DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105516	A. BUILDING _____ B. WING _____	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced recertification survey was completed on at Darcy Hall of Life Care. The facility was not in compliance with 42 CFR 483, Requirements for Long Term Care Facilities.	F 000	**This plan of correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of theses deficiencies cited are correctly applied.** **In order to ensure that the services provided at Darcy Hall of Life Care meet the professional standards of quality, the team had initiated the following plan of correction:**	11/23/15
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation and interview, conducted on through , it was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 4 of 8 resident wings (B Wing, D Wing, East Wing, and West Wing). The findings include: During the environmental tours conducted by the survey team on and the following issues were noted: B Wing: # - The lock not working properly. The air conditioning unit was in need of re-caulking around the . D Wing: # - The had numerous large black scuff marks and the door was in disrepair. # - The floor caulking around the toilet	F 253		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Executive Director 11/12/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	195518	A. BUILDING _____ B. WING _____	10/23/2015

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DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

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F 253	Continued From page 1 base was stained. East Wing: # - The was soiled and brown stains were noted at the base of toilet. The over bed light of Bed 1 was not functioning properly. The near Bed 1 was worn and torn. The repairs were incomplete. Room #159 - The had numerous scuff marks. The over bed table for Bed 1 was in disrepair. The headboard for Bed 1 was loose. A small hole was observed in the bath and the toilet did not flush properly. # - The wall near the requires repainting. # - The wall near the requires repainting. # - The shades were missing slats. The light over the was not working. The personal refrigerator for Bed-2 was soiled and had ice build-up. # -The was damaged. The mirror was desilvered. The entry door frame requires re-caulking to the wall. # - The entry requires re-caulking to the wall. - Ten ceiling tiles, located above Bed 2 were noted to be warped and not fitting the ceiling frame correctly. West Wing: #4 - The television was not working properly. # - The were coming off of the wall behind the toilet. # - The over bed light cord was missing for Bed 1. The repairs were not complete. # - The light cord was missing for the over bed light of Bed 1.	F 253	F253 - the lock was repaired, and the air conditioning unit was re-caulked. - the door was repaired and the scuff marks were removed from the walls. - the toilet base was re-caulked. Rm 154 - the and the toilet were cleaned. The over bed light for bed 1 was repaired, the chair near Bed 1 was replaced and the wall repairs were completed. Rm 159 - the baseboards were cleaned, the over bed table was replaced and the headboard, and toilet were repaired. Rms 160 and 163 - the walls were repainted. Rm 164 - a new was installed and the light over the sink were repaired. The personal refrigerator was defrosted and cleaned. Rm 165 - the wall and mirror were repaired and the door frame was re-caulked. - the door frame was re-caulked. - the ceiling tiles were replaced. - the television was replaced. - the tiles in the repaired. - the over bed light cord was replaced and the wall repairs were completed.	/15

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F 253 SS=E	Continued From page 2 #18 - The was soiled. #... - The faucet was continuously dripping. During an interview, conducted on at 10:30 AM with the Administrator and Director of Maintenance, the findings of the observation tours conducted on and were reviewed. During the interview, it was revealed that the facility staff are required to fill out work orders located in a box located at each nurses station when housekeeping and/or maintenance issues are observed. The work orders are collected 3-4 times daily by maintenance staff and comments are documented on the work orders when repairs are completed. It was further revealed during the interview that staff are not thoroughly checking for housekeeping/maintenance issues and are not properly documenting , completing, and turning in the maintenance/housekeeping work orders.	F 253	**F253 cont'd** **Rm 17 - the over bed light cord was replaced.** **Rm 18 - the was cleaned.** **Rm 21 - a new faucet was installed.** **-Current facility residents have the potential to be affected by this practice** **-Facility was inspected to address additional housekeeping/maintenance concerns. Maintenance and Housekeeping staff were educated on the environmental concerns including, but not limited to, repair of blinds, head and foot boards, walls, ceiling tiles, , floors and baseboards, doors, sinks/faucets, mirrors, refrigerators, toilets, over bed tables, pull and televisions. Facility staff was educated on the correct the procedure for notifying maintenance and housekeeping of any concerns noted within the facility. Maint and H/keeping Directors/designees will perform random inspections of the building to ensure compliance.** **-Results of the inspections will be discussed at the monthly Performance Improvement meeting for a period of two months.**	11/23/15
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation , interview, and record review, conducted on at 11:30 AM in the residents dining and resident It was determined that 25 residents with physician ordered pureed diets that included 6 residents (Resident #2, Resident #85, Resident	F 364		

