STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	**09/28/2018**
NAME OF PROVIDER OR SUPPLIER **A BELLA VITA PLACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 DORSON WAY DELRAY BEACH, FL 33445**	

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

0000 - Initial Comments

An unannounced Standard Relicensure Survey was conducted on , 2018 at 9:00 AM at A Bella Vita Place Assisted Living, LLC (License # 12591). The facility had deficiencies at the time of the visit.

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

Based on observation, resident record review and interview, the facility failed to ensure that a Resident's Health Assessment (AHCA form 1823) was completed in its entirety and accurate, 2 of 2 sampled resident records reviewed staff (Resident # 1 and Resident # 4).

The findings include:

a) Review of Resident # 1 file on , the Health Assessment AHCA form 1823 that is signed and dated by physician on , does not have accurate ADLS. The ADLS state that the resident needs supervision. During an interview conducted with the Administrator at 3:09 PM. The Administrator stated that the resident needs assistance with ambulation, bathing, self-care ( ), toileting, and transferring. Observed at 2:45 PM Staff B take resident to the she is in a wheel chair and cannot go to the .

b) Review of Resident # 4 file on , the Health Assessment AHCA form 1823 that has an admit date of is not signed and dated by a physician. Also the ADLS show supervision with eating and the facility staff failed to follow the doctor's orders regarding the Health Assessment for the resident. Observed 12:00 PM Staff B administering food to the resident. Staff B did not supervise the resident while he was eating.

During an interview conducted with Administrator at 12:30 PM. The Administrator stated that Resident # 1 does not eat well alone and he likes Staff B to feed him. The Administrator acknowledged that the Health Assessment indicates supervision while eating not administration.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	09/28/2018
NAME OF PROVIDER OR SUPPLIER **A BELLA VITA PLACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 DORSON WAY DELRAY BEACH, FL 33445**	

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

Based on observation and interview, the Assisted Living Facility's (ALF) Owner/Administrator failed to ensure the safety and supervision of its residents. As evidenced by the Owner/Administrator departed the ALF, leaving the residents without trained staff available on site, for 4 of 4 sample residents (Resident #1-#4).

The findings included:

The Surveyor arrived at the facility at 9:00 AM on . . . . . and was greeted by someone the name of "Confidential" at the facility's front entrance. The entrance was blocked due to construction , and "Confidential" asked who was the Surveyor and that the Administrator was not here at the facility and that he would call her. The Surveyor identified herself and informed the reason for the visit. "Confidential" told the Surveyor to go through the back gate due to the front entrance being blocked.

Upon entrance to the facility at 9:05 AM, it was asked to "Confidential" what is his name and his title at the facility. "Confidential" stated his name and would not give his title. When asked is there any staff here working, it was stated," I will call the Administrator." The Surveyor asked if there is someone here who is knowledgeable of the residents and that can give a tour of the facility. "Confidential "stated yes I can give you a tour.

9:10 AM on . . . . . , "Confidential" called the Administrator over the phone. The Administrator requested to speak with the Surveyor. The Administrator stated that she was out of town and she will be at the facility in two hours. The Administrator stated that "Confidential" is her brother-in-law. While waiting for the Administrator to arrive at 9:12 AM on , "Confidential" was observed cleaning off table from breakfast and cleaning the kitchen. 9:15 AM "Confidential" attended Surveyor with a tour of the facility. At 10:08 AM the Administrator arrived at the facility.

During an interview with the Administrator at 10:18 AM on , when asked why did you leave your residents alone with a visitor and there's no staff here? It was stated that she had been at the facility all night and she was going home to take a shower. She also stated that Staff B had just left to go to pick up something from the store.

Observations while touring the facility on . . . . . revealed that Resident's #1 and #4 are in wheel chairs. Both Residents need assistance with Activities of Daily Living (ADL's). At the time of the Surveyor arrival , no facility staff was present to provide care or supervision to any of the residents at the facility . There were also no staff present in the event of an emergency if one of the residents required emergency assistance.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	09/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BELLA VITA PLACE ASSISTED LIVING, LLC	**2143 DORSON WAY DELRAY BEACH, FL 33445**

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

During an interview with the Administrator on at 4:40 PM, the Administrator acknowledged the findings, no additional information was provided for review.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and staff interview, the facility failed to have a physician order for half-bed rails for 1 out of 2 residents (Resident # 1).

