STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965516	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Homewood Residence At Delray B	8020 W. Atlantic Avenue Delray Beach, FL 33446	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

A Relicensure survey was conducted on . and . at Homewood Residence at Delray Beach. The facility had deficiencies found at the time of the visit.

This survey was conducted in conjunction with licensure complaint survey CCR #201400027. Reference the separate report.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to ensure a resident had a face-to-face medical examination by a health care provider after a significant change, and have the results of the examination recorded on AHCA Form 1823 (Residents #1 and #21).

The findings include:

Resident #21 was admitted to the facility on . Her most recent AHCA Form 1823 (medical examination) was dated , the only diagnosis documented was . She was admitted to hospice services on . Her most recent hospice certification was dated . and included diagnosis of , muscle wasting, worsening . mild . with increased weight, . and with emisis, with exertion and . In an interview conducted . at 11:01 AM, the facility's Health and Wellness Director stated the medical examination should have been updated and that the form on file did not reflect the additional services.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview, the facility failed to provide a safe and decent living environment in 2 of 3 buildings observed and failed to post required advocacy information in 3 of 3 buildings observed.

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The findings include:

1) During observational tour of Claire Bridge locked unit on at 9:00 AM, no postings of the required telephone numbers for lodging complaints against a facility or facility staff were observed in any common area accessible to all residents residing in Claire Bridge locked unit located in building #2.

On at 3:40 PM, an interview was conducted with the Administrator. She acknowledged there were no telephone numbers posted in the locked unit located in building #2.

2) On , during lunch observation beginning at 11:35 PM, the following was observed regarding hand sanitation:

a) Employee #F - Employee was observed touching residents without sanitizing hands between resident contact and before serving food.

b) Employee #G - Employee observed donning disposable gloves without hand washing prior to putting on gloves. Employee was observed picking up dirty dishes, touching the back of residents, then serving plates of food and pouring beverages for the residents without hand sanitizing between residents and after contact with dirty dishes.

c) Employee #H - Employee was observed donned disposable gloves before placing silverware on table, but did not wash her hands before putting on the gloves. She was observed touching residents without proper hand sanitizing between resident contact, or between resident contact and service of resident food.

d) The Program Director was not observed washing hands prior to food service. The program director was observed touching her face and clothing and then proceed to pass out salads without sanitizing hands. She was observed holding her car keys in her hand, placing them on the kitchen counter and serving lunch plates without sanitizing her hands prior to touching residents' lunch plates.

At this time, no containers of hand sanitizer are observed to be accessible to the staff in the dining area. It was later learned at 3:00 PM) there is hand sanitizer on the wall in locked nurse's office.

3) During a tour of Building 1 conducted on at 12:53 PM while accompanied by the Health and Wellness Director, the following concerns were observed:

a) There were no paper towels available for staff use in the staff

There was no hand soap dispenser in the kitchen area for staff use. In an interview conducted at 11:01 AM, Employee C stated when the renovated the kitchen four months before, the soap dispenser was removed and not replaced. When asked how they get hand soap to wash their hands, she pointed to a plastic cup partially filled with hand soap and stated that's what they

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use.

c) During observations of required advocacy contact information and resident rights postings conducted ... at 1:05 PM while accompanied by the Administrator, no advocacy contact information or residents rights were observed posted in Building 1; inadequate advocacy postings were observed in Building 2.

The Administrator acknowledged these concerns at the time of observation.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications followed written Health Care Provider (HCP) orders, for 1 of 2 sampled Residents (#22).

