STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932640	**01/24/2018**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF BOYNTON BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1935 SOUTH FEDERAL HIGHWAY** **BOYNTON BEACH, FL 33435**	

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

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on and at Grand Villa of Boynton Beach Assisted Living Facility, License #8189. The facility had deficiencies at the time of the visit.

The above Relicensure survey was conducted in conjunction with the change in use of space survey. Please see separate report.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on Observation, Record Review, and Interview the facility failed to ensure that all trained staff observed the residents take their medication as required in the process for assistance with self-administration of medication and ensure the medications were given timely, for 4 out of 10 sampled residents (Resident #8, #11, #17 & #18)

The findings include:
A. While observing a morning medication pass between the times of 9:46 AM and 11:11 AM with Staff A the following was observed:

Staff A had a conversation with Unlicensed Staff (Staff D) regarding the time Staff D gave the medication for Resident #8. After Staff D responded, Staff A was observed pressing the button on the Electronic for given for Resident #8.

During an interview with Staff A on at 11:09 AM, Staff A admitted to signing the MOR for a resident that she did not give medications too. Staff A stated that it would not happen again, and had no additional response. Interview with Staff D during this time, Staff D stated that today she did not sign the MOR for Resident #8 due to other residents waiting to get their medications. Staff D further stated that she usually give out all the medications for all of the residents she has first, then come back and sign all of the MORs for each resident at a later time so she does not run late giving the medications.

During an interview on at 11:00 AM with the Resident Care Supervisor (RCS), the RCS was informed that observations were made of Staff A signing the MOR for Staff D for Resident #8, a resident in which she did not give medications to that day. The RCS stated that she will speak to them about it, no further information was given.

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B. While observing a morning medication pass of the 9:00 AM medications between the times of 9:46 AM and 11:11 AM with Staff A it was observed that the following residents received their medications outside of the 1 hour window:

1. Resident #11 received their medication at 10:10 AM and received the following: , 500 mg tab. Take 1 tablet by mouth twice a day, ... 0.12% rinse. Rinse with 15ml twice daily for 1 month, Ciralopram 20 mg tab. Take 1 tablet by mouth once daily, , 100 mcg tab. Take 1 tablet by mouth once daily, Doc . . . . 100 mg capsule. Take 1 capsule by mouth once daily *hold for *. , 40 mg *dnc* tab, Take 1 tablet by mouth daily before breakfast, , 50 mg capsule. Take 1 tablet by mouth four times daily, Therapeutic m tab. Take 1 tablet by mouth once daily, 160 mg tab Take 1 tablet by mouth once daily.

2. Resident #20 received their medication at 10:25 AM and received the following: 9.5 mg/24 hr patch. Apply one patch daily. Remove old patch and rotate sites, ... ER 5 MG *DNC* tab Take 1 tablet by mouth once daily, , 25 Mcg tab Take 1 tablet by mouth daily, , 50 mg tab, Take 1 tablet by mouth three times a day, ... 10 mg tab Take 1 tablet by mouth once daily, , 20 mg tabTake 1 tablet by mouth daily, Reguloid powder s/f Mix 1 scoop in glass of water then drink daily.

3. Resident #17 received their medication at 10:37 AM and received the following: . . . . Opth 5 ml, Instill 1 drop in both eyes twice daily. Tears Natural Balance, Use as directed per packaged directions in both eyes twice daily. . . , . . 5 mg tab, Take 1 tablet by mouth once daily. . . . . 60 mg *dnc*, Take 1 tablet by mouth once daily. , Dr 20mg *dnc* Cap, Take 1 capsule by mouth once daily. . . . . 500 mg chew, Take 1 tablet by mouth once daily. Liothyronine sod 5 mcg tab, Take 1 tablet by mouth once daily.

4. Resident #18 received their medication at 10:53 AM and received the following: , 100 mg tab, Take 1 tablet by mouth daily. . . . . Mn Er 30 mg *dnc*, take 1 capsule by mouth once daily. Torsemide 10 mg, Take 1 tablet by mouth once daily. 10 mg, Take 1 tablet by mouth once daily. . . . . , 5 mg tab, Take 1 tablet by mouth twice a day. Dutaseride 0.5 mg *dnc*, Take 1 tablet by mouth once daily. , suc 25mg *dnc* take 1 tablet by mouth every 12 hours. , 40 mg *dnc* tab, Take 1 tablet by mouth once daily. . . . . 5% patch, Apply 1 patch . . , . . . to low back daily, leave patch on for 9 hours and remove for 9 hours.

During an interview with Staff A at 11:11 AM on . . . . . , Staff A stated that and an additional person is always there with her and that they begin passing 9:00 AM medications at 8:00 AM everyday and usually

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finish around 10:30 AM. Staff A further stated that today they were running really late due to the residents not coming to get their medications and that a lot of the residents wanted to sleep in.

During an interview with the Resident Care Supervisor (RCS) on at 11:03 AM,the RCS stated that since she started with the company a few months prior they have had this medication system and has had problems with it when it comes to the times the residents take their medication. The RCS further stated that the Administrator is also aware of the issue and that they would have to contact corporate to see what changes can be made to address the issue.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on Record Review, Observation, and Interview the facility failed to honor a therapeutic diet as ordered by the healthcare provider for 1 of 3 sampled residents (Resident #9) that reside in the facility.

The findings include:

Record review of the facility's diet book revealed that Resident #9 required a Therapeutic diet that consist of nectar thickened liquids. Review of Resident #9's AHCA 1823 health assessment form dated for revealed under the subsection titled "Special Diet Instructions" regular diet, nectar thicken liquids.

Observations of Resident #9 in the dining revealed that at no time did the staff serve the resident any beverages thickened. During an interview on at 8:58 AM with the facility staff it was revealed that the facility does not have thickened liquids at all. Further conversation with the dietary personnel revealed that the dietary staff was not aware that anyone at the facility needed thickened liquids.During an interview with Resident #9 at 9:15 AM on the resident confirmed that he was ordered thickened liquids prior to admission into the facility on . Resident #9 further stated that since living at the facility since he has not had his liquids thickened by anyone and that he thought he didn't need it anymore.

During an interview with the Administrator at 9:42 AM on , it was confirmed that the facility does not offer thickened liquids and it was stated that they do not have any residents here inside the facility on thickened liquids. During this time, the Administrator was informed that Resident #9 is on nectar

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thickened liquids, and was given the resident's health assessment form to review. The Administrator acknowledged the findings.

Class III