The findings include:

During a tour of Resident's # 1's , half-bed rails were observed on the resident's bed. Record review of Resident #1 file revealed an expired physician order for the half-bed rails were located in the resident's file.

During an interview with the Administrator on at 3:23 PM, Administrator was not aware that the ½ bed rails had to be updated annually. The Administrator made a phone call to the physician and requested an updated ½ bed rail order. The request was not completed timely.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure that staff members who have completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, were in the facility at all times , reviewed for 2 of 2 sampled staff (Administrator and Staff A).

The findings included:

a) Review of the personnel file for Administrator who work during the 8:00 AM to 8:00 AM shift revealed no current training with the a valid card in First Aid or . Administrator was hired on .

b) Review of the personnel file for Staff A who works during the 8:00 AM to 1:00 PM shift revealed no current training with valid card in First Aid or . Staff A hired on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	**09/28/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BELLA VITA PLACE ASSISTED LIVING, LLC	**2143 DORSON WAY DELRAY BEACH, FL 33445**

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

The Administrator acknowledged that the documentation of training in First Aid and was not present and available for review. A request was made for documentation of training in both First Aid and for at least one staff in the facility at all times, reflected on the facility's staffing schedule. The facility provided no additional documentation of the required training for review at this time.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a safe living environment free of hazard for 4 of 4 sampled residents.

The findings include:

During a tour of the facility with the Administrator on between the hours of 9:15 AM - 9:51 AM, the following concerns were identified.

a) Front Entrance of The Facility
1) Major construction on going on front of facility blocking entrance and exit.
2) Several bricks stacked on top of one another, large stacks of boards, a wheel barrel, and a large scaffle blocking the front entrance.
Posing a safety hazard for residents and visitors to the facilty.

b) Back Yard
1) Several large empty buckets, 4 ladders stacked on top of each other, old picnic table turned upside down, old pick up truck with old tree limbs, blinds, wheel chair, and chair on the back.

c) Hall between and
1) brush on top of a cup of water sitting on the sink.
2) Lysol spray on top of sink.
3) Lotion, hand liquid, smooth and cool moisture barrier ointment, body wash, antiperspirant, and various other items sitting out on the top portion of the toilette.

d) #
1) 8 drawer dresser peeling

e) TV

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	09/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BELLA VITA PLACE ASSISTED LIVING, LLC	**2143 DORSON WAY DELRAY BEACH, FL 33445**

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

1) 2 couches in TV . . . discolored, leather peeling, and extremely worn.

During interview with Administrator on at 4:40 PM concerns were expressed regarding the major construction. The Administrator stated that the facility is having some renovations done but the scaffle that is blocking the front entrance is being taking down at the end of the day. The Administrator stated that she was aware of the conditions and is working to get those conditions corrected.

Class III

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

Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date/or approved by The County Entity responsible for approval as required.

The findings include:

During an interview conducted with the Administrator on at 1:08 PM, the facility's current CEMP approval letter was requested. The Administrator stated that she submitted the CEMP to the Division of Emergency Management but has not received a current approval letter. The surveyor was provided with the facility's last approved Comprehensive Emergency Management Plan (CEMP) Initial Review that was dated , , 2016. Review of the document revealed that the Initial Review of the CEMP was complete and approved. The CEMP was approved until , , 2017; the next review submittal date is , 2017. However, the facility didn't have a current CEMP approval letter for the period of , , 2018 to current .

During subsequent interview conducted with the representative from Division of Emergency Management, at 1:30 PM, it was revealed the facility's CEMP was submitted and rejected . . . . The representative stated no additional informational could be provided.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to register staff with the Agency for Health Care Administration (AHCA) background screening clearinghouse within 10 days of hire, for 1 of 4 sampled staff.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968721	**09/28/2018**
NAME OF PROVIDER OR SUPPLIER **A BELLA VITA PLACE ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2143 DORSON WAY** **DELRAY BEACH, FL 33445**	

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

The findings include:

On the AHCA background screening clearinghouse roster was reviewed. The roster revealed that the facility had not entered an end date of hire for Staff C who is no longer employed with the facility. Review of the facility staff schedule revealed that staff C is not listed on the staff schedule. Review of the background screening clearinghouse roster revealed the following:

Staff C - Home Health Aide- Hire Date: .. ...

During an interview with the Administrator on ..... at 4:54 PM it was stated that Staff C is not employed with the facility. The Administrator acknowledged the findings, no further documentation was provided at this time.

Unclassified