STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIES

F 000 : INITIAL COMMENTS

conducted on

SS=E: INDIVIDUALITY

dining

individuality.

The findings included:

ABBEY DELRAY SOUTH

(X4) ID

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE .. MEDICAID SERVICES

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION

An unannounced Recertification survey was

The facility must promote care for residents in a

manner and in an environment that maintains or

enhances each resident's dignity and respect in full recognition of his or her individuality.

This REQUIREMENT is not met as evidenced

Based on observation, interview, and record

reviews, it was determined that the facility staff failed to promote care in an environment in the

bells that maintains each residents dignity and

1) During the observation of the lunch meal on

, breakfast and lunch meals on , and breakfast meal on

respect in full recognition of his or her

, meal service, and answering of call

Mansone

Abbey Delray South. The facility is not in compliance with 42 CFR Part 483 Requirements

for Long Term Care Facilities.

F 241 483,15(a) DIGNITY AND RESPECT OF

through

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

105411

. . / . / . . . 12:14 PRINTED: 03/16/2016 FORM APPROVED OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING B WING 03/10/2016 STREET ADDRESS, CITY, STATE, ZIP CODE. 1717 HOMEWOOD BLVD DELRAY BEACH, FL 33445 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XS) PLETION PREFIX TAG DEFICIENCY) The statements made on the Plan F 000 of Correction do not constitute admission of agreement by the provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies, The Plan of Correction is prepared and/or F 2411 executed solely because it is required by the provision of Federal and State Laws. 4/10/1 F 241 It is the practice of Abbey Delray South to promote and care for residents in a manner and in an environment that maintains or enhances each residents dignity and respect. Residents receiving tray service in and all residents and others in the hallways may have been affected by the deficient practice at the time of the survey. Resident meal trays will no longer be bussed in the hallway. The used tray will be placed in a covered cart and then bussed in the kitchen area. New tray carts have been purchased to better serve the

	was noted that dietary transport carts are placed :	
	in the hallways of the Cypress, Ashley, and	
	Banyon resident units, Further observations	
	revealed that many resident eat their meals in	
	their own . Upon finishing their meals the	
	CNA's remove the resident and	
	scrape garbage/trash into bussing bins located on	
	the transport carts, the soiled dishes are then	
ABORA	TORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNAT.	

trays removed from resident's

resident's needs, preserve the cleanliness in the hallways and facilitate the collection of meal

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 renticipation

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 4LIR11

Facility ID: 95052 RECEIVE Gran sheet Page 1 of 17

(XA) DATE

MAR 2 4 2016

BY:

		AND HUMAN SERVICES  & MEDICAID SERVICES			. 0		APPROVED 0. 0938-039
STATEMEN	T-OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		105411	B. WING			03	/10/2016
NAME OF	PROVIDER OR SUPPLIER		T	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
ARREVI	DELRAY SOUTH		1	17	717 HOMEWOOD BLVD		
/ / /	DELIGIT GOOTH		- 1	Di	ELRAY BEACH, FL 33445		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFID TAG	<b>4</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	DSS) COMPLETION DATE
	a thin bed sheet. Or covering sheet had the garbage/trash a During the observat numerous residents hallways and have t scraping the soiled covering sharbage/ar conducted with adm 10:10 AM revealed i resident dishes in thas been going on fresident dishes in thas been going on fresident dignity issuimmediately.  2) A confidential intresidents on asked the resident id and respect. The reshave a bad attitude when provide the staff man and the staff man one tab was observed with o continued by an aide a no food in front of the At 7:35 a.m. 6 tables was observed with o control of the form of the fat 7:35 a.m. 6 tables was observed severed.	which is then covered only by numerous occasions the slipped off the carts exposing de slacks of solided dishes. Inside the slage of the carts exposing de slacks of solided dishes. Inside the slage of	F2	** (4.7) ** Commondative and the process of the pro	Dietary and team members will be educated on the new system.  The Dietary Supervisor or Nursin Supervisor or Will monitor the tray removal process to ensure the the trays are covered and no bussed in the hallways.  The Dietary or Nursing Supervisor or designee will conduct an aud of meal tray removal 5 times or designee will conduct an aud of meal tray removal 5 times week for two months and then sample of 15 meal times for a sadditional two months to ensure that the tray cart its covered an that trays are not bussed in the hallways.  The results of the audits will be reported to the DON and to the QAPI Committee of the DON and to the QAPI Committee.  2. It is the practice of Abbey Delray to ensure that the resident is treated with dignity and respect. Abbey Delray South expects is treated with dignity and respect. Abbey Delray South expects residents to be provided all levels of care in a manner that promotes a dignified experience and one where there is no fear of reprisal.	gy statut viitaan eebe	4/10/14
		s situated at the back right of		i			

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0  STATEMENT OF DEFICIENCES (X1) PROVIDERSUPPLEFICIA (X2) MULTIPLE CONSTRUCTION (X3) DATE S  AND DE MAJOR CONFERENCES	
AND PLANOF CORRECTION DENTIFICATION NUMBER: A BUILDING COMPL	- 1
105411 E. WING 03/10	/2016
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1717 HOMEWOOD BLVD	- 1
ABBEY DELRAY SOUTH DELRAY BEACH, FL 33445	
(X4) ID SUMMARY STATEMENT OF DEFCIENCIES ID PROVIDERS FLAVO & CORPORTION PREFX (REACH DEFCIENCY MUST BE PRECEDED BY FULL PREFX (REACH DEFCIENCY MUST BE PRECEDED BY FULL PREFX (REACH DEFCIENCY OR LSC IDENTIFYING INFORMATION) TAG (ROSS-REFERENCE TO THE APPROPRIATE DEFCIENCY)	(XS) COMPLETION BATE
F 241 Continued From page 2 the dining to the windows was observed to have no meal service as yet. One of the tables seated 55 female residents, referred to as "Table A" and the other table seated 4 female residents and 1 male resident to as "Table A" and the other table seated 4 female residents and 1 male resident to as "Table B".  At 7.54 a.m. a resident was brought in to the dining an aide and an attemp to place the resident at Table A" and the other table seated at the beautiful to be more than a specific intervention.  All residents have the potential to be more than a teresident from Table B" out of the way and the new resident tro	4/10/

#883 P.

DEPARTMENT OF HEALTH AND HUMAN SERVICES		i	FORM APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES			MB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	RITIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
105411	B. WING	3	03/10/2016
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
ABBEY DELRAY SOUTH		1717 HOMEWOOD BLVD	
ABBET DELRAT SOUTH		DELRAY BEACH, FL 33445	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREEX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG ; REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREE TAG		D BE COMPLETION
F 241 Continued From page 3 was observed to be staring over at Table A' whit was now being served. It was observed that 4 residents were being fed oatmeal and one resident did not receive anything. At 8:11 a.m. the 1 resident at Table A' that had nothing was now being served oatmeal and was being fed by an aide. At 8:15 a.m. a female resident at Table B' was observed to wake up. Another female resident at the table was observed to open a coffee creame and drink the creamer. She drank 3 of the creamers then was observed to open up a of butter and with the end of a tablespoon ate the butter. The male resident at the table was observed to continue to stare at Table A' where the residents had received their food. At 8:17 a.m. the resident sat Table A' ware being fed oatmeal by the 5 aides sitting at the table. At 8:19 a.m. a female resident wheeled herself into the dining 'immediately was offere cereal and juice by a dietary aide. At 8:22 a.m. the male resident of Table B' continued to look over at Table A' whe were bein fed oatmeal then he was observed to look down at his table and then back at the table that had food then back at his table, his table had not been offered food as yet. At 8:24 a.m. Table B' still had no food offered. It was also observed there was no interaction of th numerous staff members with the residents as the staff were milling around the dining 'I' was observed that no staff were paying any attention to this table with no food. At 8:25 a.m. an aide came to Table B' and at next to the male resident. There was still no food at the table and no effort by the aide to initiate th meal service. At 8:26 a.m. the main breakfast entree was	ch' tit tit tit tit tit tit tit tit tit ti	ensure that tables are place their proper locations before the service is started to pre-inadequate space for resichairs and wheelchairs and ensure ease of movement to from a table in the dining table.  Table placement will be arran by the Dining the Health Center to provide resident movement.  The table placement will audited five times a week for months and then five tire monthly for two additional mor and the findings reported to QAPI committee each month then quarterly or as determined the QAPI committee.	port to the control of the control o
ORM CMS-2587(02-99) Previous Versions Obsolete Event ID: 4LR	R11	Facility ID: 95052 If continue	tion sheet Page 4 of 17