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F 364	Continued From page 3 #122, Resident #128, Resident #145, and Resident #147) were not prepared by methods that conserve nutritive value, flavor and appearance. The findings include; During observation of the lunch meal on at 11:30 AM conducted in the resident dining rooms (3) and resident , it was noted that the pureed diets served to Resident #2, #85, #122, #128, #145, and #147 were unattractive in appearance. Specifically, the pureed meat (stuffed peppers) and and pureed vegetable (green beans) did not stand on the plate and ran into each other on the main plate. At the time of the observation in the back dining room, the Food Service Manager, Registered Dietitian, and Diet Technician were asked by the surveyor to observe the plated pureed meals being served to residents. The staff agreed that the pureed entree and vegetable were too thick, ran into each other on the plate and were unappetizing in appearance. A subsequent interview with the Food Service Manager on revealed documentation that it is the facility's corporate policy that commercial food thickener may not be used for the preparation of pureed foods in their facility's. The Manager further stated that instant mashed potato flakes are used in all pureed foods as a thickener agent. The surveyor questioned that the used instant mashed potatoes for all pureed foods would effect the pureed foods nutritive value, flavor and palpability. During a further interview, the Manager stated that alternative thickening agents (natural and commercial) that	F 364	F364 -Residents affected were provided with new meal trays. -Current facility residents who receive pureed food have the potential to be affected by this practice. -Dietary staff was educated on the requirement of preparing and serving food by methods that conserve nutritive value, flavor and appearance. Dietary manager / designee will perform random observations of the tray line to ensure pureed items stand on the plate and do not run into each other. -Results of the observations will be discussed at the monthly Performance Improvement meeting for a period of two months.	

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F 364	Continued From page 4 could be used in the preparation of pureed foods will be tested for food use.	F 364	**F441** **-Nurses C, D, E and F received education on the correct procedures for cleaning the glucometer and for hand washing. Nurse B received education on the correct procedure for cleaning the glucometer. The nurse responsible for the medication cart near D-50, and the staff in the West Wing dining education regarding the correct procedure for disposing of trash. Staff A received education regarding appropriate hand washing while handling resident equipment and supplies.** **-Current facility residents have the potential to be affected by these practices.** **-Licensed nurses received education on the facility's policies for glucometer cleaning and hand washing. Facility staff received education on the proper way to dispose of trash. Dietary staff received infection control education for when handling resident equipment and supplies to maintain a safe, sanitary and comfortable environment.**	11/23/15
F 441 SS=E	483.65 CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of and (a) Control Program The facility must establish an Control Program under which it - (1) Investigates, controls, and prevents in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to (b) Preventing Spread of Infection (1) When the Control Program determines that a resident needs isolation to prevent the spread of , the facility must the resident. (2) The facility must prohibit employees with a communicable or skin from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. ( ) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		

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F 441	Continued From page 5	F 441		

This REQUIREMENT is not met as evidenced by:
Based on observation, documentation review and interview, the facility failed to ensure that an Control Program was maintained that provides a sanitary environment and helps prevent the development and transmission of . This was evidenced by 1). lack of implementation of the policy & procedure and manufacturer's guidelines for glucometers on 4 of the 8 units to include NE (northeast), SE (southeast), NW (northwest) and D wings; 2). lack of proper hand washing per the facility's policy & procedure on NE, SE, and D wings and in the back and front main dining ; 3). failure to ensure two randomly observed garbage containers were properly covered on a medication cart on the D unit and in the West Unit dining ; and 4) failure to ensure staff used appropriate control practices when handling food, utensils and linen.

The findings include:

Review of the manufacturer ' s instructions on the packet/label of PDI Sani-Cloth AF3 Disposable Wipe revealed: " Use a wipe to remove any heavy soil. Unfold a clean wipe and thoroughly wet surface. Treated surface must remain visibly wet for a full three (3) minutes. Use additional wipe(s) if needed to assure continuous 3 minute wet contact time. "
Review of the manufacturer ' s instructions for the Sani-Cloth AF3 Disposal Wipe Technical Data Bulletin revealed: For Borne

F441 CONT'D

- Control nurse / designee will perform random observations to ensure facility is maintaining an effective control program including, but not limited to, hand washing, glucometer cleaning, trash disposal and when handling dietary equipment.

-Results of the observations will be discussed at the monthly Performance Improvement meeting for a period of two months.

