

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968466	(X3) DATE SURVEY COMPLETED 04/25/2018
NAME OF PROVIDER OR SUPPLIER GRAND VILLA OF DELRAY WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 5859 HERITAGE PKWY DELRAY BEACH, FL 33484	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Complaint survey, CCR #2018005206, was conducted on , , 2018 at Grand Villa of Delray West, License #12362. The facility had a deficiency at the time of the visit. 0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC Based on interview and record review, it was determined that the facility failed to obtain a satisfactory fire inspection for their Fire Protection System from the local Fire Marshall. The Findings Included: During the complaint survey conducted on , , a discussion was held with the Project Manager and Assistant Ececutive Director between 10:04 AM and 10:32 AM regarding the status of their fire inspection. The Project Manager stated that the facility had not received approval from the County entity (County) responsible for inspection and approval of such Fire Protection Systems. In of 2017, the facility installed a new fire panel, which is said to provide greater information regarding the status of the system, trouble zones, and automatic response to incidents that may arise. However, the facility has not received approval from the County at the time of this survey. As such, the facility is under a fire watch. Specifically, in the absence of an approved fire protection system, the County directed the facility to perform hourly monitoring of the fire panel. Each hourly monitoring is recorded on a Fire Watch Worksheet. This surveyor was provided the folder containing each daily Worksheet. A review of the forms revealed that the facility is logging an entry every hour of each day. In addition, this surveyor spoke with Project Manager between 10:34 AM and 10: 49 AM who stated that they have not received an Inspection Report from the County, but have received "Correction Slips" identifying the items requiring correcting in order to receive approval. Project Manager states that most of the items are done, but the "big one" is the Smoke Curtains on the second floor. Project Manager stated that they were told the curtain must be tied into the fire panel, which is "being done today." This surveyor was shown the roll-down, fire-rated metal curtain, which was exposed after the wall was cut open to complete the tie-in. This surveyor was also provided a copy of the permit issued to the facility and vendor contracted to do the work. During the exit interview between 11:05 AM and 11:15 AM, Assistant Executive Director reiterated and		

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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acknowledged that the facility did not have a current approval for their Fire Protection System. Class III		