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#883 P.

DEINITED: 03/46/2016

		AND HUMAN SERVICES & MEDICAID SERVICES			FOR	M APPROVED O, 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		PLE CONSTRUCTION (X3) D	ATE SURVEY OMPLETED
		105411	B. WING	· 		
NAME OF	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE	
					1717 HOMEWOOD BLVD	
ABBEY	DELRAY SOUTH				DELRAY BEACH, FL 33445	
(X4) ID PREFIX TAG	SEACH DESIGNENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F 241	then another plate e making 3 of the 5 r with food and 2 resi resident at Table B' staring nonstop at 'their breakfast. At 8:30 a.m. the die milling around the d interaction observes at down at Table E went to assist anoth at another table. At 8:31 a.m. another at another table. At 8:31 a.m. another at another table. At 8:31 a.m. another at another table. At 8:32 a.m. a nursi confirmed to drink c Nobody was observ At 8:32 a.m. a nursi continued to drink c Nobody was observ At 8:32 a.m. a nursi and left. There was B; The male reside and left. There was B; The male resident was no food. Addis male resident with the side of the drink continued to drink c was no food. Addis male resident with the continued to drink c was no food. Addis male resident with the drink of the drink o	red to 2 residents at Table A', of food was brought over easidents seated at the table dents without food. The male was observed to now he Table A' with oah been served tary aide was observed to now he Table A' with oah been served tary aide was observed to be lining. There was no the table and the Table A' with Table B'. The aide that a' at 8.25 a.m. got up and ser resident with her breakfast or aide came to Table B' and he maile resident and the dident. The aide was observed resident water and she took ent that was observed at 8.09 from an empty coffee mug ut of the empty coffee mug and to offer her a beverage, identifying herself as the yan unit went to Table sidentifying herself as the yan unit went to Table at command to their breakfast wown at his table where there onably it was noted that the table was the stable where there onably it was noted that the table was the stable where there onably it was noted that the table who came and went from y resident anything to drink, e continued to sit in the same tion between her and the toty male resident was		241	It is the practice at Abbey Delray South that staff communicates effectively and with residents and guests in the dining make the dining make the dining make the dining make the dining experience pleasant and enjoyable.  Team members who were deficient in this practice were advised to correct their behavior as it was made known to management during the survey.  Residents who dine in the dining at risk for the same deficiency.  a. Team members will be re-educated in proper procedures and behaviors expected in the Dining A comprehensive customer service program will be conducted and will include focusing on residents in conversations in the dining	4/10/16

Facility ID: 95052

## . 12:15 From:FLORIDA AGENCY HEALTH PRINTED: 03/16/2016 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER A. BUILDING 105411 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIES 1717 HOMEWOOD BLVD ABBEY DELRAY SOUTH DELRAY BEACH, FL 33445 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG Nursing and culinary F 241 F 241 Continued From page 5 team members who work breakfast by a dietary aide in the dining At 8:36 a.m. the aide seated at Table B' got up re- educated about and left. The male resident at 'Table B' continued procedures expected in to keep looking over at 'Table A' who were being the Dining fed breakfast. Residents who have At 8:40 a.m. the same aide came back to 'Table beverages will have the B' and sat down in the same spot as she sat beverage placed within before their reach and assisted At 8:42 a.m. another aide came to 'Table B' and as appropriate. sat down between 2 female residents. The Assistant Director of Nursing (ADON) was c. The Culinary Manager observed to come up to the table and say to the 2 will be re-educated to aides that 'these residents need encouragement' observe excess residents 4/10/16 and she was then overheard to say as she looked are not placed at one at the resident's table "Oh, no food" then table at any given time proceeded to walk away. Consideration will be At 8:43 a.m. another aide came to 'Table B' and given to the number of sat down next to the male resident, making a total residents at a table, of 3 aides now seated at the table, and she residents needing proceeded to put a clothing protector on him. She assistance and the then proceeded to take the paper covering off of impact of team members the straw in his water glass and offer him a drink and equipment that may of water which he readily took. The other aide crowd the area. sitting between the male resident and the sleeping female resident offered the sleeping d. Team members will be resident water and she opened her eyes and took re-educated regarding a sip residents with limitations At 8:45 a.m. the ADON was observed sitting at on their ability to the 'Table A' assisting a resident with feeding. At 8:47 a.m. a dietary aide came to 'Table B' and effectively manage beverages, food and for the first time offered the residents juice. A condiments. When such glass of juice was put in front of the female

resident who drank the coffee creamers and ate

to drink, took a sip, put the glass down, picked it

up again and took another sip and continued to

do this until the juice was almost all gone.

of butter at 8:15 a.m. and she said to the dietary aide "Thank you" and immediately started issues occur because of

the residents limitations,

offered. If a resident is attempting to take a

beverage glass that has

interventions will be

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	: 03/16/2016 APPROVED : 0938-0391
STATEMENT	OF DEFICIENCES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL!		LE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		105411	B. WING	·		03/	10/2016
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ABBEY I	DELRAY SOUTH			1	1717 HOMEWOOD BLVD DELRAY BEACH, FL 33445		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLIFTION DATE
	At 8:51 a.m. the res creamer was broug immediately started or sugar. Table B's for 1 hour and 19 m residents in the din done eating. At 8:52 a.m. the ma brought oatmeal an amount of the concluded in the same vantage p of the same oatlage and the same of table female residents salso had 5 females resident form of the 5 female observed that 3 of 1 m of the p themselves eating. Observation to the pitch same the control of the same vantage in the control of the same vantage observed that 3 of 1 m of the p themselves eating. Observation out height presidents stilling at 1 and one resident was tilling at 1 and one resident was tilling at 1 and the same vantage of the same vantage of the value of value of the value of v	ittling there "Are you ready?" ident that draw the coffee of a bowl of oatmeal and she eating it without adding milk was not offered/brought food inutes while all other ng eating or were le resident at "Table B' was it he aide put sugar and milk him. He eagerly ate without of a man and a sugar and milk him. He eagerly ate without of a man and a sugar and milk him. He eagerly ate without of a man and a sugar and milk him. He eagerly ate without be any and draing oint. Observation was made on. Table B' who seeted at it without the male ages were observed placed in residents at Table B'. It was the 5 female residents at Table B'. It was the 5 female residents and required total assist with was made of 2 female next table against the wall is brought soup but not the swero boserved placed in the same and table against the wall is brought soup but not the		241	not been filled team	· ·	4/10/16
	observed just sitting	utere starting into space.					