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F 441	Continued From page 6 , for and , the exposure time to the wipe is 3 minutes at 68 degrees Fahrenheit (F); For -1, exposure time is 30 seconds at 68 degrees F; For Enveloped Viruses, the exposure time is 3 minutes at 68 degrees F; For , the exposure time is 3 minutes at 68 - 69.8 degrees F; For Multi-Drug Resistant , the exposure time is 3 minutes at 68-69.8 degrees F.; For Mycobacterium Bovis - BCG ( ), the exposure time to the wipe is 3 minutes at 68 degrees F.; For Organisms, exposure time is 15 seconds at 68 degrees F.; and For Yeast Organisms, the exposure time to the wipe is 3 minutes at 68.8 degrees F.. Review of the manufacturer ' s instructions for the Super Sani-Cloth Disposable Wipe Technical Data Bulletin (purple top container) revealed: For Multi-Drug Resistant , the exposure time is 2 minutes at 68-77 degrees F; For , exposure time is 2 minutes at 66-77 degrees F; For Mycobacterium Bovis - BCG (TB), the exposure time to the wipe is 1 minute at 68 degrees F; For Enveloped Viruses, exposure time is 2 minutes at 60 degrees F. and Respiratory Syncytial ( ) is one minute at ; For Non-Enveloped Viruses, exposure time is 2 minutes at 68 degrees F; For Borne , for HBV and , the exposure time to the wipe is 2 minutes at 68-77 degrees Fahrenheit (F) ( ); For -1, exposure time is 30 seconds at 68 degrees F; and For Yeast Organisms, the exposure time to the wipe is 2 minutes at 72-74 degrees F.. Review of the manufacturer ' s guidelines for Oxivir and Oxivir wipes (white top container) revealed: a ready to use cleaner	F 441		

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F 441	Continued From page 7	F 441		

disinfectant based on proprietary AHP to deliver fast, effective cleaning performance ...Effective Bactericidal and Virucidal in one minute, kills , , -1 (AIDS) in one minute, Tuberculocidal ( ) in five minutes and kills fungi in ten minutes. Under the Use Overview: All surfaces must remain wet for one-minute to kill , -1, HBV and Use a five-minute contact time for and a ten-minute contact time for fungi; Wipe surfaces dry, rinse or allow to dry.

Review of the CDC (Center for Control and Prevention) guidelines for and Sterilization in Healthcare Facilities, 2008, provided by the Control designee on at 8:05 AM revealed are not interchangeable and incorrect concentrations and inappropriate disinfectants can result in excessive costs; Under Chemical - These are rapidly bactericidal rather than against vegetative forms of ; they are also Tuberculocidal, fungicidal and Virucidal but do not destroy spores; Under Microbicidal Activity - Methyl ( ) has the weakest action on the and seldom used in healthcare. , at concentrations of 60-80%, is a potent Virucidal agent inactivating all of the lipophilic viruses (, , and) and many hydrophilic viruses but not A ( ) 68 or poliovirus. (70%) was the most effective concentration for killing the tissue phase of neoformans, Blastomyces dermatitidis, Coccidioides immitis, and Histoplasma capsulatum and the culture phase of the latter 3 organism aerosolized onto various surfaces.

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F 441	Continued From page 8 Review of the Glucometer manual, Chapter 9 Caring for Your Glucometer revealed: Store your glucometer in its carrying case ...Healthcare Professionals: Acceptable cleaning solutions include: 70% or A mixture of 1 part ammonia, 9 parts water or A mixture of 1 part household bleach, 9 parts water. (Note - there were no instructions on this page for the glucometer). Review of the facility policy & procedure for Cleaning and of the Glucometer provided on at 8:04 AM revealed: Equipment & Supplies: Super Sani-Cloth or Sani-Cloth Plus wipes (individual wipe) or an equivalent product that kills B and -borne , disposable cup if using a tub or quick pull canister of Super Sani-Cloth or Sani-Cloth Plus to place wipe in before taking to resident ' s , Gloves, Damp paper towel for cleaning, 2 barriers; Under Policy: The following procedure is to be completed in the resident ' s a glucometer check before leaving the , Note: The canister or tub of wipes is not to be taken into the resident ' s ; Place one wipe in the disposable cup to transport it into the resident ' s . Under Procedure: Follow the steps below after you have taken the glucometer reading per the policy/procedure: 1. Dispose of glucose strip..2. Place a barrier (e.g. a paper towel) on the table surface 3. Place the glucometer on the barrier 4. Removed your gloves, wash or sanitize hands, and put on fresh gloves 5. Place a second barrier on the table surface, away from and not touching the first barrier 6. Use the damp paper towel to remove any visible ...7. Pick up the glucometer from the first barrier and it with a Super Sani-Cloth wipe or an equivalent product that kills	F 441		

