STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953528	03/11/2019
NAME OF PROVIDER OR SUPPLIER **WYNDHAM HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **417 WESTWOOD ROAD** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Wyndham House, License #63. The facility had a deficiency identified at the time of the survey.

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

Based on record review, interview and observation, it was determined that the facility failed to ensure that a [redacted] ill resident met the criteria for continued residency, for 1 out of 2 sampled residents (Resident #5). As evidence of the facility failure to reasssess Resident #5 for continued residency based on signficant health changes (development of [redacted] and [redacted]) and failure to coordinate care needs with Hospice.

Findings Include:

During relicensure survey conducted onsite on [redacted], this surveyor reviewed Resident #5' file. During review, it was observed that Resident #5 has a [redacted] on right [redacted]. The Health Assessment (AHCA 1823 form) dated [redacted], stated the [redacted] is [redacted]. However, (Hospice) Addendum Body Diagram form dated [redacted] (after date of AHCA form 1823) states " [redacted] 3.5cmx4.0cm.

Further record review of Resident #5's file revealed the following regarding the resident's condition and [redacted].

a) (Hospice) Plan of Care dated [redacted] states " [redacted] precaution, puree diet, wears adult briefs for incont, generalized [redacted], safety, [redacted] to right [redacted] care x 6."

b) (Hospice) Plan of Care Review document [redacted] states: " [redacted] jres, Puree diet, thickened, Incont, Adult brief, [redacted], T&R E2hr., bed bound, total care, frept &R, Safety, Right [redacted] daily [redacted] care."

c) (Hospice) Plan of Care Recertification form dated [redacted] states: " [redacted] prec, Puree diet, thickened, Incont, Adult brief, [redacted], T&RQ2hr, Bedbound, total care, safety measures, [redacted], Dxchange 3xweek."

d) (Hospice) Plan of Care Review form [redacted] states: "Asp prec, Puree diet, thickened, Incont, Adult brief, T&RQ2hr, [redacted], Bedbound, total care, safety, T&R Q2hr, [redacted], DxD 3xweek."

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e) (Hopsice) Plan of Care Review dated states: "Asp prec, Thickened, Upright Position, , Adult brief, T&RQ2hr, , SLP, Bedbound, Total Care, Safety, care DxD 3xweek."

f) (Hospice) Addendum Body Diagram dated documents " 3.5cm x 4.0cm."

During interview with Administrator on between 2:25 PM and 2:35 PM, this surveyor discussed Resident 5's health status with the Administrator. The Administrator stated that the resident is receiving care from Hospice, and that residents "have 30-day to show improvement." This surveyor reminded the Administrator that the documents in the file revealed that the was for more than 30-days, the resident is bedbound (more than 14 consecutive days); then directed Administrator to the regulation.

On between 2:45 PM and 3:05 PM, this surveyor met with the Administrator to conduct the Exit Interview. This surveyor reiterated the findings of the survey (Continued Residency). The Administrator acknowledged the finding.

Class III