DEPARTMENT OF HEALTH			·	RINTED: 03/16/2016 FORM APPROVED MB NO. 0938-0391
CENTERS FOR MEDICARE STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105411	B. WING		03/10/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			1717 HOMEWOOD BLVD	
ABBEY DELRAY SOUTH			DELRAY BEACH, FL 33445	
PREFIX (EACH DEFICIENC	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFD TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION
dependent residen encouragement. Til made no attempt to with the residents, aides sitting at l'at require total assists interaction/commu. The aides were ob other across the ta At 12-10 p.m. the 3 no further attempts residents sitting the their meals. Also of next table Table C crackers with one I use of her left arm, with her , dum cloth and started to At 12-11 p.m. a die resident sitting arm C' and did not offe the side of the resident sitting arm C' and did not offe the side of the side of the resident sitting arm C' and did not offe the resident sitting arm C' and did not offe the resident sitting arm C' and did not offe the side of the resident sitting arm C' and did not offe the side of the resident sitting arm C' and did not offe the side of the	de at Table B' finally offered a tipice and she drank without e 3 aides sitting at Table B' make conversation or interact. Observation was made of 4 le A' with residents who with meals and there was no inclation with the residents served to be talking with each be and over the residents, aides sitting at Table B' made to offer fluids to the 3 of the foreign at the trying to open a package of a fluid of the fluid of th	F2:	1	at or s s s s s s s s s s s s s s s s s s
her soup and had i	ner bowl removed from the		Facility ID: 95052 If continua	tion sheet Page 8 of 17

		AND HUMAN SERVICES			. 0		APPROVED 0938-0391
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	IVOLANIE-	TIEN	E CONSTRUCTION		E SURVEY
STATEMENT AND PLAN C	OF DEFICIENCIES F CORRECTION	IDENTIFICATION NUMBER:	A BUILD			COM	PLETED
						l -	
		105411	B. WING	_		03/	10/2016
NAME OF F	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
			- 1	1	717 HOMEWOOD BLVD		
ABBEYE	ELRAY SOUTH		1	D	DELRAY BEACH, FL 33445		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	_	PROVIDER'S PLAN OF CORRECTION	1	(XS)
PREFIX :	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP.	RIATE	COMPLETION
TAG	REGIONATORI OR L	SC EDERTH FRED IN CHANTION			DEFICIENCY)		. 1
	···				,		
F 241	Continued From pa	ge 8	F 2	41			
	table.	5					
		oup was brought to the					
,	resident and she sa	id thank you and immediately			and the second s		
	started to eat. 'Tab'	le B' was observed to just					
		19 minutes after 'Table A'					
	located right next to	them.					
	At 12:20 p.m. the se	oup was fed to 3 of the 5					
	residents at Table i	3' and completed. Three d sitting at the table not doing					
	andhing There was	s no interaction with the			G. Article Co.		
	meidante and the re	esidents were not offered juice					i
	or water while waith	ng on the lunch entree.			1		4/10/16
	At 12:30 p.m. the fe	male resident at 'Table C'					4 /
	sitting across from t	the resident with no use of her			·		
	left arm, was asked	by a dietary aide what she			İ		
	wanted for lunch, sl	nowed her the menu, and the					
	resident made her s	selection. The dietary aide					
	totally ignored the o	ther resident, did not ask her : r the main course, she just left					
	what she wanted to the table.	r the main course, she just len					
	the table.	vation was made of another					
	dietary side going t	p to the resident at Table C'					
	and ask her what sl	ne wanted for lunch. She					
	placed her order at	that time, 5 minutes after her			1		
	table mate was ask	ed. Her tablemate was then					
		d finished before she received					
	her lunch meal at 1	2:45 p.m.					
	Additionally observe	ed during the lunch meal on			,		
	from 11:5!	a.m. to 12:45 p.m. there					
	were 10 female res	idents seated at tables who			1		
	had their wheelchair	r leas removed so the :			İ		
	wheelchair could be	pushed up to the table. The					
	wheelchair legs tak	en off were stored under their			i		
	wheelchairs. It was	observed their feet were			ļ		
	dangling loosly dow	n and their feet were not iwo female residents were					
	touching the noor. I	ng to feel around with their feet			1		
	to find the table cro	ss bar so they could rest their					
	to this the table of	So but as are, round foot area.		_			

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	03/16/201 APPROVE 0938-039
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MUI A. BUILD		CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		105411	B. WING			03/	10/2016
VAME OF	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
				171	7 HOMEWOOD BLVD		
ABBEY I	ELRAY SOUTH			DE	LRAY BEACH, FL 33445		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE
	dining , identifified with the work of the conduction of the condu	at the back right corner of the ed as "Table A" and "Table B" residents who require total sist with set up, are on puree y policy on Dignify states in dil be treated with dignify and Treated with dignify means assisted in meintalating and reself-esteem and self-worth; residents with "3.2 AM, there were 29 the main dining the sesidents stitting at their table severage served to them at 5 PM a random interview was m-sampled, alert and oriented overheard telling a private the food coming, I'm fungry im that the food coming, I'm fungry im that the food was coming a surveyor that the funch o begin at 11.30 AM er starts on time. PM a review of the Resident Council giback for 2015 Of wed, there were (12) Resident Council giback for 2015 Of wed, there were (5) months of git he poor customer service diners in the Baryan Hall was one complaint in that it takes a long time to	F	*** Constitution and the property of the constitution of the const	Any resident council meeting may disclose opportunities to improvement that should be acted upon by facility learn members.  It is the practice at Abbey Delra South to conduct morthly Resident Council meetings to improv communication between the residents and the team members. The monthly Resident Council meetings to improve the members are experiences, concerns and make recommendation for how their care is organized and provided. The Resident Council meeting is recorded in it's minutes.  The Resident Council meeting is recorded in it's minutes.  The Activities Director will be reducated to more closely monitor transfer and issues in the Resident Council meeting is the Resident Council meeting in the Resident Council meeting is an activities Director will be reducated to more closely monitor transfer and issues in the Resident Council meetings and work with the Administrator or other departments in the resolution efforts at the next Resident Council meeting.	f d yutees. H	4/10/16

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				RINTED: 03/16/2016 FORM APPROVED DMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	RECONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105411	B. WING _		03/10/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ABBEY DELRAY SOUTH		- 1	1717 HOMEWOOD BLVD	
			DELRAY BEACH, FL 33445	
PREELY /FACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S IFLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROL DEFICIENCY)	DBE COMPLETION
F 241 Continued From pa conducted on stated that the Resistand time for services with the Resistand that the	at 3:20 PM, it was deen is unhappy with the ent has to wait an extended the nurses. The Resident hith enurses. The Resident eits bed and unorganized, reside for long periods of time to ly when she is hungry and tential. Resident further states des. This is the Resident's the second in the state of the second in the resident's his facility, and states this is ITRITITYE VALUE/APPEAR, ER TEMP ves and the facility provides ethods that conserve nutritive operannee; and foot that is , and at the proper	F 24	The Activities Director will monitor and report on trends in the Resider Council meeting minutes over the next 12 months and report months to the Administrator and at the QAF Committee monthly and the quarterly as determined by the QAF committee.	4/10/16
by: Based on observat determined that the prepared by methos value, Ravor, and ag The findings include During the kitchen/f conducted in the m the facility's adminis a 49.50 Ah cooked honeless of	ad:  lood service sanitation tour  lin kitchen accompanied with  strator and executive chef on  it was noted that 5 pans of  licken portion (approximately  ithin waik-in refrigerator #2.  the chicken was		too far in advance.  Dietary staff will be inserviced on use of standardized recipes for proper preparation.  The Certified Dietary Manager or Clinical Dietician will inspect the menu and assess that no food is prepared more than 4 hours before meal service.  The menu and food needed to fulfill the menu will be audfied 5 times a week for three months to ensure that no food is prepared more than 4 hours in advance.	dion sheet Page 11 of 17

