STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963737	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS OF WEST PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2330 VILLAGE BLVD** **WEST PALM BEACH, FL 33409**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on through at Arden Courts of West Palm Beach, License #8661. The facility had deficiencies at the time of the visit.

This survey was conducted in conjunction with the licensure Complaint investigation, CCR #2017010447 on the same date. See separate report for findings.

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 the health assessment (ACHA Form 1823) was completed for 1 out of 2 sampled residents (Resident #9).

The findings included:

On , the health assessment (AHCA Form 1823) dated was reviewed. The assessment did not document what level of assistance Resident #9 required with "ambulation" or with "transferring". Page 2, Section 1. A. on the assessment was not completed, and did not have an explanation for the extent and type of assistance or supervision required with the resident's activities of daily living (ADLs).

These findings were told to the Administrator during interview on at 1:00 PM. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and interviews, the facility failed to ensure the Medication Observation Record (MOR) was completed and up-to-date for 2 out of 6 sampled residents (Residents #4 and #7).

The findings included:

1. On at 9:00 AM, Resident #4's 2017 MOR was reviewed with Staff E (LPN/Licensed Practical Nurse). She stated she had not yet given the resident her 8:00 AM medications, but that the MOR had been intialed by the previous shift nurse, indicating all of the resident's medications were provided, including:

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SUMMARY STATEMENT OF DEFICIENCIES
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a.
b. Citracal + D
c. Daily-Vite
d.

Staff E interviewed Staff K (LPN) at this time, and confirmed that the MOR had been pre-signed erroneously, and that Resident #4 had not received any of her 8:00 AM medications. The corrections were made on the MOR to show Staff K had not provided any 8:00 AM medications to this resident.

2. On at 9:30 AM, the 2017 MOR for Resident #7 was reviewed. The MOR showed two (2) medication documentation errors:

a. ER 20 MEQ-no initials indicating it was given to the resident at 9:00 AM on

b. 20 mg-pre-signed as given for hte bedtime does on

These findings were told to the Administrator during interview on at 1:00 PM. The facility provided no additional documentation for review at this time.

Class III