STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953528	04/20/2017
NAME OF PROVIDER OR SUPPLIER **WYNDHAM HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **417 WESTWOOD ROAD** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced Re-Licensure survey was conducted on , , 2017 at Wyndham House (License #63). The facility had deficiencies identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure an accurate health assessment reflecting the current needs of a resident was completed, for 1 out of 2 sampled residents (Resident #2).

The findings included:

Review of Resident #2's health assessment (AHCA Form 1823) dated revealed the resident was marked "yes" as an elopement risk. The assessment also noted "yes" that the resident required 24 hour nursing or , , care, commenting "patient (,) with history of leaving". Additonally, the assessment documented "aggression" under special precautions.

On at 10:30 AM, the Administrator stated during interview that there were no residents at the facility who were determined to be at risk for elopement. He stated the resident's assessment was inaccurate and needed to be revised. During interview with the resident's representative at 9:30 AM on , she stated the resident is not at risk for elopement at the facility.

Based on these findings, the assessment was determined to be inaccurate. The facility provided no additional documentation of the resident's assessment for review at this time.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, the facility failed to maintain an accurate daily medication observation record (MOR), for 2 out of 3 sampled residents (Residents #6 and #7).

The findings included:

a) On at 11:30 AM, Resident #6's , 2017 MOR was reviewed. , 25mg extended release tablet was not initialed by staff as given for the resident's 9:00 AM dose on .

b) On at 11:30 AM, Resident #7's , 2017 MOR was reviewed. 50 MCG nasal spray was not intialed by staff as given for the resident's 9:00 AM dose on .

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SUMMARY STATEMENT OF DEFICIENCIES
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The aforementioned discrepancies were discussed with the Administrator and Staff A during interview at this time. They acknowledged the MORs were not documented correctly. The facility provided no additional documentation for review at this time.

Class III