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

PRINTED: 03/16/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105411	B. WING		
NAME OF PROVIDER OR SUPPLIER  ABBEY DELRAY SOUTH	TEMENT OF DEFICIENCIES	ID.	STREET ADDRESS, CITY, STATE, ZIP CODE 1717 HOMEWGOD BLVD DELRAY BEACH, FL 33445 PROVIDER'S PLAN OF CORRECT	10N (xs)
PREETY (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		ADBE : COMPLETION
revealed that the ch hours in advance as a reheating for the lur interview revealed it excessive reheating including poutly we of the food nutritive appearance and pais standardized recipe Chicken Creole revidenment of the interview of the standardized recipe Chicken Creole revidenment of the limit has a standardized recipe Chicken portions 24 observation of the limit has a standardized recipe substitute. It was all interviews, resident of the substitute. It was all interviews, resident of 5 of 5 of 50 being serv. F 371 483.35(i) FOOD PR SS=F STORE/PREPARE	inducted with the chef inchem was prepared over 24 and would require excessive ch meal of Further that the chef was unaware the and cooking of foods uld result in a negative effect content as well as atability. Review of the for the preparation of the saled that there was no tions to prepare the boneless hours in advance. During the unch meal conducted on ey and Cypress dining merous residents did not as and asked for an entree so noted during individual stated issues with the quality of. OCURE, SERVE - SANITARY	F3	will conduct daily rounds to ensi use of standardized recipes. A report of the audit will be submitted to the Administrator a daily basis, and a weekly summary report will be present to QAPI Committee on a month basis for three months and the quarterly or as determined by ti QAPI committee.  71 F371 Food Procurement, Store/Prep/Serve-Sanitary	on ed by n ne e
considered satisfact authorities; and (2) Store, prepare, of under sanitary cond  This REQUIREMEN by: Based on observati	m sources approved or to to to to to to to to to to to to to		Abbey Delray South procures fo from sources approved or considered salisfactory by Federal, State or local authoritie Abbey Delray South stores, prepares, distributes, and server food under sanitary conditions. Residents receiving meal servic could have been affected at the time of meal service during the survey.	s. :

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	& MEDICAID SERVICES	,			FORM OMB NO	03/16/2016 1 APPROVED 1. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILI		LE CONSTRUCTION		TE SURVEY MPLETED
	105411	B. WING			03	/10/2016
NAME OF PROVIDER OR SUPPLIER			1 .	TREET ADDRESS, CITY, STATE, ZIP CODE		
ABBEY DELRAY SOUTH				DELRAY BEACH, FL 33445		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL, BC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	COMPLETION DATE
conditions that inclu- concentration in the cleaning cloth bucks facial hair in food pr proper refrigeration hazardous foods, 3) held at regulatory te The findings include A) During the kitche of the main kitchen 9:30 AM accompani executive cheft, the 1 1) Prior to the tour it to be preparing food revealed that the ch were not covered wit that foods were not 2) Chemical level te executive chef of the deaning rags bucke chemical sanitizer m requirement. The fir excessive Quaterna 3-compartment sink The regulatory requi- sanitizing agent was over 400 PPM. Their boxicity being left on pans, and otionalis w served. 3) During the observer refrincestor 22 II was	and server food under sanitary dee: 1) proper chemical 3-compartment sink and size, 2) proper convening of eparation and serving areas, storage of potentially ensure hot foods are being imperatures.  In 160 of serving areas, storage of potentially ensure hot foods are being imperatures.  In 160 of serving areas, storage of potentially ensure hot foods are being imperatures.  In 160 of serving areas, storage of serving and collowing were noted:  In 20 were noted:  I	F	371	The deficiency has  1. Culinary team members will be inserviced on using a hair when they have facial hair.  2. Culinary team members will be inserviced on chemical sanifizers to meet the regulatory requirement of 20 PPM.  3. Culinary team members will be inserviced on proper storage of raw foods and cooked food items.  4. Culinary team members will be inserviced on proper of disposal of unused breakfast food items. To clarify the sausage was not for the Health Center residents.  5. Culinary team members will be inserviced on taking termineratures of all hot/. J food items prior to meal services.	)	4/10/16

		AND HUMAN SERVICES				FORM	03/16/2016 APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILL		LE CONSTRUCTION	COM COM	E SURVEY PLETED
		105411	B. WING			03/	10/2016
NAME OF	PROVIDER OR SUPPLIER			1 8	STREET ADDRESS, CITY, STATE, ZIP CODE		
				1	1717 HOMEWOOD BLVD		1
ARREA	DELRAY SOUTH			1	DELRAY BEACH, FL 33445		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETION DATE
,	cooked hamburg ps stored next to a box shelf contained 1 pz (25) that was directl raw pork.  4) During the tour or that a pan of uncove that a pan of uncove the main steam table sausage links was so breakfast med. At temperature of the saulity's calibrated temperature of the 96 degrees F which required hot food hedgrees F.  5) During the obserconducted on Cypress satellite kift facility's Registered noted that hot foods were not being held temperature of a min to food were take thermometer and we "Chicken Croole = "Bahaman Vegetat" Sauteed Cabbage "Fortified Cream St. "Pureed" Baked Potato = 12.  This deficiency have	rage shelf contained a pan of titles (25) that was directly of raw catfish and another and cooked hamburg patties of some containers of the main kitchen it was noted and save as a second of the main kitchen it was noted and save as a second of the main kitchen it was noted and save as a second of the main kitchen it was noted and save as a second of the save as a second of the save as the main the request of the surveyor the savesage was taken with the nequest of the surveyor the savesage was taken with the savesage links was recorded at did not meet the regulatory bright of the save as	F	371	Culinary Director or designee will conduct daily rounds to ensure proper usage of hair ensure chemical santitzers meet regulatory requirements, proper storage of raw & cooked food items, proper disposal of unused breakfast food items, proper disposal of unused breakfast food items, and food temperatures. Findings will be reported monthly to the OAPI Committee and then quarterly as determined by the OAPI committee.		4/10/14
	89 facility residents.				•		

Facility ID: 95052

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE	AND HUMAN SERVICES  & MEDICAID SERVICES		.0	FORM APPROVED MB NO. 0938-0391
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
	185411	B. WING _		03/10/2016
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1717 HOMEWOOD BLVD DELRAY BEACH, FL. 33445	, ,
DOESTY (FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
Control P. safe, sanitary and to help prevent the of and  (a) Control The facility must est Program under wh (1) Investigates, co in the facility, (2) Decides what p should be applied to (3) Maintains a rec actions related to (b) Preventing Spn (1) When the determines that a teleprometries that a forevent the sudent (2) The facility must communicable from direct contacts	control, PREVENT  stablish and maintain an  rogram designed to provide a  comfortable environment and  development and transmission  of Program  stablish an Control  ich it  noticit it,  control  contr	F 444		nd ol a la
hands after each d hand washing is in professional practi (c) Linens	st require staff to wash their firect resident contact for which idicated by accepted	9884	brought to QAPI committe monthly to identify any addition areas for improvement by the Director of Hospitality Services designee and then quiarterly or a determined by the QAI committee.	ee : al : ne : or as

