STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	11/06/2018
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY EAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **14555 SIMS ROAD** **DELRAY BEACH, FL 33484**	

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

0000 - Initial Comments

An unannounced Relicensure Survey was conducted on , and , at Grand Villa of Delray East, License #5113. The facility had deficiencies identified at the time of the visit.

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

Based on interviews, observation and records review, it was determined that the facility failed to follow a physician's order to provide and assist 1 of 3 sampled residents apply her stocking in the morning.

The findings included:

During an interview with Resident # 1 on at 12:38 PM, she reported her physician ordered a stocking about five weeks ago and she still has not received it. She said that she has been asking for it at the wellness center and still does not know what is causing the delay. A glimpse at her when she shown them to this writer to validate her claim indicated she indeed was not wearing any stocking.
Review Resident #1's Health Assessment (AHCA form 1823) dated , it was noted that Resident #1 was diagnosed with with . She requires assistance with self-administration of medication. Her record also revealed she was admitted to the facility on .

Review of one of the Physician's orders dated revealed that Resident #1 was discharged from rehabilitation with stockings. The physician recommended discontinuation of bandages which she had while in and to use Stockings. The order also revealed that during the day Resident # 1 will need assistance to put on the donning stocking and doffing stocking at night.
During an interview with the Director of Nursing on at 1:09 PM, she reported that she was not aware that Resident #1 had an order for stocking.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910377	**11/06/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on record review, observation and interview, it was determined that the facility failed to ensure that one of four employees reviewed (Employee C) had certifications documenting completion of the required training.

Findings Include:

During the Relicensure Survey on , this surveyor reviewed the employee files of employee D between 11:15 AM and 2:30 PM. During the course of the review, this surveyor observed that the Administrator's file (employee C) did not have documentation of training in it.

This surveyor interviewed the Administrator on 11/06/2018 between 3:30 PM and 3:45 PM and inquired about documentation/or certification of / . training not being in the Administrator's file. After being made aware of the missing verification, the Administrator reviewed the file and was unable to locate verification. The Administrator acknowledged the documentation was not in the file and stated that the training would be schedule and taken..

During the Exit Interview conducted on between 4:07 and 4:19 PM, this surveyor along with the Survey Team, met with the Administrator, Memory Care Supervisor, Regional Director of Operations, Regional Operations Manager, Resident Care Supervisor and Resident Administrative Coordinator. This surveyor restated the finding(s) of the survey; specifically the absence of . Training in the Administrator's file. The Administrator and facility staff in attendance acknowledged such. The Administrator restated that the training would be scheduled and taken soon.

Class III