STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and personnel record review, it was determined the facility failed to maintain documentation that the person subject to screening has not had a break in employment that requires a level 2 screening for more than 90 days and that such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 using forms provided by the agency for 1 of 6 sampled staff (Staff D).

The Findings included:

During personnel record review and interview conducted with the Regional Operations Manager, on beginning at approximately 12:50 PM, she was asked why the section of the Attestation of Compliance with Background Screening Requirements (the section indicating that a previous background screening is being utilized and that there had not been a break in employment that exceeded 90 days) was not completed for Staff D (date of hire noted as). The last level 2 background screening was dated . The Regional Operations Manager stated she was not aware that this section needed to be completed when accepting a previous employer's background screening. She was asked if the facility had any documentation that they had verified if there had or had not been a break in employment that exceeded 90 days for Staff D. She stated she could not find anything in this record to indicate any reference checks had been conducted or that this information had been verified.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442**	

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

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, it was determined the facility failed to provide a nutritional adequate meal and maintain an appropriate time interval between meals served to the 29 residents of the New Vista Memory Care Unit.

The Findings Include:

1) Review of the facility's approved menu on , revealed that the lunch menu included a serving of bread (hot rolls) for lunch. During the observation of the lunch meal conducted in New Vista Unit/Memory Care Unit on at 12:00PM, it was observed that 29 of 29 residents did not receive any type of bread with lunch. During observation 1 resident asked for bread and was given a slice of white bread.

During an interview with a staff member present in the unit on at approximately 12:10PM revealed there was no bread sent with today's lunch for the unit. An interview with the food service supervisor on at approximately 10:45AM revealed New Vista (Memory care unit) residents do not receive dinner rolls due to the risk of chocking. He acknowledged that the menu calls for bread and there was no substitution given. He also acknowledged all residents follow the same menu and variations are made to accommodate mechanical soft and pureed diets for New Vista residents.

2) Review of the facility's meal times for the memory care unit conducted on , revealed a 15 hour interval between dinner and breakfast. Meal times are as follows: Breakfast 9:00AM, Lunch 12:00PM and Dinner 5:00PM. Observation on and revealed the resident actual eating time was between 9:10AM and 9:20AM. Further observations of the New Vista unit revealed residents do not have any kitchen access. Snacks are provided at 10:00AM, 2:00PM, and 7:00PM and does not include a protein food. During an interview with the LPN on , confirmed the residents in New Vista have breakfast at 9:00AM, Lunch at 12:00PM and Dinner at 5:00PM.

During an interview with the Administrator on at approximately 1:00PM, at this time he acknowledged the findings and offered no additional information for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, interviews, and record review, it was determined the facility failed to ensure that all existing appurtenances are maintained, specifically related to the maintenance of all dining areas

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442**	

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

(chairs and tables); missing shower tile in the secured unit (New Vista); and the condition of a recliner in the secured unit(New Vista).

The Findings included:

1) During interview conducted with Resident #14, on beginning at approximately 10:00 AM, she stated she eats her meals during the second seating in the main dining . She stated the staff do a poor job of cleaning up after the 1st seating. She stated there is food left on the table and floors and that it is "filthy". She stated the chairs are stained and unclean. (Photographic evidence obtained).

2) During interview conducted with Resident #15, on beginning at approximately 10:30 AM, she stated she eats her meals during the second seating in the main dining . She stated the tables do not consistently get wiped off; the floors do not get cleaned; and the dining do not get cleaned or wiped down between first and second seatings. She stated it is "disgusting". She stated there is food on the tables; chairs; and floors. She also stated she has mentioned her concerns to the Executive Director and things get better for a couple of days and then go back to the old way of not cleaning. She stated they were promised an additional staff member, months ago, to help resolve these concerns but that nothing has changed.

3) On , and from 9:30am - 2:00pm an observation of breakfast and 2 lunch seatings was conducted of the facility ' s main dining . The following was observed:
The chairs were worn, mixed chairs at the tables, and extremely soiled and stained. Observed kitchen staff setting some tables before they were wiped down. Kitchen staff used a napkin to brushed the crumbs off the table onto the floor. The floors around the tables were filled with food debris, crumbs, napkins, sweetener packets. Many tables were dirty and had magic marker scribbles on it and failed to clean up the debris of food on the tables and floors between meals.

In an Interview with family member and resident on at 12:15pm, both complained about the furnishing conditions.

During the Exit Conference the Administrator acknowledged and stated that the facility is in the middle of re-modeling and replacing all the chairs.

4) On , a tour was conducted at approximately 10:30AM. was observed and revealed along the right hand side of the entry to the shower, one wall tile is missing and a pieces of rusty metal is exposed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**	

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

5) On 12/7/2016, a tour was conducted at approximately 10:00AM. In New Vista dining room A, there is two wobbly dining tables. Further observation revealed dining room #2 had 1 wobbly table. There are a total of 10 dining tables within dining room #1 and dining # , resulting in 3 of 10 dining table being in disrepair.

6) On at 9;15AM, a tour of the memory care activity a resident recliner located at the entrance of the activity torn down the middle of the seat cushion and taped over with piece of tape.

During an interview with the Administrator on at approximately 1:00PM, the Administrator acknowledged the findings and provided no additional information for review.