		AND HUMAN SERVICES  & MEDICAID SERVICES					FORM APPROVED B NO. 0938-0391
ATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER SUPPLIER/CL/A IDENTIFICATION NUMBER:	(X2) MU A. BUILE		CONSTRUCTION		G) DATE SURVEY COMPLETED
		105411	B. WING				
VAME OF	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP COI 7 HOMEWOOD BLVD	Œ	
ABBEY	DELRAY SOUTH				RAY BEACH, FL 33445		
(X4) ID PREFIX TAG	FACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	B CLRJOH	E COMPLETION ATE DATE
F 441	Continued From pa	ege 15	F	441	-		
	by: Based on observareview, it was determed in the spread of the spread	ed:					4/10/14
	Services on , it was c handbags and foot the laundry area dt The Director of Ho acknowledged that personal cell phon should not be store clean linen. The Director of the whater e	with the Director of Hospitality 10:40 AM, post laundry onlined that personal 1 and water are prohibited in 1 to control issues. splitality Services further 1 personal handbags and es are considered dirty and 3d in the clean linen rector of Hospitality Services mployee lockers in which the utied to store their belongings.					

r-rom:	LOBIDA AGENCI	nexer:					
		AND HUMAN SERVICES				FC	TED: 03/16/2016 ORM APPROVED NO. 0938-039
CENTERS FOR MEDICARE 8 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A BUILOI		CONSTRUCTION		DATE SURVEY COMPLETED
*		105411	B. WING				03/10/2016
	PROVIDER OR SUPPLIER DELRAY SOUTH			171	EET ADDRESS, CITY, STATE, ZIP CODE 7 HOMEWOOD BLVD LRAY BEACH, FL 33445		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFD TAG	:	PROVIDER'S PLAN OF CORRES (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	COMPLETION E DATE
F 441	Continued From pa	ige 16	F4	41			The same of the sa
	protocol dated	ty's Departmental rvices) -Laundry and Linen · 2010, it is documented, "The cedure is to provide a process handling, washing, and		NAMES OF TAXABLE PARTY OF TAXABLE PARTY.			Committee of the state of the s
							1
			T P LABOUR DESIGNATION OF THE PARTY OF THE P	A MARKETON I S. S. PROMOTER OF			4/10/14
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FORM CMS-2567(02-99) Previous Versions Obsolets

Event ID: 4LIR11

Facility ID: 95052

If continuation sheet Page 17 of 17

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PRINTED: 03/16/2016 FORM APPROVED

Agency 1	Agency for Health Care Administration					
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:			
		95052	B. WING		03/10/2016	
ļ			L			
NAMEOF	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CTTY. S	STATE, ZIP CODE		
Į.		1717 HON	EWOOD BL	ND .		
ABBEY I	ELRAY SOUTH	DELRAY B	BEACH, FL	33445		
	or a distance of	YEMENT OF DEFICIENCIES	i ID	PROVIDER'S PLAN OF CORRECT	ON (KE)	
(X4) ID PREFIX	/CAPU DEEKIENC	Y MUIST RE PRECEDED BY FULL.	PREFIX	(EACH CORRECTIVE ACTION SHOUL	DBE COMPLETE DDIATE DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIMIE .	
				OCT IS CO.		
			N 000		- Pit	
N 000	INITIAL COMMEN	18		The statements made on th		
				of Correction do not cor		
		censure survey was conducted h at Abbey Deiray	3	admission of agreement I		
,	on throug	h at Abbey Deliay		provider of the truth of the		
1.		had deficiencies at the time of		alleged or the conclusion		
	the visit.			forth in the Statemen		
				Deficiencies. The Pla		
N 203	400.022(1)(n). FS	Right to be Treated with Dignity	N 203	Correction is prepared		
SS=E	1.0		ŧ	executed solely because		
1	The right to be trea	ited courteously, fairly, and	1	required by the provision	on of	
1	with the fullest med	esure of dignity and to receive		Federal and State Laws.		
	a written stelemen	and an oral explanation of the			3.10	
ŀ	eerylees provided l	by the licensee, including those	}	l +	4 IOIL	
	required to be offer	red on an as-needed basis.	1		11 17	
				It is the practice of Abbey	Delray	
	This Statute or Rul	e is not met as evidenced by:	1	South to promote and ca	are for	
1	Paced on observal	ion, interview, and record	1	residents in a manner and		
1	rouioum il une det	ermined that the facility staff	1	environment that maintain		
l	follows, n was don	are in an environment in the		enhances each residents		
	distance of the land of the la	service, and answering of call		and respect.	aiginty	
1	dining , mea	s each residents dignity and		and respect.		
}	respect in full reco	specifical of his or her		Residents receiving trav ser	nica in	
ł		DIMINITO OF THE	1	their and all residen		
l	individuality.		ì	others in the hallways may		
		i it.	1	been affected by the d		
Į .	The findings include	lea:	į .	practice at the time of the su		
	4) District the -t	rvation of the lunch meal on	-	practice at the time of the st	avey.	
1 .	1) Dunng the obse	t and lunch meals on	I	Desided med to:20	longer	
1	us/u//16, preaktas	breakfast meal on it	1	Resident meal trays will no		
	and , and	tary transport carts are placed	1	be bussed in the hallway		
1	was noted that de	he Cypress, Ashley , and	1	used tray will be placed covered cart and then bus		
1	in the naiways of t	nits, Further observations	1		seu in	
1	Banyon resident u	y resident eat their meals in	1	the kitchen area.		
1		Ipon finishing their meals the	1	1	haan	
i	their own			New tray carts have		
1	CNA's remove the	ash into bussing bins located on	1	purchased to better serv		
1	scrape garbage/tra	, the soiled dishes are then	1	resident's needs, preserv		
I	the transport carts	t which is then covered only by	1	cleanliness in the hallway		
1	stacked on the Car	On numerous occasions the	į	facilitate the collection of		
1	a min bed sneet.	d slipped off the carts exposing		trays removed from res	ideut.a	
1	covering sneet has	and stacks of soiled dishes.				
		WILL STRUKE OF SOURCE CHAPTERS.	1	1		
AHCA Form	3020-0001	IDER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(XB) DATE	
LABORATOR	$\sim$	n - 1		1111 A- 3-	23-16	
	Claren	parsone	/MINO	HH	If continuation sheet 1 of 11	
STATE FOR	M		care	4LIKTI	7	

