STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967068	**11/13/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3420 NW 71ST STREET** **COCONUT CREEK, FL 33073**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Royal Living at Coconut Creek Assisted Living Facility, License #11167. 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 interview, the facility failed to ensure a significant change in which the resident contracts directly with a licensed home health agency to provide care is recorded on the AHCA form 1823 for 1 of 2 sampled residents (Resident #6).

The findings include:

While reviewing the record for Resident #6, two orders were observed from a licensed healthcare provider. The first order stated " Not stageable: Cleanse Normal apply twice a day ..." the other order stated "Home Health/Skilled Nursing/Physical evaluation and treat; unsteady foot ." Review of Resident #6's AHCA 1823 Health Assessment form dated for under "Medical History and Diagnosis" it states " , Type II ." Under the section "Nursing/Treatment/ Service Requirements" it states "Med Management." The Health assessment form had no indication of the foot Resident #6 has, or the Home Health/Skilled Nursing/ ordered by the physician. Further review of the residents the progress notes signed by the Administrator stated that the resident had a on the right foot when he came back to the facility from the Hospital.

During an interview with the Administrator on 11/ at 1:03 PM, it was asked "Why did Resident #6 go out to the hospital?" The Administrator stated that he was sitting on the toilet a few weeks back and passed out. From there we sent him to the hospital. When asked "did he come from the hospital with a on his foot?" It was stated "yes, before he went in it was like a water bump on his foot. When he went to the hospital and came back the resident scratched the bump and it burst. The Administrator stated further that the same day they called an ARNP and podiatrist to observe the . Due to him being we have been following up with the podiatrist. When asked who is the Home Health company treating Resident #6 it was stated "Name." It was stated to the Administrator that the Home Health Company treating Resident #6 and the is not listed on the resident's Health Assessment form. The Administrator acknowledged the findings, no further documentation was provided.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967068	**11/13/2017**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3420 NW 71ST STREET** **COCONUT CREEK, FL 33073**	

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

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

Based on observation, interview and record review, it was determined the facility failed to ensure that each staff member had evidence of a negative examination documented on an annual basis, for 1 of 4 sampled staff records (Staff B).

The findings include:

During an Employee Record Review of Staff B's file, it was observed that there was no evidence of a negative ( ) examination documented from a licensed healthcare provider.

During an interview with the Administrator at 2:47 PM on , it was asked "Do you have a negative statement for Staff B?" The Administrator stated "It is in the file". The Administrator was given the opportunity to locate the requested information, she was unable to locate any documentation stating that Staff B was free from . No further documentation was provided.

Class III