STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963790	12/11/2017
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DEERFIELD BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017010434, was conducted on at Grand Villa of Deerfield Beach, License # 8697. The facility had deficiencies at the time of the investigation.

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

Based on interview and record review, the facility failed to coordinate with the Home Health provider's facilitate care and services to meet the , Resident's needs, for 3 of 3 sampled Residents (Resident # 1, # 2 and # 3).

The findings included:

On a review of the Home Health medical records for Resident # 1 reveal he is suffering from , Hind quarter amputee, Atmosphere , Chronic pain, and , . He uses an electric wheelchair to ambulate. He suffers from , . He was admitted into the facility with care to a surgical site on his right thigh.

A review of the medical record for Resident # 2, reveal she is suffering from: Right Hip sustained in the facility. She has an Unsteady gait, Muscle , and , . She uses a walker to ambulate. She suffers from a (Stage unknown) on her Left , .

A review of the medical record for Resident # 3 reveal he is suffering from , , , and , . Medical record progress notes do not mention location of being treated by Home Health Agency for care,

On a review of the facility policy for Third Party Home Health Services include the following: The policy states the facility is to provide the best healthcare possible for its residents. The Home Health Services log (RES -14) provides current and pertinent information regarding the services provided by home health agencies This not only complies with AHA Standards, but also keeps the Administrator and staff aware of each resident's home health care status. The procedure states the facility is to maintain a Home Health Services Log (RES - 14) is to be completed. The form is to be completed with the Resident's name and stamped with the facility stamp and placed in the Home Health Service log. This log is to be kept at the Receptionist desk. The Administrator is to meet with the Home Heath agencies separately to explain the log procedure. It is the Administrator's responsibility or designee to file the Home Health Services log in the individual Resident files on a monthly basis. A copy of the blank form was included in the packet, but It had not been used by the facility staff.

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A review of the progress notes for Resident # 1, # 2 and # 3 fail to include the location of the . . , any observations of the or any coordination of care between the facility and the Home Health providers. The progress notes of the 3 Residents make no mention of the facility care of the wounds being treated by the Third Party providers.

Based on interviews with Direct Care Staff; (Staff A, B and C), it was determined that they were unable to state the name of the Home Health agencies providing . . care to their Residents, the frequencies of their visits, and the services which were being provided to the Residents. They could not locate a sign-in book for the Third Party providers as described in their facility policy.

On at 01:54 PM, an interview was conducted with the facility's License Practical Nurse. She agreed that she could not locate any documentation in the medical records regarding the care of the Residents. She states she does know why she does not have any documentation regarding the schedule of the Home Health Agency providing care. She also stated there should be notes in the chart regarding . . . care for the Resident.

On at 02:27 PM, an interview was conducted with the Director of Nursing, (DON) of the Assisted Living Facility. She stated the Nurse should check the chart to see the orders for the . . care. The DON is required to do weekly checks of the . The progress notes are updated. She has to communicate with the Third Party Service. She states she would take it upon herself to find out the orders. She stated going forward she would ensure that the facility maintain the Third Party provider's medical records on their Residents. She states that the Staff should document the progress notes on any care or observations provided for care as-well-as the Home Health providers.

On at 02:50 PM, an interview was conducted with Staff A. She says she gave Resident # 1 a shower and noticed a . . on his butt. She says she told the Nurse on duty her findings. The progress notes make no mention of this statement.

On 04:00 PM, an interview was conducted with the Regional Nurse, she stated that she agreed that the facility is responsible for maintain a record of the Resident's care provided by a Third Party Service. She acknowledged that there was a lack of coordination of services on the part of the facility. The Administrator also acknowledged the findings.

Class III