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Agency:	for Health Care Adm	inistration			
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		95052	B. WING		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	
ABBEY	ELRAY SOUTH		EWOOD BL		
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX YAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED OF THE	D BE COMPLETE
N 203	numerous residents insilvays and nave insilvays and nave inscraping the solied exposed garbage/a conducted with adversarial garbage/a conducted with a proposed president dishes in the has been going resident dignity issuinmediately.  2) A confidential intresidents on asked the resident and respect. The rehave a bad attitude when providential solicity and the proposed proposed proposed proposed providential proposed propose	tions it was noted that are moving about the main to pass either the staff dishes or pass the opened not trash bins. Interview inhistrator on that the busing of solled her resident's main hallways for some time and was a sea and would be addressed terview was conducted with a at 10:30 AM, the surveyor fault treated her with digntly sident stated 50% of the staff when providing care. On 4, the resident stated a CONA) sistent again had an bad	N 203	Dietary and team members veducated on the new system  The Dietary Supervisor or N. Supervisor will monitor the removal process to ensure the trays are covered an bussed in the hallways.  The Dietary or Nursing Supe or designee will conduct an of meal tray removal 5 at week for two months and the sample of 15 meal times to that the tray carl is covere that trays are not bussed hallways.  The results of the audits veported to the DON and QAPI Committee for three a and then quarterly of determined by the committee.	ursing to tray to that do not do not audit mes a enen a enen a succession and and in the will be to the to the
	was observed with oatmeal by an aide no food in front of the At 7:35 a.m. 6 table tables was observe being offered bevel breakfast entre. At 7:45 a.m. 2 table the dining	ne Banyan dining ble with 3 female residents one of the residents being fed and the other 2 residents with		2. It is the practice of Delray to ensure that the re is treated with dignity and re Abbey Delray South e residents to be provided all of care in a manner that pr a dignified experience an where there is no fear of rep This comment was shared to a confidential interview person who communicate comptaint was not identified Abbey Delray South	sident spect. spect. spects levels motes d one visal. related v. The ad the

Agency for Health Care Adm TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY
ND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED
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	95052	B. WING		
AME OF PROVIDER OR SUPPLIER	etpert and	DESS CITY S	TATE, ZIP CODE	
AME OF PROVIDER OR SUPPLIER		EWOOD BL		1
BBEY DELRAY SOUTH		EACH, FL 3		
			PROVIDER'S PLAN OF CORRECTION	201
ACACH DEELGENO	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CURRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICAL PROVIDERICAL  D BE COMPLETE	
as Table A' and the residents and 1 ms Table B'. At 7:54 a.m. a resid dining an in the resident at Table was no. The resident from Table resident from Table resident from Table resident was place female resident the at Table B'. At 7:55 a.m. 3 alde Table A', then one The 4 aides were of themselves and no it was observed the glasses of thickene however they were not being offered a At 8:00 a.m. 6 table juice. There were rable juice. There were rable one in between a 18:05 a.m. Table At 8:09 a.m. at Table At 8:09 a.m. at Table and a service was a service was a service was observed. The coff was observed to so observed. The coff control of the co	5 female residents, referred to other table seated 4 female le resident, referred to a seated at the resident, referred to a seated at the resident of the res	N 203	members, therefore the staff not given an opportunity to m specific intervention.  All residents have the poten be	itial to stated s and s
motion of drinking.	The male resident at 'Table B' e staring over at 'Table A' which			
was observed to b	ved. It was observed that 4			
residents were bei	ng fed oatmeal and one	<u> </u>		لـــــلــــــا

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING:		į
	95052	B. WING		03/10/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE	
ABBEY DELRAY SOUTH		NEWOOD BLV		
ABBET DELKAT SOUTH	DELRAY I	BEACH, FL 33	1445	
PREFIX : (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ADBE COMPLETE
nothing was now be being fed by an aid. At 8:15 a.m. a ferne observed to wake u the table was obser and drink the crean creamers then was butter and with the t-butter. The male resobserved to confluin the residents had re At 8:17 a.m. the res fed oatmeal by the 1 At 8:19 a.m. a ferminto the dining cereal and juic. At 8:22 a.m. the ma continued to look ov fed oatmeal then the table and ther food then back at his been offered food a At 8:24 a.m. Table I was also observed in numerous staff mer the staff were milling was observed that ratention to this table and the search of the male rese at the table and one of the male rese at the table and one of the male rese at the table and one of the staff were milling was observed that ratention to this table and the table and not mean and the plate of the male rese of the staff and the plate of the male review. At 8:26 a.m. the male observed to be served the plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of making 3 of the 5 in a few plate of the male research the making 3 of the 5 in a few plates of the male research the same and the plate of the male research the same and the plate of the male research the same and the same and the plate of the male research the same and the plate of the male research the same and th	eive anything, esident at Table A' that had bing served oatmeal and was e, ele resident at Table B' was be ele resident at Table B' was p. Another female resident at ved to open a coffee creamer er. She drank 3 of the observed to open a coffee orceamer er. She drank 3 of the observed to open up a of end of a tablespoon ate the sistent at the table was et o state at Table A' were being a state at Table A' were the observed to pen up a of end of a tablespoon at the table, and the table that the table table, and table that had to table. His table had not such as the table that had to table, his table had not such as the table that had the table that had the table, with the residents as a ground the distinguish the table with the residents as a ground the distinguish the visit not safe weight not safe weight paying any event not food.	N 203	The Dining licensed nursing team in will monitor, respond an occurences where a retief at the dining table will for too long. Team mem intervene as necessary to the timeliness of food delivery.  The Dining ensure that tables are privally the proper locations bef service is started to inadequate space for chairs, and wheelchairs ensure ease of movement from a table in the dining.  Table placement will be a by the Dining the Health Center to proceed the procession of the proces	d report identified the sound food bers will improve service will improve service will improve service will olaced in ore meal and to a fact the service will be to and to be to and to be to and to be to service will be to for two so times months I to the both and mined by

Agency	or Health Care Adm	inistration			1
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	-	
			Į.		
		95052	B. WING		
NAMEDE	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE	·
NOTIFIC OF 1	NOTIDES ON OUT LEEN		NEWOOD BL		
ABBEY I	ELRAY SOUTH		BEACH, FL		1
				PROVIDER'S PLAN OF CORRECT	ION (X5)
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	PREFIX	JEACH CORRECTIVE ACTION SHOU	LD BE COMPLETÉ
PREFIX	REGULATORY OR LE	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	OPRIATE DATE
			1	DEFICIENCY)	
N ana	Continued From pa	go 4	N 203	Team members who	were
N 203	Continued From pa	ye 4	11255	deficient in this practice	were
	resident at 'Table B'	was observed to now be	Ì	advised to correct their be	havior
	staring nonstop at "	Table A' who had been served		as it was made known	to [
*	their breakfast.			management during the sun	rey.
	At 8:30 a.m. the die	tary aide was observed to be			}
	milling around the d	ining . There was no	Í	Residents who dine in the	dining .
	interaction observer	d with 'Table B'. The aide that		at risk for the	same
	sat down at 'Table E	3' at 8:25 a.m. got up and		deficiency.	
	went to assist anoth	er resident with her breakfast		-	
	at another table.		1	<ul> <li>a. Team members will</li> </ul>	
	At 8:31 a.m. anothe	r aide came to Table B' and		re- educated in pro	per .
	sat down between t	he male resident and the		procedures and	عادا سران
	sleeping female res	ident. The aide was observed	j	behaviors expected	d in 4/10/16
	to offer the sleeping	resident water and she took	1	the Dining	
		ent that was observed at 8:09	i	A comprehensive	
	a.m. to be drinking	from an empty coffee mug	ŧ	customer service	
	continued to drink of	sut of the empty coffee mug.		program will be	
	Nobody was observ	red to offer her a beverage.	1	conducted and will	
	At 8:32 a.m. a nurse	e identifying herself as the		include focusing or	1
	floor RN on the Bar	yan unit went to 'Table B'	1	residents in	
	talked to the aide si	tting there, then turned around	ł	conversations in the	ie .
	and left. There was	still no food offered at Table		dining i.	İ
	B'. The male reside	nt continued to look over at	1		
	Table A' where they	were well into their breakfast	1	<ul> <li>b. Nursing and culina</li> </ul>	
	meal and then look	down at his table where there	1	team members wh	
	was no food. Additi	onally it was noted that the	l	in the dining	be
	male resident, desp	ite having a glass of		re- educated abou	
	thickened water will	h a straw with the paper still , did not attempt to reach for		procedures expec	ed in
	on it, in front of rim	de who came and went from	i	the Dining	i
	the glass and no all	y resident anything to drink.	l .	Residents who ha	
	the table offered an	le continued to sit in the same		beverages will have	
	and with an interest	tion between her and the	1	beverage placed v	
	spot with no interac	atory male resident was	1	their reach and as	sisted
	observed to enter the	he dining as he sat	1	as appropriate.	
	down at a table way	s immediately offered	1		
	breakfast by a dieta	arv aide	1	c. The Culinary Man	
	At 0:26 a m the air	le seated at Table B' got up	1	will be re-educate	
	and left The male	resident at 'Table B' continued	1	observe excess re	
	to been techine and	r at 'Table A' who were being	1	are not placed at	
	to keep looking ove fed breakfast.	a and and account	1	table at any given	time.
tCA Form	3020-0001		6890	4LIR11	If continuation sheet 5 of 11