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F 441	Continued From page 9 ...B and ...borne ... Follow the manufacturer ' s guidelines for wet time when applying ...8. Place the glucometer down on the second barrier. Allow enough time to dry per manufacturer ' s instructions. 9. Dispose of the first barrier. 10. Remove gloves and wash or sanitize hands. 11. After the glucometer is dry, throw away the second barrier and put the glucometer away. 12. Follow hand hygiene protocol. Review of the policy & procedure for Hand Hygiene (Chapter 6; General Resident Care), last revised 5/2/2012 revealed: Moisten hands with soap and water and make a heavy lather and continue to rub briskly for a full 20 seconds. Ensure all surfaces including the back of hands, wrists, between fingers and under fingernails are washed. Rinse hands well under running water. Dry thoroughly with a disposable towel. Use a towel to turn off the faucet then discard. Interview with the Regional Nurse Consultant and the Director of Nurses on ... at approximately 4:45 PM while on the East hallway revealed that ... wipes are not used in the facility to ... the glucometers (a medical device for determining the approximate concentration of glucose (sugar) in the blood) but the ' Oxivir Th ' wipes are used for this purpose. Interview with the ... Control Registered Nurse on ... at approximately 2:00 PM revealed the staff can utilize ... wipes to clean the glucometers, the Oxivir Th wipes are used for ... cuff cleaning only and the Sani-Cloth wipes can also be used to ... the glucometers. She further stated that the staff are to follow manufacturer's instructions when	F 441		

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F 441	Continued From page 10 using Sani wipes. 1(a). On at 4:17 PM, observation on the East Hall - NE, with Staff E, a Licensed Practical Nurse (LPN), revealed the nurse removed the glucometer from the medication cart and wiped the glucometer for 12 seconds with an swab. Staff E completed the glucometer testing (ACCU check for sugar level) for Resident #146, took the glucometer back to the cart and wiped it for 10 seconds with an alcohol wipe. When questioned, Staff E said she wipes it with , lets it dry, and uses it for the next patient. Following the ACCU check, Staff E washed her hands for 7 seconds; provided the resident with nasal spray and washed her hands for 5 seconds and went back to her medication cart in the hallway. 1(b). On at 4:35 PM, observations on the East Hall - SE, with Staff F, a LPN, revealed the nurse removed the glucometer from the medication cart and wiped the glucometer with an ' Oxivir ' wipe, pulled from its container & wiped the glucometer for 52 seconds and placed it back in the cart. She removed the glucometer from the cart, entered Resident #150's , washed her hands for 15 seconds and turned off the tap with the same paper towel as used for drying her hands. She completed the , took the glucometer back to the medication cart, wiped the glucometer with an Oxivir wipe for 32 seconds, laid it on a tissue to dry for 22 seconds and placed in back in the medication cart. 2 (a). During an observation on at 3:43 PM Staff B, a LPN, obtained an for Resident #128, who resides on the NW wing. After obtaining the reading, Staff B cleaned the	F 441		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105516	A. BUILDING _____ B. WING _____	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	Continued From page 11 glucometer at 3:50 PM with a Sani-Cloth AF3 wipe and placed the machine back on the clean tray. At 3:52 PM the LPN stated, "The machine is dry." During the continued observation on at 4:03 PM, Staff B obtained an for Resident #99, who also resides on the NW wing. Staff B cleaned the glucometer both before and after the procedure with a Sani-Cloth AF3 wipe. The glucometer was noted to be dry within a minute of wiping it off. Staff B stated that he was using a second glucometer and confirmed that the glucometers are used for multiple residents. An interview was conducted with Staff B after the observations on at 4:32 PM. Staff B was asked specifically if there was any time frame related to the cleaning of the glucometer. The LPN stated, "No, you just wipe it down and let it dry." 2(b). During an observation on at 4:35 PM, an accucheck for Resident #185 who resides on the D wing was obtained by Staff C, a LPN. After obtaining the sugar level, Staff C washed her hands for a total of three seconds. Staff C proceeded to clean the glucometer using two Sani-Cloth AF3 wipes at 4:45 PM. Staff C failed to sanitize or hand wash after cleaning the glucometer, and proceeded to draw up and administer to Resident #185. Staff C then washed her hands for a total of 5 seconds. During an interview immediately after the med pass, Staff C was asked about the second wipe used on the glucometer. The LPN stated, "I'm a little about the glucometers, and so I use a second wipe." When asked about any time	F 441		

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	105616	A. BUILDING _____ B. WING _____	015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

(X4) ID PREFIX TAG	STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 441	Continued From page 12	F 441		

frames involved with the , the LPN stated, "As long as it stays wet for two minutes, you are good." Note that the wet time for the Sani-Cloth AF3 wipes is three minutes.

