

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967048	(X3) DATE SURVEY COMPLETED R 05/21/2019
NAME OF PROVIDER OR SUPPLIER TYVAL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 GENEVRA AVE BOYNTON BEACH, FL 33436	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the complaint investigation survey (complaint #2019000479) was conducted at Tyval Assisted Living Facility on The facility had uncorrected deficiencies found at the time of the survey. 0052 - Medication - Assistance with Self-Admin - 429.256(. . .); 58A-5.0185 (3) Based on record review and interview, the facility failed to properly assist 1 out of 1 sampled resident (resident #1) with self-administration of medication by not ensuring the resident was competent to request for "as needed" medications. The findings are: Review of resident #1's health assessment dated on indicated that the resident was diagnosed with and Review of this health assessment indicated that the resident required to receive daily assistance with self-administration of her medications. Review of a physician order dated on indicated that the resident was prescribed 100mg capsule once daily as needed for Review of resident #1's medication observation record (MOR) indicated that the resident received one daily 100mg capsule as needed for from to and staff member D assisted the resident with this medication from to and on Further review of this MOR indicated that the facility did not document the reason why the resident needed to take the medication from to and it did not document the results or responses from the resident taking this medication. In an interview with the administrator on at 11:50am, she stated that the facility did not document the reason why resident #1 needed to take the medication from to and it did not document the results or responses from the resident taking this medication. In an interview with staff member D on at 12:20pm, she stated that resident #1 was not competent to request to take any specific medication, including the medication. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967048	(X3) DATE SURVEY COMPLETED R 05/21/2019
NAME OF PROVIDER OR SUPPLIER TYVAL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 GENEVRA AVE BOYNTON BEACH, FL 33436	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
D190 - Administrative Enforcement - 58A-5.033() & (3)(b) FAC; 429.075(6) Based on observation and interview, the facility failed to cooperate with the Agency personnel during this 2nd follow-up inspection by not providing documentation relating to its compliance with the emergency electrical control plan (EECP) and by not providing information regarding a non-employee individual that accessed the facility, including potential access by this individual to the residents' records and property. The findings are: In an interview with the administrator on at 11:30am, she stated that she was aware that the facility submitted a copy of the EECP to the local emergency management agency and that the Agency conducting this 2nd follow-up inspection did not review this EECP which was approved by the local emergency management agency on . She stated that she was aware that the Agency requested this EECP for review during this inspection to ensure correction of its previously cited noncompliance on . In an interview with the administrator on at 1:00pm, she stated that she was aware that the Agency request to review the facility EECP and that she felt that the Agency did not require to review the EECP since it was approved by the local emergency management agency on . She also stated that it would be too difficult for her to retrieve this EECP document for Agency review because it was buried among other facility records inside the facility office. She stated that she was aware that the facility must maintain this EECP available for Agency review. In an observation on at 1:15pm, the administrator did not make any effort to make the EECP available for Agency review. In an observation on at 11:35am, a male non-employee was observed going inside the facility and he walked through the living room where the residents were watching television and into the facility office located on the west side of the building. In an observation on at 12:30pm, the previously seen male non-employee was observed walking from the facility office and through the living room to the outside of the facility. In an interview with this non-employee at this time, he stated that he was the administrator's son and that he was not a facility employee. He stated that he went inside the facility office for approximately 30 minutes and he usually did this. He stated that while he was inside the facility he had direct access to the facility residents. In an observation at this time, the non-employee declined to answer any further questions relating to his access of resident property and records while he was inside the facility.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967048	(X3) DATE SURVEY COMPLETED R 05/21/2019
NAME OF PROVIDER OR SUPPLIER TYVAL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 GENEVRA AVE BOYNTON BEACH, FL 33436	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an interview with the administrator on at 12:35pm, she stated that the non-employee individual that was inside the facility office was her son and he did not work for the facility . She stated that the facility did not keep a staff record for this non-employee and that he was inside the facility office on the computer. She stated that he had access to the facility at any time. She declined to provide details of this non-employee's access to the residents' property and records while he was inside the facility. Class III D200 - Emergency Environmental Control - 58A-5.036 FAC Based on record review, observation and interview, the facility failed to acquire an alternate power source and fuel supply that was in accordance with the Florida Building Code. The findings are: Review of the facility documentation indicated that its emergency environment control plan (EECP) was approved by the local emergency management agency on In an observation on at 11:30am, on the west side of the facility's backyard, there was a portable power generator which was connected to a propane tank. Further observation of this area, there was an electrical switch attached to the exterior wall of the facility's building. Photographic evidence for this is attached. In an interview with the administrator on at 11:35 am, she stated that the power generator, its electrical connection and the propane gas tank were installed by a contractor and she was not aware if these installations were preformed with permits from the local building department. Review of the facility contractor invoice dated on indicated that a 50-amp manual transfer switch with a 50-amp twist-lock receptacle was to be installed and a 50-amp extension cord to connect the power generator to the facility's transfer switch. Photographic evidence for this is attached. In an interview with the facility's contractor on at 12:45pm, he stated that he was familiar with the work performed in the facility and that it did not require to be installed with a local building permit of any kind.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967048	(X3) DATE SURVEY COMPLETED R 05/21/2019
NAME OF PROVIDER OR SUPPLIER TYVAL ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3526 GENEVRA AVE BOYNTON BEACH, FL 33436	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
In an interview with the local building inspector on at 1:30pm, he stated that based on the description of the contractor's invoice dated on and the observations of a portable power generator being connected to a propane tank, this facility was required to perform this installation with a permit from the local building department. He stated that upon review of the facility's address, this facility did not submit for a permit for installation involving the scope of the work described. Class III Uncorrected Deficiency		