Agency for Health Care Administration					
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	'				
	95052	B. WING			
	arater an	DDEED DEV	STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					
ABBEY DELRAY SOUTH		EWOOD BL			
ADDLT DELIGHT COOTT	DELRAY E	BEACH, FL			
	TEMENT OF DEFICIENCIES	SD SD	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	ON (X5) D BE COMPLETE	
	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		
TAG REGULATORY OR L	OC INCIDENT PROPERTY.	17.0	DEFICIENCY)	1	
		Mone	Consideration will be		
N 203 Continued From pa	gê 5	N 203	given to the number		
At 8:40 a.m. the sa	me aide came back to "Table		residents at a table,	· ·	
	the same spot as she sat		residents needing		
hefore.			assistance and the		
	er aide came to 'Table B' and		impact of team mer	nhore	
	2 female residents. The		and equipment that		
	f Nursing (ADON) was		crowd the area.	itiay	
	ip to the table and say to the 2		GOWG the area.		
	sidents need encouragement		d. Team members will	ho	
and she was then o	verheard to say as she looked		re-educated regardi		
at the resident's tah	ile "Oh, no food" then		residents with limita		
proceeded to walk a			on their ability to		
	r aide came to 'Table B' and			ય]10 14	
sat down payt to the	e male resident, making a total		effectively manage	, 7111	
of 3 aides now seat	ed at the table, and she		beverages, food an		
proceeded to put a	clothing protector on him. She		condiments. When sissues occur because		
then proceeded to t	ake the paper covering off of				
the straw in his wate	er glass and offer him a drink		the residents limitati	ons,	
of water which he re	adily took. The other aide		offered. If a resider		
	male resident and the				
sleening female res	ident offered the sleeping		attempting to take a		
resident water and :	she opened her eyes and took		beverage glass that		
a sip.			not been filled team		
At 8:45 a.m. the AD	ON was observed sitting at		members are exper intervene and assis		
the 'Table A' assisting	ng a resident with feeding.				
At 8:47 a.m. a dieta	ry aide came to 'Table B' and		Team members ha		
for the first time offe	ered the residents juice. A		been re-educated a		
class of juice was p	ut in front of the female		are expected to as: with opening packa		
resident who drank	the coffee creamers and ate		with opening packa the resident is unab		
the of butter at 8	3:15 a.m. and she said to the				
dietary aide "Thank	you" and immediately started		do so independenti	<sup>,</sup>	
to drink, took a sip.	out the glass down, picked it		- T		
up again and took a	nother sip and continued to		e. Team members wh assist residents in t		
do this until the luice	e was almost all gone.			nen l	
At 8:50 a.m. a dieta	ry aide came to 'Table B' and		re-educated that	3611	
said to the 3 aides s	sitting there "Are you ready?"		re-equicated triat residents shall be s	onund	
At 8:51 a.m. the res	ident that drank the coffee		residents shall be s food in a timely ma		
creamer was broug	ht a bowl of oatmeal and she		and should not be s		
. immediately started	eating it without adding milk		and should not be s		
or sugar. 'Table B'	was not offered/brought food		at the table without	ioou i	
for 1 hour and 19 m	inutes while all other				

....

					: 03/16/2016 APPROVED
Agency for Health Care Adm. STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED
	95052	B. WING			
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS CITY, S'	TATE, ZIP CODE		1
NAME OF PROVIDER OR SOFFEER		EWOOD BLA			
ABBEY DELRAY SOUTH		BEACH, FL 3			1
CEACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICENCY)	JLD 88	(X5) COMPLETE DATE
N 203 Continued From pa residents in the dini done eating. At 8:52 am, the ma brought oatmest an in it and offered it to encouragement. At a conducted in it the same vantage p of the same 2 table female residents so also had 5 females residents so also had 5 females residents or the female observed that 3 of the same 2 table female residents so also had 5 females resident present. At 11:55 am. Dever front of the 5 female observed that 3 of the same 2 table female observed that 3 of the same 2 table from the same continued of the same continued of the same continued to the same continued	ge 6 ng eating or were lie resident at 'Table B' was d the aide put sugar and milk shim. He eagerly ate without  64 a.m. a lunch observation to Banyan dining obint. Observation was made s, Table A' which had 5 toted at it and 'Table B' who sealed at it without the male ages were observed placed in residents at 'Table B'. It was he 5 female residents could as he 5 female residents could as he 5 female residents could as the could be sealed at the	N 203	or service for exce- periods of time. Tes members will be educated to address prevent any feeling exclusion by a resit Explanations about delays or other sen' issues will be addre- verbally by the tea member to the resis Follow up notice wi given when indicate reassure the reside their requests have heard.	s and of lent. Ince seed m dent. Ince seed m dent. In the lent been lent lent been lent lent been lent lent been lent lent been lent lent lent lent lent lent lent l	и по је је
with the residents.	Observation was made of 4 le A' with residents who with meals and there was no				

#883 P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
	95052	B, WING		03/10/2016
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	**
ABBEY DELRAY SOUTH		IEWOOD BL		į
ADDL I DELIGIT GODI.	DELRAY I	BEACH, FL		
PREELY (EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENT IFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
N 203 Continued From pa	ge 7	N 203		·
interaction/commun. The aides were obsorber across the tall At 12:10 pm. the 3 no further attempts residents stiling the their meals. Also of next table Table C crackers with one his use of her left arm, with her i, dum cloth and started to At 12:11 pm. a diel resident stiling acro C' and did not offer. The resident stiling acro C' and did not offer. The resident with no using a fork in her cracker package. C aldes stiling at Table the ADOM was obstacled the stilling acro control to the control of the control o	sication with the residents.  served to be talking with each be and over the residents, aides sitting at Table B has a diefer setting at Table B has a has a set table and asked her if she warded en so a setting a has a set table and asked her if she warded er bowl removed from the oup was brought to the at than a so and immediately to B was observed to just 19 minutes atter Table A has a such and immediately to B was observed to just 19 minutes atter Table A has a set a table a fine a set of the ADON did has a possible a set of the ADON did has a possib	N 203	The DON or designee will o audits and monitor practices above five times a week fin months and then quarter determined by the OAPI con to determine if the resolution been effective.	noted or two ty as nmittee
At 12:20 p.m. the s	B' and completed. Three			1
HCA Form 3020-0001				
Block offit come age.		reQ2	41 IR11	If continuation sheet B of 11

