STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953207	07/24/2017
NAME OF PROVIDER OR SUPPLIER **FOUNTAINVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **145 EXECUTIVE CENTER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced expansion survey (Change in use of space) was conducted at FountainView on , 24, 2017, License #7827. The facility had a defiencency identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on interview, observation and record review, it was determine that the facility failed to ensure a change in a use of space is only done with agency approval. This is evidence of the facility failure to obtain permission to utilize a non inspected area for resident (Bldg#4/2nd floor) , for 10 out of 12 .

The findings included:

During an interview with the Administrator and Executive Director (ED) on at 2 PM , the nature of the visit was discussed. The Administrator, at this time, revealed that they are not doing a capacity increase they are seeking to utilize the second floor of Bldg #4, this floor was previously used for independent living residents. The ED advised that renovations started in the end of 2016 and ended during early 2017. The ED then advised AHCA that Bldg #4(2nd floor) had 12 with 10 already being utilized by residents. AHCA immediately informed them of the regulatory requirement that stated change in a use of space requires agency approval prior to usage. The ED and Administrator explained that they misunderstood the regulation and thought due to the zoning approval for all buildings they thought they had clearance for bldg 4 along with Department of Health (DOH) and fire inspection.

During further conversations with the Administrator and ED regarding the usage of space. The Administrator stated " that you took too long to come out to the facility and we had no availably in Bldg #4 to accommodate them". The surveyor(s) immediately informed them although zoning approve you for usage of all Bldgs for residential usage AHCA had only approved Bldg #5 and Bldg #4(1st floor) only for ALF residents, per our records. The ALF supervisor on survey informed her about previous telephone conversations regarding her request to have the area inspected by the agency(including written request on). The Administrator was also reminded on 3 to 4 different occasions regarding the change in use of space inspection that this area could not be used prior to approval. The Administrator and ED, apologized and stated once again they misunderstood the regulation. At this time, the ALF supervisor informed the ED and Administrator that during the numerous conversation between - , at no point in time the Administrator advise the ALF supervisor that this visit needed to be expedited or that the 2nd floor was already being utilized by ALF residents.

During a tour of Bldg #4 at 2:45 PM with ED the following was noted. On the 1st floor (approved area)10 residents resided and on the 2nd floor (non approved area), there was 10 residents. Further observation

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of the second floor revealed 10 out of 12 . . . were being utilized for ALF resident use. According to the ED, all 10 of these residents living in other IL (independent living) buildings on the grounds or were new residents and moved in after renovations. Random interviews with residents conducted confirmed that some had moved in as early as . . 2017.

Record review of resident files revealed admissions dates to Bldg #4 (2nd floor) as early as , 2017. It was also noted that resident Health Assessments (AHCA form 1823) were completed for all 10 residents; all ALF residents required assistance. Confirmed through observation during tour. During further interview with Administrator, she confirmed they were all ALF residents based on diagnosis and have ADL needs.

Review of fire inspection revealed Bldg #4 and #5 was inspected on with violations for both bldgs. Review of a communication letter from Bureau of Fire Prevention revealed all outstanding violations were not cleared until , 2017.

Review of DOH report revealed an inspection was conducted on . . . . . with violations noted and they were corrected onsite.

During an exit interview with the Administrator and ED on at 3:30 PM, aforementioned was discussed.

Class III