STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**11/28/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **14555 SIMS ROAD** **DELRAY BEACH, FL 33484**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017008764, was conducted on , , and completed on at Grand Villa of Delray East. The facility had deficiencies at the time of the investigation.

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

Based on record review and interviews, the facility failed to assess the needs of the resident and the care and services required after a significant healthchange and/or status, for 2 of 3 residents (Resident #2 and #3). As evidence of the facility failure to reassess risk residents and as it relates to risk, in accordance with facility policy.

The findings included:

Review of the facility's Management Policy and Procedures (last revision date of 2017) documents:

Policy:
The community assesses each resident for his or her risk fro , identifies risk factors, and implements mitigation strategies as appropriate to reduce the risk of potential and/or injury.
Procedures:
A. Assessment.
1. A Assessment must be completed for each resident prior to move-in, return from a hospital or rehab stay, after a has occurred, or if the resident's physician determines the resident is at risk of a through a health assessment (AHCA Form 1823)..."

1) Resident #2 was initially admitted to the facility in of 2016. There was no Assessment found within the Resident's record which had been completed prior to the initial admission, per facility policy.
On , per Observation notes, the facility nurse was called to the dining , care staff. Resident #2 was found lying on her left side, with complaints of pain to left leg and hip. The resident was unable to move the left leg, and the left foot was externally rotated. The Resident stated, "I was trying to sit down and missed the chair, and I landed on my hip". Resident #2 denied hitting her head. 911 was called and the Resident was transported to nearby hospital via stretcher. Later that evening at 8:00 PM, the facility received information that Resident #2 had sustained a to her left hip and was being admitted to the hospital. On , Resident #2 was receiving rehabilitation services and returned to the Assisted Living Facility on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	11/28/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF DELRAY EAST	**14555 SIMS ROAD DELRAY BEACH, FL 33484**

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

A review of Resident #2's medical record shows the current health assessment (AHCA Form 1823) was completed on . This Form 1823 does not list any precautions on the current assessment. There was no documentation contained in Resident #2's medical record showing completion of a Assessment after the Resident's return from Rehab on , per facility policy. Resident #2's Care Plan, dated , has "N/A" next to "Unsteady Gait/ Risk", without evidence of an assessment to support that this Resident is not a Risk.

2) Resident #3 was admitted to the facility in of 2017. There was no Assessment found within the Resident's record which had been completed prior to the initial admission, per facility policy. On , per Observation Notes, Resident #3 was found on the floor in supine position, wincing in pain. Resident stated "My back and leg hurts. I coming out of the elevator." Resident was unable to extend her right leg. A call was placed to 911 and the Resident was sent out to local hospital. On , Facility was notified Resident has sustained a hip . Resident was in Rehab Center on , and returned back to the Assisted Living Facility on .On , Resident #3 was observed lying on her back on living . Resident stated, "I was trying to go to the ." The Administrator observed the Resident walking to the then the resident on the floor hitting her head very hard on the table. 911 was called. Resident was able to move all extremities and ambulate to stretcher with help of paramedics. Resident was transported to local hospital and kept overnight for evaluation.Resident returned to the facility on

A review of Resident 3's medical record shows the current health assessment (AHCA Form 1823) was completed on . This Form 1823 does not list any precautions on the current assessment. A Risk Assessment was completed on , but there was no Risk Assessment completed upon Resident's return from Rehab on , per facility policy. There was no Risk Assessment completed after Resident returned from hospital on due to on , per facility policy.Resident #3's Care Plan, dated , has "N/A" next to "Unsteady Gait/ Risk", without evidence of an assessment to support that this Resident is not a Risk.

During interview with the Executive Director and Regional Nurse on at 3:00 PM, the missing Risk Assessments for Resident #2 and #3 were requested. On /at 4:57, the Executive Director acknowledged they were unable to find Risk Assessments for Resident #2 and #3 completed at the times specified in the facility policy.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**11/28/2017**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **14555 SIMS ROAD** **DELRAY BEACH, FL 33484**	

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

Class III