

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967224	(X3) DATE SURVEY COMPLETED 03/05/2018
NAME OF PROVIDER OR SUPPLIER VILLA OF KINGS & QUEENS OF DELRAY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 13415 BARWICK RD DELRAY BEACH, FL 33445	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced abbreviated Relicensure survey was conducted on _____ at Villa of Kings & Queens of Delray Beach, License #11308. The facility had deficiencies at the time of the visit. 0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on observation, interview and record review, the facility failed to ensure that all residents were treated with consideration, respect, and with due recognition of _____ for 1 of 9 Residents observed, (Resident #1). The findings included: On _____ at 9:45 AM, a tour of the facility was conducted. An observation of _____ revealed a private _____ a _____ bed. Resident #1 was observed asleep in the _____. The _____ a bed side commode near the bed. The _____ a double French door without a curtain or a _____ for the resident's privacy. A tour was conducted of the remainder of the facility. An observation was made of the remaining 7 _____ which contained a solid wood door for privacy. On _____ at 10:15 AM, an interview was attempted with Resident #1 sitting alone at the breakfast table. He did not respond to interview questions. He stared ahead. Staff A, later came to assist the resident in eating his breakfast. On _____, a review of the Florida Health Assessment form (form 1823) was conducted. The 1823 forms revealed that Resident #1 is a _____, suffering from the following diagnosis: Parkinson's _____, Hypolipidemia, _____ and Recurrent _____. The resident requires assistance with the following Activities of Daily Living (ADL's): ambulation, bathing and dressing. He requires supervision with the following ADL's: eating, _____, _____, toileting and transferring. On _____ at 10:30 AM, the administrator acknowledged the findings. Class III 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)		

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Based on interview and record review, the facility failed to ensure that the initial Florida Health Assessment (Form 1823) was accurate and complete for 1 of 2 record reviews conducted, (Resident #1). The findings included: On _____, a medical record review was conducted for Resident #1. The review revealed that the Form 1823 (Health Assessment), which represents a physical and _____ assessment of the resident admitted into the facility, was not complete. The section indicating whether Resident #1 requires assistance with self-administration of medications was left blank. On _____, a review of the Florida Health Assessment form (form 1823) was conducted. The 1823 forms revealed that Resident #1 is a _____, suffering from the following diagnosis: Parkinson's _____ and Recurrent _____. He requires assistance with the following Activities of Daily Living (ADL's): ambulation, bathing and dressing. He requires supervision with the following ADL's is eating, _____, toileting and transferring. On _____ at 3:00 PM, the administrator was shown the Form 1823. She acknowledged the findings. Class III 0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC Based on interview and record review, the facility failed to ensure that the administrator of the facility maintained her High School diploma in her employee personnel file. The findings included: On _____, a review of the facility employee personnel records revealed that the facility administrator was hired on _____. The administrator confirmed she did have her High School Diploma from New York stored somewhere, but she would have to find the Diploma. On _____ at 2:30 PM, the administrator acknowledged and confirmed the findings. Class III		