

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965708	(X3) DATE SURVEY COMPLETED 06/24/2016
NAME OF PROVIDER OR SUPPLIER ABBEY DELRAY HEALTH CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2105 SW 11 COURT DELRAY BEACH, FL 33445	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016002210, was conducted on [redacted] at Abbey Delray Health Center, and completed on [redacted] (License #10023). The facility had a deficiency at the time of the investigation.

0008 Admissions - Health Assessment

Based on resident record review and staff interview, the facility failed to ensure residents' initial health assessments (AHCA Form 1823) were completed in their entirety, for 3 of 3 residents (Residents #1, #2, and #3), preventing an accurate determination of the appropriateness of these resident's admission and continued stay in the facility.

The findings include:

- 1) Resident #1 was admitted to the facility on [redacted]. A review of the current health assessment (AHCA Form 1823) on record does not indicate Resident #1 is a [redacted] risk; even though Nursing Facility History and Physical, dated [redacted], documents gait abnormality and [redacted] precautions. Section 2-B, (Part B) does not indicate whether Resident #1 needs help with medications, but does indicate that she needs medication administration. Further review of the assessment revealed there is no date of examination.
- 2) Resident #2 was admitted to the facility on [redacted]. According to current health assessment (AHCA form 1823), dated [redacted]; Section 1, (part D) is not completed attesting to whether resident's needs can be met in ALF. (Question left blank). There is no list of current prescribed medications in Section 2-B, (part A) and Section 2-B, (part B) is not completed as to the type of assistance Resident #2 needs regarding medications. There was no documentation in Section 3 of the Assessment (AHCA Form 1823). Resident #2 was admitted to the hospital on [redacted] due to critically low hemoglobin and [redacted] and right leg hematoma. Record review revealed no new health assessment was completed at this time to reflect change in health status.
- 3) Resident #3 was admitted to the facility on [redacted]. Resident #3 had an incomplete ACHA Form 1823, dated [redacted]. The following sections were completely blank:
 - a) Section 1, parts C and D;
 - b) Section 2-A, parts A and B;
 - c) Section 3
 Resident #3 was discharged on [redacted].

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During interview with Administrator and Director of Nursing on _____ at 2:15 PM, they acknowledged the incomplete assessment forms for Residents #1, #2, and #3. There was no further information provided for review.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Abbey Delray Health Center
2105 SW 11 Court
Delray Beach, FL 33445

RE: CCR #2016002210

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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