

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964664	(X3) DATE SURVEY COMPLETED 12/21/2017
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF DELRAY BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 16150 JOG RD. DELRAY BEACH, FL 33446	

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

0000 - Initial Comments -

AMENDED REPORT

An unannounced Relicensure Survey was conducted on _____ and _____ at Arden Courts of Delray Beach Assisted Living Facility, License #9240. The facility had a deficiency at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure that a resident's health assessment form (ACHA Form 1823) was completed in its entirety, for 1 out of 3 sampled residents (Resident #1).

The findings include:

Review of Resident #1's AHCA form 1823 form revealed that it was incomplete. The following concerns were noted.

- a) No contact person or telephone number on the first page of the health assessment form.
- b) The check boxes that ask if the resident is an elopement risk was left blank,
- c) The check boxes on the second page that ask "Can the individuals needs be met in an assisted living facility?" is also left blank. R
- d) Page 4 of the Health Assessment form under the section that asks "Does the individual need help taking his or her medications (meds)?" two boxes are checked off one for "Needs assistance with self-administration of medications" and one for "Medication Administration."
- e) No date for when the examination was done from the issuing health care provider.

During an interview with the DON and the Administrator on _____, it was discussed that the Health Assessment form for Resident #1 was incomplete. Both the Administrator and the DON acknowledged the missing information. No further information was provided at this time.

Class III