STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969052	12/14/2016
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 DISCOVERY WAY** **PALM BEACH GARDENS, FL 33418**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all current (to include direct care and auxiliary staff) employees within the clearing house for initial employment status.

The Findings Include:

A review of the facility staffing schedule dated 2016 revealed that none of the facilities 49 Direct Care Staff were listed on the clearing house employee roster. Further review revealed that none of the 48 auxiliary staff were listed on the clearing house roster.
A review of the Agency for Healthcare Administration background screening website revealed the facility did not have any staff members listed on the clearing house roster.

In an interview conducted with the Director of Nursing and the Administrator on at approximately 3:05PM, they stated initially the facility was not on the website and it was never updated. They acknowledged the findings and offered no further information for review.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969052	12/14/2016
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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on 12/13/2016 & 12/14/2016 at Discovery Village at Palm Beach Gardens (License#:12883). The facility had deficiencies at the time of the survey.

This survey was completed in conjunction, CCR#2016014082 on same date. See separate report for findings.

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

Based on record review and interview, the facility failed to ensure that a residents was assessed after a significant changes and that the Resident Health Assessment (AHCA 1823 Form) was an accurate reflection of the residents care need's to ensure the resident met the criteria for continued residency, for 1 out of 4 sampled residents (Resident#6).

The Findings Include:

Review of resident #6's most recent Health Assessment form (AHCA 1823) dated . Resident#6 was admitted to the facility on . Resident#6 was admitted to Hospice of the Palm Beaches on 11/ . The resident's current AHCA Form 1823 documented the following diagnosis: . Physical or Sensory limitations: Bedbound, or behavioral status: Alert and Oriented x 2, Healing to , Cleanse with/ Solution (D), dry, apply thermohoney and cover with Tegaderm, Change every 5 days until healed. Special precautions: Risk, Elopement Risk: No. The AHCA Form 1823 does not document Resident#6 receiving Hospice Care.

Further review of the current AHCA Form 1823 revealed the resident required total assistance with all ADL's except eating. Review of Section C revealed the resident requires 24 hour nursing or care, and the resident requires medication administration.

During an interview with the Administrator and Director of Nursing on / at approximately 3:00PM, they stated a new AHCA Form 1823 was not completed to reflect the resident had been admitted to Hospice. They acknowledged the findings and offered no additional information for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969052	**12/14/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Discovery Village At Palm Beach Gardens
100 Discovery Way
Palm Beach Gardens, FL 33418

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 13-14, 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
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
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