2(c). During an observation on 10/21/15 at 11:39 AM an was obtained for Resident #185 by Staff D, a RN (Registered Nurse). Staff D gathered the supplies on a clean tray to include the glucometer, gloves and a lancet. Staff D placed the tray on the resident's over-the-bed table. The RN washed her hands for ten seconds and donned gloves. After obtaining the sample, Staff D placed the used glucometer directly on the resident's over-the-bed table, and washed her hands for ten seconds. Staff D took the used glucometer out to the hallway and placed it directly on top of the medication cart. Staff D sanitized, gloved, and used a Super Sani-Cloth | Disposable wipe to clean the glucometer, and then wrapped the glucometer in a cloth. The RN then washed her hands for a total of eight seconds.

During an interview immediately after the observation, Staff D stated that she had to let the glucometer dry. When asked specifically about any wet time involved in the cleaning of the glucometer, Staff D was unsure of the time frame.

3) During the initial tour on at 9:23 AM, the small trash container located on the medication cart near ~50 was noted to be open with the lid up. Trash was noted to be in the container.

During the lunch observation on /15 at 12:30 PM in the West wing dining , a large

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	105516	A. BUILDING _____ B. WING _____	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

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F 441	Continued From page 13 rolling trash container, approximately half full of garbage was noted to be open, with the lid up. There were about ten residents present at this meal. During this lunch observation numerous staff were observed coming in and out of the dining others were in the dining residents. One staff member used the container and did not close the lid. 4) During the observation of the lunch meal in the front and back dining on at at 11:55 AM it was noted that the large soup terrains (2) were being delivered on a cart to the dining areas by a diet aide (Staff A). Further observation noted that the aide was sniffling and wiped her hands across her face and nose. The aide was noted to touch the soup terrains and ladles without washing her hands. Further observation noted that the aide then began to handle resident clean silverware and clean tables linens again without washing or sanitizing her hands. The matter was immediately brought to the attention of the facility's Food Service Manager and Registered Dietitian.	F 441		

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STATEMENT OF AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	95007	A. BUILDING: _____ B. WING _____	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARCY HALL OF LIFE CARE	2170 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33409

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	INITIAL COMMENTS An unannounced Relicensure survey was conducted on [redacted] at Darcy Hall of Life Care. The facility had deficiencies found at the time of the visit.	N 000	N111 [redacted] - the [redacted] lock was repaired, and the air conditioning unit was re-caulked. [redacted] - the door was repaired and the scuff marks were removed from the walls. [redacted] - the toilet base was re-caulked. Rm 154 - the [redacted] and the toilet were cleaned. The over bed light for bed 1 was repaired, the chair near Bed 1 was replaced and the wall repairs were completed. [redacted] - the baseboards were cleaned, the over bed table was replaced and the headboard, bathroom floor and toilet were repaired. [redacted] 160 and 163 - the walls were repainted. Rm 164 - a new [redacted] was installed and the light over the sink were repaired. The personal refrigerator was defrosted and cleaned. Rm 165 - the wall and mirror were repaired and the door frame was re-caulked. [redacted] - the door frame was re-caulked. Rm 178 - the ceiling tiles were replaced. [redacted] - the television was repaired. [redacted] - the tiles in the [redacted] repaired. Rm 13 - the over bed light cord was replaced and the wall repairs were completed. Rm 17 - the over bed light cord was replaced. [redacted] - the [redacted] was cleaned. Rm 21 - new faucet was installed.	
N 111	59A-4.122(2), FAC Physical Environment - Specifics The facility shall provide: (a) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; (b) Clean bed and bath linens that are in good condition; (c) Private closet space for each resident; (d) Furniture, such as a bed-side cabinet, drawer space; (e) Adequate and comfortable lighting levels in all areas; (f) Comfortable and safe temperature levels; and (g) The maintenance of comfortable sound levels. Individual radios, TVs and other such transmitters belonging to the resident will be tuned to stations of the resident 's choice. This Statute or Rule is not met as evidenced by: Based on observation and interview, conducted on [redacted] through [redacted] It was determined that the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for 4 of 8 resident wings (B Wing, D Wing, East Wing, and West Wing). The findings include: During the environmental tours conducted by the survey team on [redacted] and [redacted] the following issues were noted:	N 111		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPL... REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 11/12/15

