STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	01/30/2018
NAME OF PROVIDER OR SUPPLIER **COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2017012287, was conducted on at Coconut Creek, License # 9784. The allegations were substantiated. The facility had deficiencies at the time of the investigation.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review, the facility failed to provide care and services to facility residents in a timely manner for 4 of 4 sampled Residents interviewed (Resident # 1, # 2, # 3, and # 4).

The findings included:

1. On at 11:00 PM, an interview was conducted with Resident #1. A review of the Florida Health Assessment Form (1823 form) dated was conducted. Her admission date was . She suffers from the following diagnosis: , Medications causes . She uses a walker to ambulate. She is Independent with: eating, ambulating, transferring, toileting dressing and self-care . She requires assistance with bathing. Her cognition level stated she is alert and oriented. She stated that since she has been in the facility on average it takes the Staff from 1/2 hour up until an hour to respond to the Resident call lights.

2. On at 03:15 PM, an interview was conducted with Resident #2. A review of the Florida Health Assessment Form (1823 form) reveals the following: Her admission date was . She suffers Type II , , , Hypertrophied, , , , Accident and Comprehensive Medical Panel. She uses a wheelchair to ambulate. She is independent with eating and self-care . She requires assistance with ambulation, bathing, dressing, tilting and transferring. She stated the facility is very understaffed. She stated they use the same staff for bathing, dressing and serving. She stated it is not uncommon to wait an hour for an Aide to come and assist you. She stated that she tries to be as independent as she can, so that she doesn't have to ask for help from the Staff.
She stated she has to wait a long time for the staff to transport her over to Building 2, where the activities take place.

3. On at 03:00 PM, an interview was attempted with Resident #3 in her . The Surveyor entered the saw the call light was turned on and the Resident was gasping for her breath. She was sitting up in her bed, naked from the waist down on a diaper . The of feces.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	01/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COCONUT CREEK	4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073

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

She confirmed she needed a nurse. The Surveyor went to get the Director of Nursing (DON), who responded. The DON returned to the Surveyor and advised her that the Resident was given a new container.
The DON went to the Resident and changed her tank. She said the Resident was trying to rush upstairs to go to the .
A review of the 1823 form for Resident #3, dated , was conducted. Her admission date was . She suffers from ( ), , , , History of Accident with left sided and . She suffers from left sided . Her cognition is intact. She has Nursing treatment for continuous . She is a high risk. She is independent with eating. She requires assistance with the following: ambulating, bathing, dressing, self care , toileting and transferring.

On at 3:40 PM, an interview was conducted with Resident #3. She confirmed that she does have a problem with having continuous with only one Nurse on duty between the 3 buildings of Residents She stated one night she had an emergency. She says she was having trouble breathing and it took the Nurse 30 minutes to come in and change the . She says when she put the call light on, the Certified Nursing Assistant (CNA) came into the , but she didn't know what to do. She stated earlier, she was downstairs in the Activity she mouthed to the Licensed Practical Nurse (LPN), that she felt her bowels were moving. She says they moved on her way to her . She stated she did not make it to the . She says she had to sit in her soiled clothes for 40 minutes before the Aide came up and changed her and cleaned her up. She says she felt humiliated and uncomfortable. She stated they are definitely understaffed. She says it is not uncommon for a Resident who needs help to get an Aide in a half hour.

4. On at 03:20 PM, an interview was conducted with Resident #4. A review of the 1823 form reveals Resident #4 was admitted on . He suffers from the following diagnosis: , Unspecified , Chronic pain, failure, , , Unspecified Chronic , , , , Major , , Idiopathic Gait, , , Elevated White Count, of Left Hip, , Restless leg , and . He is alert and oriented, and forgetful at times. He needs assistance with Medication Administration, and has a special precaution for . He is independent with eating and transferring. He needs assistance with bathing, dressing and toileting. He requires supervision with ambulation and self-care . He commented that the facility is very short staffed. He says waiting for an hour is considered the norm.

On at 05:00 PM, an interview was conducted with the Administrator, the DON, sand the Regional Nurse Consultant, whom all acknowledged the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	01/30/2018
NAME OF PROVIDER OR SUPPLIER COCONUT CREEK	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073	

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

Class III

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

Based on observation, interview and record review, the facility failed to serve food attractively. The facility also failed to offer a variety of meals adapted to the food habits and preferences for 32 of 90 sampled Residents who eat in the dining .

The findings included:

An observation of the lunch menu was conducted on at 12:01 PM. At this time, the Spaghetti and meatballs did not appear attractive or appetizing. The spaghetti noodles were seen in the steam pan on the warming tray dried out and stuck together. The meatballs were also dry and the sauce appeared thick and sticky. The vegetable medley appeared soggy and over cooked.

On at 12:10 PM, an observation of the lunch meal was observed for 2 of 3 Dining in the facility.
The observation revealed the following: In Building #1 and Building #2, a random sample was taken of the Resident's opinion of the food quality and preferences was taken. The residents were very reluctant to provide their names or reveal their identity, but they wanted to have a voice.
In Building #1, there were 23 residents present. There were 11 residents sampled. They stated they did not like the food served. They indicated it was not tasty or appealing. One gentlemen indicated the food served is always swimming in grease.
In Building #2, there were 30 residents present. There were 18 residents sampled who stated they did not like the food. Most residents indicated the quality seems sub par, poor and low-grade were the terms used.

On , a private interview was conducted with Resident #1, #3 and #4. They all agreed that the food was not appealing.

On at 12:15 PM, Resident #1 stated she and her 2 table mates go out to eat for lunch and dinner, and spend an excessive amount of money because the food is so bad.

On at 3:15 PM, an interview was conduced with Resident #4. He stated the food is sub-par. He stated the food does not measure up to what should be served in a "5 Star facility" such as this.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **COCONUT CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 WEST SAMPLE ROAD COCONUT CREEK, FL 33073**	

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

On at 3:40 PM, an interview was conducted with Resident #3. She stated the food is terrible. She says she doesn ' t think the facility cares about what the residents think of the food.

A review of the lunch menu cycle 1 revealed the following was ordered by the Certified Dietitian: Meatballs 8 oz (ounces), Angel Hair Pasta 4 oz., Broccoli and Cauliflower ½ cup, Apricots 4 oz., Milk 8 oz., and Beverage 8 oz.

On at 5:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. He stated that he was not aware that the residents had a problem with the food quality. He stated he would work with the Food Service Manager to accommodate the residents.

Class III