\_\_/ ./ .12:19

Agency for Health Care Adir STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A, BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. DONLONG.		1	
		95052	B. WING		03/10/2016	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		1717 HOM	NEMOOD BI	.VD		
ABBET	ELRAY SOUTH	DELRAY	BEACH, FL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE COMPLETE	
N 203	Continued From pa	ge 8	N 203		ì	
		d sitting at the table not doing	1			
		s no interaction with the		-		
1		esidents were not offered juice	İ			
	or water while waiting	ng on the lunch entree.	1			
		male resident at 'Table C'			1	
	sitting across from t	he resident with no use of her	Ì			
		by a dietary aide what she				
	wanted for lunch, showed her the menu, and the resident made her selection. The dietary aide					
	totally ignored the o	ther recident did not sek her	1		į	
	totally ignored the other resident, did not ask her what she wanted for the main course, she just left		1			
	the table.					
	At 12:35 p.m. observation was made of another				Uliolik	
	dietary aide going up to the resident at 'Table C'				Thefle	
	and ask her what she wanted for lunch. She		1		i	
		that time, 5 minutes after her			t t	
		ed. Her tablemate was then				
		d finished before she received			i	
	her lunch meal at 1:	2:45 p.m.			i	
	Additionally observe	ed during the lunch meal on			Ī	
	from 11:58	a.m. to 12:45 p.m. there				
		idents seated at tables who			1	
	had their wheelchai	r legs removed so the				
	wheelchair could be pushed up to the table. The		ļ			
	wheelchair legs taken off were stored under their wheelchairs. It was observed their feet were				1 1	
	dangling loosly down and their feet were not					
	touching the floor. Two female residents were					
	observed to be trying to feel around with their feet to find the table cross bar so they could rest their feet on them.					
	Of note the 2 tables	at the back right corner of the	ļ			
	dining identifi	ed as 'Table A' and 'Table B'				
	by the window, are	residents who require total	· .			
		sist with set up, are on puree			i	
:	diets and are	b			1	
	Review of the facilit	y policy on Dignity states in				
	part, 'Residents sha	ill be treated with dignity and Treated with dignity means				
		Heating with digitity means	1	1		
ATE FORM			6069	4LiR11	If continuation sheet 9 of 11	

Agency for Health Care Adm	INSTAUDI	Owner was to be strained	E CONCERNICATION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED
AND PEAR OF GORRECTION		A. BUILDING:		
	95052	B. WING		
NAME OF PROVIDER OR SUPPLIER	STREET ADE	DRESS, CITY, 8	STATE, ZIP CODE	
NAME OF PROVIDER OR SOFTEREN		EWOOD BL		
ABBEY DELRAY SOUTH		BEACH, FL		1
	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECTIO	N : (X5)
TACILITIES OF THE PROPERTY OF	ABJET DE PRECEDEN BY FIII )	PREFIX	(EACH CORRECTIVE ACTION SHOULD	DE COMPLETE
TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ROALE GALL
N 203 Continued From pa	age 9	N 203		: 1
	•			
the resident will be	assisted in maintaining and er self-esteem and self-worth;			
enhancing his or ne Staff shall treat	residents with			1
dignity and sensitiv				
4) On at 1	1:32 AM, there were 29			· 1
Residents seated la	the main dining the			: 1
Barryon Unit The	Residents sitting at their tables			
had neither food or	beverage served to them at			
12:18 PM.				
		i		1
On . at 12:	15 PM a random interview was			· I
conducted with a n	on-sampled, alert and oriented			
Resident. He was	overheard telling a private			
duty Aide, "When is	the food coming, I'm hungry."			1
The Aide advised h	im that the food was coming.			:
The Aide advised to	he surveyor that the lunch			
dining is supposed everyday, but it nev	to begin at 11:30 AM		·	
everyday, but it nev	er starts on time.			
On at 3:3	0 PM a review of the Resident		Any resident council meeting	may 'llu
Council minutes wa	as conducted. The minutes		disclose opportunities	for 4/10/16
ebowed that there	were (12) Resident Council		improvement that should be	acted /
minute reports dati	no back to 2015. Of		upon by facility team members.	
those reports revie	werl there were (5) months of		apart by taking team more	1
complaints regardi	na the poor customer service		It is the practice at Abbey D	lelrav
experienced by the	diners in the Banyan Hall		South to conduct monthly Res	dent
dining . Then	was one complaint in		Council metings to im	prove
2015 from a reside	nt that it takes a long time to		communication between	the
get served in the C	ypress dining		residents and the team mem	ihers
ŧ			The monthly Resident Co	ouncil
C) Beautier a port	idential Resident interview		Meeting are where the resident	s can
5) Based on a con-	at 3:20 PM, it was		share experiences, concerns	and
etated that the Des	ident is unhappy with the		make recommendation for how	their
facility as the Resid	tent has to wait an extended	1	care is organized and provided	. The
time for services w	ith the nurses. The Resident		Resident Council meeting	
etates dining servis	se is had and unorganized.		recorded in it's minutes.	· .
Posident sits and V	valts for long periods of time to	1		1
be considered accords	Ny when she is hungry and			
wants to eat. Confi	dential Resident further states	1		
UCA Form 3020-0001				

Agency for Health Care Adm statement of Deficiencies and PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	95052	B. WING		03/10/2016
NAME OF PROVIDER OR SUPPLIER ABBEY DELRAY SOUTH	STREET A	DDRESS, CITY, S MEWOOD BLY BEACH, FL 3	VD.	
ODERIY (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ADBE COMPLETE
	ge 10 des. This is the Resident's his facilty, and states this is	N 203	The Resident Council m minutes may provide infon about issues of concerns t residents.	nation
Class III			The Activities Director will I educated to more closely in trends and issues in the Re Council meetings and work w Administrator or other depair to intervene with resolution report the resolution reforts next Resident Council meeting	nonitor esident ith the tments s and at the
			The Activities Director will r and report on trends in the Rc Council meeting minutes ov next 12 months and report in to the Administrator and at the Committee monthly and quarterly as determined by the committee.	esident er the nonthly a QAPI then
1			constructe.	
:		AVA TITUTA DE LA CALLA DEL CALLA DE LA CALLA DEL CALLA DE LA CALLA		
;	·			ì
HCA Form 3020-0001		0.000	AUR11	if continuation sheet 11 of





. . . ., 2016

Administrator Abbey Delray South 1717 Homewood Blvd Delray Beach, FL 33445

## Dear Administrator:

On , 2016- , 2016, 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** 2016.

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

Delray Beach Field Office 5150 Linton Boulevard, Suite 500 Delray Beach, FL Phone: (561) 381-5840; Fax: (561) 496-5924 AHCA, MyFlorida.com



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Page 2

## 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 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 10, 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@ahea.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 <a href="http://ahca.myflorida.com/Publications/Forms.shtml">http://ahca.myflorida.com/Publications/Forms.shtml</a> 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

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Abbey Delray South , 2016

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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,

Arlene Mayo-Davis Field Office Manager

AMd/dmb

R6WB