

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967224	(X3) DATE SURVEY COMPLETED 10/03/2018
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 licensure complaint survey, CCR #2018010078, was conducted on _____ and _____ at Villa of Kings & Queens of Delray Beach, License #11308. The facility had deficiencies identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on staff interviews and resident record review, the facility failed to ensure required AHCA Form 1823 (health assessments) were received (Resident #8) and/or were accurate (Residents #3 and #10), for 2 of 4 sampled residents.

The findings included:

Resident medical records were reviewed on _____ with the Administrator present. The following concerns were identified:

1. Resident #10 was observed at a table in a wheelchair, rocking bath and forth, her hands and arms were moving, she was very active in the wheelchair, moving and talking; her speech was garbled. She showed no signs of discomfort or distress.

In a telephone interview conducted _____ at 11:25 AM, her spouse was asked and stated she can participate with dressing and _____, but needs a lot of help with transfers. He hasn't seen her taking showers or using the toilet. He believes she can do things and her arms work.

Review of her health assessment dated _____ documented her ability to perform activities of daily living (ambulation and transfers, toileting, bathing, dressing, and _____) required total assistance by staff.

In an interview conducted _____ at 4:43 PM, the Administrator stated Resident #10 cannot ambulate but can hang on to staff during transfers, can participate with positioning when using the toilet, can hold and use a washcloth when bathing, can lift arms and move legs when dressing, and can hold a toothbrush and hairbrush when _____. She further stated the health assessment was not accurate and acknowledged she should have clarified the information when the health assessment was received.

2. Resident #3 was admitted to the facility on _____, more than 60 days prior to the survey. Review of her medical record revealed no health assessment on file. A note attached to the front of her medical

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2018
FORM APPROVED**

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record binder disclosed, "Need 1823". This was brought to the Administrator's attention at 4:17 PM. She reviewed the record and stated she had not yet obtained Resident #3's health assessment form. Class III		