STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966112	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **ORANGE BLOSSOMS VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **10331 PIPPIN LANE** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2017013502, was conducted on the followings dates , , , , & , for Orange Blossoms Villa, License #10383. There were deficiencies identified at the time of the survey.

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on record review and interview, the facility to ensure that residents receiving assistance with activities of daily living had their weight recorded on a semi-annual basis for 1 of 4 sampled residents (Resident#3).

The findings included:

During a record review conducted on at approximately 10:00 AM, Resident #3's weight record was reviewed. The resident was admitted to the facility on . The review revealed monthly weights recorded until (26.5 kg.). No additional weights were recorded during the time of through , and a final weight was documented on as 129 lbs (pounds). At this time, a review was conducted of the facility's Medication Observation Record (MOR) which require monthly weights for Resident #3, which started on . A review of the MOR's, dated through and through , required continuous monthly weights. No weights were documented on the MOR's.

At this time, the facility administrator was interviewed and stated the resident is unable to stand on the scale and Hospice weighs the resident. At this time, the administrator was provided an opportunity to locate monthly weight documentation.

During an interview with the administrator on at approximately 2:30 PM, she acknowledged the findings that facility had no documentation of monthly weights for Resident #3.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure an annual Comprehensive Emergency Management Plan (CEMP) was submitted and approved by the local Emergency Management Agency.

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

The findings included:

On at 10:30 AM, a review was conducted of the facility's Comprehensive Emergency Management Plan (CEMP). The plan revealed the last approved CEMP was dated , and due to expire on . Further review revealed the facility did not have a receipt that documented the CEMP had been submitted for approval in 2017. There was no current year 2017 or 2018) approved CEMP on file in the facility.

During an interview with the administrator and manager on at 2:30 PM, they acknowledged the findings and no additional documentation was provided for review.

Class III