STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967572	06/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Touch Of Klass Alf	560 Sw 60th Avenue Plantation, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure survey was conducted on . . . . . Touch of Klass ALF, had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observations, record review and interview, it was determined the facility failed to ensure a Health Assessment form was completed on every resident upon significant change and that it is reflective of the resident's current health status and care needs, for 1 out of 3 sampled residents (Resident #1).

The findings include:

An interview with the Administrator at 10:30 AM on , revealed the resident has had a significant health change and is receiving home health services including physical admission to home health on . Record review revealed a health assessment dated (admission date of noted a medical diagnosis of , history of unsteady gait, and hip . Physical limitations are listed as unsteady gait, service requirements are not indicated. Further interview with the Administrator revealed this was the current health assessment and no further documentation was available. It was also revealed she did not have a new health assessment indicating the resident's current condition of requirng home health services and physical

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interviews, it was determined that the facility failed to ensure that changes in directions for medications were accompanied by a new order issued by the resident's health care provider.

The findings include:

Observation of medication pass conducted on revealed Resident #3 was assisted with self administration of the following medication; 0.5 mg tablet at 2:00 PM. Review of the MOR revealed 0.5 mg tablet take one tablet by mouth every eight hours. The MOR revealed medication times as 8:00 AM, 2:00 PM AND 8:00 PM. A reveiw of the medication order dated for Resident #3 lists 0.5mg by mouth every (q) 8 hrs.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Touch Of Klass ALF
560 SW 60th Avenue
Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Thank you for the assistance provided to the 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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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967572	**06/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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An interview was conducted with the Administrator on at 2:10 PM, she stated that she was sure the times were within the 1 hour before and after period allowed and that she would check with the pharmacist. An interview was conducted with the pharmacist on at 2:17 PM, during which he acknowledged he had made a in the times of the medication and would promplty correct the time the medication should be given.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, the facility failed to maintain a current written work schedule which accurately reflects its 24-hour staffing pattern.

The findings are:

Review of the posted staffing schedule dated 2013 (from thru revealed the schedule was not current. It was noted that three employees (Employees #1, 2, and 3) were documented as scheduled to work in the facility and it did not include Employee #4's shift.

In an interview with the Administrator on at 1:20 PM, she stated that the posted schedule is not current, it did not include Employee #4 because, she was hired a week ago. She acknowledged Employee #3 is no longer employed with the facility and should not be listed on the schedule and that no other documentation of a current written work schedule was available for review.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interview and record review, the facility did not have proof of background screening compliance results for 1 out of 4 sampled employees (Employee #4).

The findings include:

Review of the employee records, provided by the Administrator on revealed Employee #4's file did not contain documentation of compliance with the required level 2 background screening (BGS) results, to deem her eligible for employment in the facility. Further review of the record revealed she has been employed with the facility since

In an interview with the Administrator on at 2:25 PM, she stated that Employee #4 works as a caregiver in the facility, the employee has access to resident records and property. During a further interview, the Administrator confirmed that she does not have the BGS results available for review for Employee #4.

The Background Screening Unit of the Agency for Health Care Administration was contacted on and confirmed that a background screening was previously completed for Employee #4 and that the screening has expired within the past 90 days. It was revealed a new screening was required. The Administrator confirmed aforementioned and that no further information was available for review.

Unclassified