Class III

0000 - Initial Comments

An unannounced CHOW (Change of Ownership) survey with ECC (Extended Congregate Care) was conducted on - at Grand Villa of Deerfield Beach (License #8697). The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interviews, the facility failed to ensure a new health assessment (AHCA Form 1823) was completed when a significant change occurred, for 1 out of 2 sampled residents (Resident #9).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	**12/08/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF DEERFIELD BEACH	**1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**

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

The findings included:

Review of Resident #9's health assessment (AHCA Form 1823) dated 10/17/2016 had diagnoses listed as , , , High , Frequent , , and Chronic Kidney ( ). The assessment also documented that the resident has significant balance problems and strength diminishing over lower extremities. The resident required supervision with eating, self care ( ), and toileting. Further review of the heath assessment revealed the resident needed assistance with ambulation, bathing, dressing, and transferring. During further review of Resident #9's record, it showed a significant weight loss of 11 pounds from (112 pounds) through (88 pounds).

On at 11:00 AM, Resident #9 was observed slouched in a wheelchair in the activity . The residents did not eat any lunch and she could be aroused but was not very alert. On at 9:15AM, Resident #9 was observed slouched in a wheelchair. Resident was more alert and was moaning from pain in here neck. The resident did not eat any breakfast and asked if she could be taken to the hospital for neck pain. The resident was too weak to answer questions. Further review of health assessment revealed the resident is and a No Concentrated Sweets diet was ordered on , and a regular diet is on the current health assessment. On at 9:40AM, Resident#9 was transported to the emergency ambulance for neck pain.

During an interview with the LPN (licensed practical nurse) in charge of the Memory Care Unit stated the resident has required total care since arriving to the Memory Care Unit on . The LPN acknowledged the resident's weight loss as a significant change and that the current health assessment dated was not accurate and reflective of the resident's current status.

During an interview with Staff G at at 1:00PM. She stated Resident#9 has not had a good appetite for "a while". CNA would not elaborate on how long ,but confirmed that Resident#9 requires total assistance with all of her Activities of Daily Living (ADL's).

During an interview with the Administrator and the Director of Nursing on at approximately 12:30PM, they acknowledged the findings and provided no additional documents for review.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and staff interview, 1 of 3 licensed nurses observed assisting with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**	

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

self-administered medications (Staff A) failed to secure marked for disposal for 1 of 8 residents (Resident #4).

The findings include:

On at 9:35 AM, Staff A removed a bubble-packed sheet of / medication for Resident #4 from the locked medication cart. While attempting to pop out one of the pills, the pill flew out of the sealed bubble and landed on the floor. The nurse picked up the pill from the floor and placed it into a small paper cup. While attempting to remove the second pill, it, too, flew out of the sealed bubble and landed on top of the med cart. The nurse picked up the second pill and placed it into the small paper cup with the first pill. She stated that she was going to set these pills aside for destruction, as they had become contaminated.
The nurse took the small paper cup and twisted the top to secure the 2 pills inside the cup and sat them on top of the medication cart. She, then, took a larger plastic cup and turned it over and sat it, top side down, covering the paper cup containing the 2 contaminated pills.

Next, Staff A popped out a third / pill which went into a new small paper medication cup.She replaced the bubble-packed sheet back into the medication cart.
The nurse removed Resident #4's remaining medications, which were pre-packaged together into small packets by the pharmacy, and placed them into the new paper med cup with the 1 uncontaminated pill. The nurse took the med cup into Resident #4's , with Resident #4's door closing behind her, leaving the locked med cart with the 2 unsecured pills remaining on top of the cart sitting outside in the hallway, unsupervised.

Staff A continued to leave the 2 pills marked for destruction sitting unsecured on top of the medication cart while providing medications for 2 other residents (Residents #5 and #6). The nurse each time entered into Resident #5 and #6's , the door would close behind her, leaving the on the top of the medication cart unsupervised.
During the medication pass for Resident #6, another resident was seated in his wheelchair in the hallway next to the unsupervised medication cart.

During interview with Staff A on at 10:00 AM, she stated, "When we have pills marked for destruction, we take them and mix them with water to dissolve and then pour down the sink. We have 2 nurses sign off to witness the disposal."

After Resident #6 was provided with his medications, Staff A took the medication cart down to nurse's station on the 2nd floor and told the nursing supervisor of the 2 pills that needed to be disposed of. She

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/08/2016
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**	

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

mixed the pills with water and disposed of them down the drain.

On 12/08/16 at 12:20 PM, the Resident Care Supervisor and Administrator was informed of the 2 tablets being left unsecured. They acknowledged the medication should not have been left unsecured and unsupervised.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and personnel record review, it was determined the facility failed to ensure that each newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable that was conducted no earlier that 6 months before submission of paperwork for 2 of 6 sampled staff reviewed (Staff E and Staff F). In addition, the facility failed to ensure evidence of a negative examination was documented on an annual basis via a statement from a health care provider that the individual does not constitute a risk of communicating for 1 of 6 sampled staff (Staff F).

The Findings included:

1) During interview and personnel record review conducted with the Regional Operations Manager, on beginning at approximately 11:55 AM. She was provided the opportunity to locate an initial statement from a health care provider that indicated the following staff were free from communicable :

a) Staff E: with a date of hire noted as
b) Staff F: with a date of hire/contract noted as

The Regional Operations Manager was not able to locate this required documentation for Staff E and Staff F.

In addition, the Regional Operations Manager was not able to locate the annual statement for Staff F for 2016.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	**12/08/2016**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE** **DEERFIELD BEACH, FL 33442**	

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

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Grand Villa Of Deerfield Beach
1050 Southwest 24th Avenue
Deerfield Beach, FL 33442

RE: Change of Ownership (CHOW) with Extended Congregate Care (ECC)

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 , 2017.** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) Form
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