facilitating the provision of third party provider services and document the actions specifically related to following health care provider's orders for physical and occupational , affecting 1 out of 3 sampled residents (Resident #3).

The findings included:

On / , Resident #3's health care provider signed orders indicating, "OK to d/c (discharge) to ALF (assisted living facility) on . HHA (home health agency), (physical) and OT (occupational) eval (evaluate) and treat". A subsequent order dated noted, "d/c date to ALF changed to ". The resident's health assessment (AHCA Form 1823) dated / / , located in the resident's record on / , showed the resident was to receive " and OT, evaluation and treatment".

Resident #3 was admitted to the ALF on . Review of Resident #3's record on / showed no documentation of occupational or physical evaluations or treatment. During interview with the resident's representative on at 1:28 PM, the representative stated "no physical had been done" with the resident.

The Administrator was asked if the resident had received any since his admission on . In an emailed response dated at 4:39 PM, she stated the resident "was out at rehab...and returned to the ALF on ". There was no information or documentation available for review to show the resident received the health care provider's ordered upon admission to the ALF on . The facility provided no additional documentation to show the resident received the ordered .

Class III

0166 Risk Mgmt & QA: Liability Claim Report

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968596	**10/13/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on record review and interviews, the facility failed to ensure a monthly liability claim report was submitted to the Agency, for 3 out of 3 sampled residents (Residents #4, #9 amd #10).

The findings included:

On / / received notification from the legal representatives for Residents #4, #9 and #10 stating that the facility had liabiltiy claims filed against them related to the residents' care. The following information was reviewed:

a) Resident #4 - Legal Notice was given to the facility
b) Resident #9 - Legal Notice was given to the facility
c) Resident #10 - Legal Notice was given to the facility

On / / at 4:57 PM, an email was received from a Program Administrator with the Agency stating, "ALFs are required to submit liability claims reports to the agency for review". A subsequent email received from the Program Administrator at 10:09 AM on noted, "There have been no submitted liability claims reports for this facility".

The facility failed to submit a monthly liability claims report with the Agency when a liability claim was filed against the facility as required.

Class III