STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969052	07/26/2018
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT PALM BEACH GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 DISCOVERY WAY** **PALM BEACH GARDENS, FL 33418**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on , 2018 and , 2018 at Discovery Village At Palm Beach Gardens, License #12883. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to monitor the continued appropriateness of residency in this assisted living facility (ALF) for 1 out of 2 sampled residents (Resident #9).

The findings included:

On at 12:00 PM, the Program Director (PD) stated during interview that Resident #9 has a pressure , "on and off". She stated a home health agency (HHA) cared for the .

Review of the resident's record revealed the following:

1. A health care provider's order dated for a "certified home care consult" indicated that the resident has a " to left lower leg and right heel".
2. The HHA notes show a start of care date on for "unstageable , on the left ankle and right heel".

During interview with the HHA nurse and Program Director on at 11:00 AM, they confirmed that the resident currently has two (2) unstageable pressure sores as noted in the HHA notes. There was no documentation available for review at this time to show the pressure sores had healed or improved to a since .

Review of the resident's health assessment (AHCA Form 1823) dated showed the resident had "no pressure sores". A subsequent health assessment had not been completed when the resident was identified as having the pressure sores (a significant change).

These findings were discussed with the Administrator and PD on at 1:20 PM. They acknowledged that the resident had not been given a "45 day notice of relocation" at any time since the onset of the unstageable pressure sores. The resident had not been identified as inappropriate for continued residency in an ALF for unstageable pressure sores. The facility provided no additional documentation for review at this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 2 out of 3 sampled residents (Residents #9 and #12), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

The findings included:

a) On at 10:00 AM, the , 2018 MOR for Resident #9 was reviewed and listed " 50mg one tablet by mouth every 6 hours as needed (PRN)". There were no instructions listed for for what reason the resident was to receive this medication.

b) On at 10:00 AM, the , 2018 MOR for Resident #12 was reviewed and listed " 50mg three times daily as needed(PRN)". There were no instructions listed for what reason the resident as to receive this medication.

These findings were discussed with the Administrator and Program Director on at 1:20 PM. The Program Director acknowledged that specific instructions for the use of PRN medications was not listed on the printed MORs for these residents. The facility provided no additional documentation for review at this time.

Class

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on employee record review and staff interview, the facility failed to provide documentation ensuring 4 of 5 sampled staff had completed the 's and Relaed (ADRD) training requirements.

The findings included:

A review of the facility's website and advertising materials state this faciilty provides special care for persons with ADRD and on-site observation reveals the facility maintains a separate secured building for the care of persons with ADRD.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969052	07/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT PALM BEACH GARDENS	**100 DISCOVERY WAY PALM BEACH GARDENS, FL 33418**

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

A review of personnel files for Staff A, B, C, and D revealed the following:
1) Staff A, who interacts on a daily basis with residents with ADRD and who provides direct care to ADRD residents, was hired on . Level I ADRD Training was due by . No documentation was found showing completion of the Level I ADRD Training.
2) Staff B, who interacts on a daily basis with residents with ADRD and who provides direct care to ADRD residents, was hired on . Level I ADRD Training was due by 11/ , and Level II Training was due by . No documentation was found showing completion of the Level I or Level II ADRD Training.
3) Staff C, who interacts on a daily basis with residents with ADRD and who provides direct care to ADRD residents, was hired on . Level I ADRD Training was due by . No documentation was found showing completion of the Level I ADRD Training.
4) Staff D, who interacts on a daily basis with residents with ADRD , was hired on . Level I ADRD Training was due by No documentation was found showing completion of the Level I ADRD Training.

On at 1:15 PM, an interview was conducted with the Business Manager and Administrator. Both stated that ADRD training was provided to staff, but documentation could not be provided to show evidence of the completion of the required ADRD Training listed above at the time of survey.

Class III

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

Based on record review and interviews, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the county for review and approval.

The findings included:

On at 11:40 AM, the Administrator stated that he did not have documentation to show the facility's CEMP had been approved by the county.

On at 1:21 PM, a county representative with the Division of Emergency Management stated that the facility's CEMP had not been submitted as of this date for approval by the county.

The facility provided no additional documentation for review at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and staff interview, the facility failed to obtain approval and maintain documentation of approval by the local emergency management agency for its Emergency Environmental Control Plan (EECP) in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity.

The findings included:

On at 9:30 AM, a request was made to the Administrator for documentation showing approval of the facility's EECP. The Administrator stated that he could not find the documentation showing the facility's EECP had been approved by the county's emergency management agency. The Administrator stated he thought the plan had been submitted, and confirmed the plan was implemented in , of 2018. He stated he thought corporate office usually kept this type of information.

On at 1:31 PM, a county representative with the Division of Emergency Management stated that the facility had not submitted an EECP for approval as of this date.

No further information was provided at the time of survey.

Class III