The findings include:

During observations of the medication pass on ... and ... with Employee J, an unlicensed staff member, the following was revealed:

a. Review of Resident #22 ' s 2014 medication observation record (MOR) documented an order for 5 milligrams (MG) daily, hold for SBP less than 120. Employee J measured and recorded Resident #22 ' s twice at ... and ... She stated she cannot give the medication and recorded same on the MOR, stating she would report it to the nurse. Further review of his record revealed an AHCA Form 1823 (medical examination) dated ... that reflected the same order but with no instructions to hold the medication based on parameters. A written HCP order dated ... discontinued the " hold if SBP less then 120 " order related to this medication.

b. Employee J was observed to assist Resident #22 with a dose of Glimepirde on ... at 9:42 AM. Review of his 2014 MOR documented an order dated ... for 2 MG daily before breakfast, hold for sugar less than 100. An entry on the MOR dated ... called for " finger sticks, ... sugar self checks ". However, the section for initials to indicate the ... sugar was tested had " family administer " hand-written in it. In an interview conducted ... at 12:22 PM, Resident #22 ' s family member stated the resident did not receive finger sticks. In an interview conducted ... at 9:49 AM, Resident #22 stated he had already had a breakfast consisting of eggs, bacon and toast. At that time, Employee J was asked and stated she was not aware of the Resident ' s ... sugar level or if it had been taken. She also acknowledged she should have made sure he received this medication prior to eating breakfast. This was discussed with and acknowledged by the facility ' s Health and Wellness Director on ... at 1:26 PM.

c. Employee J was observed to assist Resident #22 with a dose of ... on ... at 9:42 AM. Review of his 2014 documented an order dated ... for ... 500 MG twice daily. Further review of his record revealed a written HCP order dated ... on his AHCA Form 1823

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(medical examination) that called for this medication to be held for ..... sugar less than 100. Resident #2 did not receive ..... sugar finger sticks (refer to item b).

These concerns were discussed with and acknowledged by the facility ' s Health and Wellness Director on ..... at 1:30 PM.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, it was determined the facility failed to ensure menus were conspicuously posted in the secured unit.

The findings include:

During observational tour conducted in the Clair Bridge locked unit on ..... at 9:00 AM, no planned menu was conspicuously posted in an area accessible to all residents.

On ..... at the Care Associate/Medical Assistant was asked if she could identify the posted location of the planned menu within the unit; she stated it was not posted and she was not sure where the menu was located. Approximately 10 minutes later, a copy of the menu was provided for review; the menu was not located in a place which was easily available to residents.

During interview with the Administrator on ..... at 3:40 PM, the Administrator acknowledged the menu was not conspicuously posted or easily available to residents in Clair Bridge locked unit located in building #2.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, it was determined the facility failed to maintain residential and common areas in a clean safe manner.

The findings include:

1) During observational tours of Claire Bridge locked unit on ..... at 9:00 AM and on ..... at 3:00 PM, the following environmental concerns were observed (photographic evidence submitted):
a) Exit doors leading from common areas to resident hallways, and common ..... on 1st and 2nd floor are marked with black marks along bottom of doors.
b) Four ceiling tiles in the dining ..... next to kitchen area, are deeply discolored with what appears to be water damage.
c) The corner of the wall in Dining ..... , next to exit door to patio, has drywall damage.

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d) The window blinds in Resident were sagging in the middle.
e) Common on 1st and 2nd floors, located across the hallway from dining area, were noticeably dirty. The floor of both contained debris, stains and dirty grout, and 1st floor what appeared to be around bottom of toilet. Metal inserts in the wall on both floors contained dust buildup and rust. Second floor liquid soap dripping down the wall under the soap dispenser and puddling on the floor. Ceiling vents in 2nd floor stained and coated with dust.

2) Resident
a. The carpet in resident had a 2'x2.5' patch of soil in the middle of the living area, the resident present stated it had been like that for about 7-10 days.
b. The carpet in resident had six green spots on dark beige carpet in middle of the living area, additional splattered soil was observed near the bed/ba an area about 4 ' x5 ' .
c. The carpet in resident had at least 12 soiled spots throughout apartment carpeting, and one 6"x9" soil spot in the middle of the living
These concerns were discussed with and acknowledged by the Director at the time of observation.

On at 3:45 PM, during interview with the Administrator, the environmental concerns, along with the photographic evidence, were discussed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homewood Residence At Delray Beach
8020 W. Atlantic Avenue
Delray Beach, FL 33446

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 2014 through 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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