STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	03/13/2019
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **5859 HERITAGE PKWY** **DELRAY BEACH, FL 33484**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018018563 was conducted on through at Grand Villa of Delray West, License #12362. The facility had deficiencies at the time of the investigation.

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

Based on records review and interviews, the facility failed to ensure that 1 of 3 Residents (Resident #2) received adequate supervision to prevent .

The findings included:

Review of the incident reports revealed that Resident #2 had five within a two month period. On , she had an unwitnessed , in the hallway at about 1:25 PM. She had a on the , of her left .
On , Resident #2 in the living room at 2:48 PM as staff observed the resident trying to adjust her socks with left crossed over right . No injury sustained. On at 7:30 PM, the resident was found on the floor in the hallway. No one witnessed her . She sustained no injuries. On at 8:38 AM, the resident had an unwitnessed outside in the courtyard. She had no skid socks and she did not have her walker with her. The walker in her room. On at 6:00 PM, the resident in the hallway, outside the activity room while the staff who reported the incident was watching other residents outside. The resident hit her and was noted to be and scared.

Review of the Progress notes dated revealed that Resident #2 would be referred for another , , assessment secondary to her history. The note indicated that the resident was not a good for , related to her ability, inability to follow instructions and diagnosis of advanced as per previous assessment conducted on . No further documentation could be located regarding steps implemented by the facility to ensure appropriate supervision and monitoring of Resident #2 since the resident was a risk (as evidence of the multiple).

Review of Resident #2's health assessment (AHCA form 1823) dated revealed the resident needed supervision for all activities of daily living. She needed prompting and cueing in common areas only. In addition, Resident #2 was an elopement risk.

During an interview with one of the Resident Care Supervisors on at 12:59 PM, she reported that it is the facility's best practice to request a screening evaluation after every residents' and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	03/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VILLA OF DELRAY WEST	**5859 HERITAGE PKWY DELRAY BEACH, FL 33484**

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

they continue to monitor them. However, no further information was provided regarding the interventions that were put in place to ensure that Resident #3's received supervision for ambulation while at the facility.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on records review and interviews, the facility failed to ensure that 1 of 3 sampled Residents (Resident #2) received her medications as ordered.

The findings included:

Review of the medication observation record for the month of revealed that the MOR was not signed (initialed), to indicate that Resident #2 had received her ordered medications, on
The medications ordered as per Physician's orders were:
1) Beneprotein Powder. Order indicated to dissolve 2 teaspoonful into 4 oz of beverage of choice and drink by once a day at 9:00 AM;
2) 20 mg Tablet (20 mg tablet) Take one tablet by daily at 9:00 AM;
3) tablet take one tablet by daily at 9:00 AM
4) 25 mg, take one tab by 2 ties daily at 9:00 AM;
5) 5 mg tablet (5 mg tablet, take one tablet by daily at 9:00 AM;
6) 8.6 mg tablet (take one tablet by daily) at 9:00 AM.

Review of the Nurses' Progress notes dated revealed that the Physician saw Resident #2 on and gave new medications order which was faxed to the Pharmacy. Review of the Physician's order revealed that Resident #2's Physician requested discontinuation of some medications on the 19th of and to begin new ones on the 20th of . However, the Physician did not order complete discontinuation of the medications listed above. Their ending and beginning dates were identical and were supposed to be continued consecutively and concurrently with the new orders given by the Physician.

During an interview with Resident's Care Supervisor on at 2:25 PM, she reported that the occurred because of the new orders received from the Physician. She estimated that the nurse might have gotten with the order and discontinue all the medications on the 20th of . Consequently, Resident #2 missed the dosages scheduled for at 9:00 AM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968466	**03/13/2019**
NAME OF PROVIDER OR SUPPLIER **GRAND VILLA OF DELRAY WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **5859 HERITAGE PKWY** **DELRAY BEACH, FL 33484**	

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

Class III