STATE FORM [redacted] P4XB11 If continuation sheet 1 of 3

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BY:

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STATEMENT OF DEFICIENCIES AND AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	95007	A. BUILDING: _____ B. WING_____	10/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 111	Continued From page 1	N 111	**N111 CONT'D**	

B Wing:
- The lock not working properly. The air conditioning unit was in need of re-caulking around the
D Wing:
- The had numerous large black scuff marks and the room entry door was in disrepair.
- The floor caulking around the toilet base was stained.
East Wing:
- The was soiled and brown stains were noted at the base of toilet. The over bed light of Bed 1 was not functioning properly. The near Bed 1 was worn and torn. The repairs were incomplete.
- The had numerous scuff marks. The over bed table for Bed 1 was in disrepair. The headboard for Bed 1 was loose. A small hole was observed in the bath and the toilet did not flush properly.
#160 - The wall near the requires repainting.
- The wall near the requires repainting.
- The shades were missing slats. The light over the was not working. The personal refrigerator for Bed-2 was soiled and had ice build-up.
-The was damaged. The mirror was desilvered. The frame requires re-caulking to the wall.
- The entry requires re-caulking to the wall.
Room #178 - Ten ceiling tiles, located above Bed 2 were noted to be warped and not fitting the ceiling frame correctly.
West Wing:
- The television was not working

-Current facility residents have the potential to be affected by this practice.

-Facility was inspected to address additional housekeeping/maintenance concerns. Maintenance and Housekeeping staff were educated on the environmental concerns including, but not limited to, repair of blinds, head and foot boards, walls, ceiling tiles, , floors and baseboards, doors, sinks/faucets, mirrors, refrigerators, toilets, over bed tables, pull and televisions. Facility staff was educated on the correct the procedure for notifying maintenance and housekeeping of any concerns noted within the facility.

-Maint and H/keeping Directors/designees will perform random inspections of the building to ensure compliance.

-Results of the inspections will be discussed at the monthly Performance Improvement meeting for a period of two months.

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N 111	Continued From page 2 properly. #11 - The were coming off of the wall behind the toilet. - The over bed light cord was missing for Bed 1. The repairs were not complete. # - The light cord was missing for the over bed light of Bed 1. # 8 - The was soiled. # - The faucet was continuously dripping. During an interview, conducted on at 10:30 AM with the Administrator and Director of Maintenance, the findings of the observation tours conducted on and were reviewed. During the interview, it was revealed that the facility staff are required to fill out work orders located in a box located at each nurses station when housekeeping and/or maintenance issues are observed. The work orders are collected 3-4 times daily by maintenance staff and comments are documented on the work orders when repairs are completed. It was further revealed during the interview that staff are not thoroughly checking for housekeeping/maintenance issues and are not properly documenting , completing, and turning in the maintenance/housekeeping work orders. Class III	N 111		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Darcy Hall Of Life Care
2170 Palm Beach Lakes Blvd
West Palm Beach, FL 33409

RE: Recertification and Life Safety Surveys

Dear Administrator:

On , 2015- , 2015, a Recertification, Licensure and Life Safety Code surveys were conducted in your facility by representatives of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit.

You will not receive a copy of this letter and attachments in the mail; you will only receive this faxed report.

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. **Deficiencies shall be corrected no later than , 2015.**

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not

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recur, i.e., what quality assurance program will be put into place.

Recommended Remedies:

Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.

Remedies will be recommended for imposition by CMS if your facility has failed to achieve substantial compliance by the revisit. Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- Civil Money Penalty, in an amount and duration to be determined by CMS.
- A mandatory denial of payment for new admissions will be imposed , 2016 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on , 2016 if substantial compliance is not achieved by that time.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, the CMS Regional Office or State Medicaid Agency will impose the other remedies indicated above, or a revised remedy, if appropriate.

Informal Dispute Resolution:
In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Attention: IDR Coordinator
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop 9-A
Tallahassee, Florida 32308
FAX (850) 414-6946
or
Phone number: (850) 412-4301
IDRCoordinator@ahca.myflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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. If you have questions, please contact this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

R6WB