STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Peninsula	5100 W. Hallandale Beach Blvd. Hollywood, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

A complaint inspection survey (CCR#2013007408) was conducted on . The Peninsula Assisted Living Facility, had licensure deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to ensure resident records accurately reflected a resident's condition for 3 out of 3 sampled residents (Resident #1, #2 and #3).

The findings include:

1) Resident #1 was admitted to the facility on with a diagnosis of . Lupus, and history of .

Review of Resident #1's record revealed the following:

a) Review of Nurse's Notes dated at 8:30 AM documentation by the Licensed Practical Nurse (LPN) stated "Resident observed very weak, with slurred speech, right eye moaning with generalized pain. Physician notified. Report received to send 911."
Review of Nurse's Notes dated at 3:30 PM documentation by the LPN stated "Resident return to facility sometime today on 7-3 shift. Observed in lying in bed. No complaints." Further review of the Nurse's Notes revealed no evidence of documentation of the resident's status upon return to the facility from the hospital or any other subsequent assessments of the resident's condition post evaluation in the emergency .

b) Review of Nurse's Notes dated at 11 PM documentation by the LPN states, "Resident was found on the floor in her asking for assistance. Was assisted off the floor and noted to the left side of her face was redness with around left eye and to her left forehead. 911 was called and resident was transferred to hospital emergency evaluation."

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c) Review of Nurse's Notes dated [redacted] at 4:30 AM document, "Resident returned to facility via non emergency transportation accompanied by 2 attendants and was taken to her [redacted] Further review of Nurse's Notes revealed the only other entry was on [redacted] on the 7-3:30 PM shift the LPN documented "Circle still noted around resident's left eye with discoloration." There was no further evidence of documentation of any other assessments regarding the resident's injury to her left eye and left forehead.

d) Review of Nurse's Notes dated [redacted] at 12 PM documentation by the LPN states, "Resident noted at nurses station, sustained a hematoma to right hand/wrist area, resident stated she bumped her wrist against a wall. First aide treatment given." Documentation dated [redacted] on the 7 PM-7 AM shift documents, "Resident observed with dressing to right hand, clean and dry, no drainage noted." Review of the record revealed no evidence of documentation for the treatment of the right hand hematoma or any other assessment of the right hand hematoma.

e) Review of Nurse's Notes dated [redacted] at 1:45 PM by the LPN states, "Resident was found smoking in her [redacted] then called for assistance. Resident sustained [redacted] to left arm with moderate amount of [redacted] and laceration to her nose. 911 was called and resident was transferred to the hospital for evaluation." Nurse's Notes dated [redacted] at 5:15 AM stated, "Resident returned to facility with new order and faxed to pharmacy." The resident was started on [redacted] with no documentation for the indication for the [redacted] There was no further evidence of documentation of any other assessments regarding the resident's injury to her left arm or laceration to her nose.

f) Review of Nurse's Notes dated [redacted] at 10:10 AM documentation by the LPN stated, "Resident was found on the floor on her side in the hallway. [redacted] from her nose profusely. Hematoma noted to left side of her forehead and nostril [redacted] all over the floor. Resident was taken 911 to the hospital." Documentation dated [redacted] at 12:30 PM stated, "Resident returned, no new orders were given." There is no evidence of documentation of the condition of the resident upon return to the facility.

g) Review of Nurse's Notes dated [redacted] at 12:30 AM stated, "Resident was found unresponsive in her [redacted] rounds with [redacted] to her face from previous incident and noted with heavy and difficulty breathing. 911 was called and resident transferred to emergency [redacted] evaluation." As of [redacted] the resident remained in the hospital.

On [redacted] at approximately 3:30 PM, an interview was conducted with the Administrator who acknowledged there was no documentation the resident's condition was being assessed.

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2) Resident #2 was admitted to the facility on with a diagnosis of history of and decline in function.

Review of Resident #2's file revealed the following:

a) Review of Nurse's Notes dated documentation by the LPN stated, "Resident noted with 2 plus to lower extremities. Lower extremities all the way to her thigh. Extremities observed hard." Further review of Nurse's Notes dated at 5 PM by the LPN document, "Received order for Faxed to x-ray company."

b) Review of the physician prescription order dated state stated, to lower extremities, diagnosis ' Further review of physician orders dated stated to start on oral for 7 days and to apply warm compress to lower redness for a diagnosis of 2 plus and redness.

c) Further review of the Nurse's Notes from through revealed no evidence of documentation of an assessment or status of the resident's lower extremity and redness, or application of warm compresses to lower extremity redness.
Additionally, the of the lower extremities that was ordered on was not performed until .

On at approximately 3:30 PM, an interview was conducted with the Administrator who acknowledged the was not done in a timely manner and there was no documentation the resident's condition was being assessed.

3) Resident #3 was admitted to the facility on with a diagnosis of and Parkinson's.

a) Review of the Nurse's Notes dated at 2:15 PM documentation by the LPN stated "Resident's pendant went off. CNA went to check. Resident was sitting on the floor next to his night stand with small to right hand. First aide was rendered."

b) Further review of the Nurse's Notes dated documentation by the LPN stated "Dressing reinforced." Further review of the record revealed no evidence of documentation the resident's physician was notified of the right hand and no physician orders were obtained for the treatment of the .

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c) Review of subsequent Nurse's Notes up to and including when the resident was admitted to the hospital for an unrelated event, revealed no evidence of documentation of any further assessment of the status of the right hand.

On at approximately 3:30 PM, an interview was conducted with the Administrator who acknowledged there was no documentation the resident's condition was being assessed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review, the facility failed to ensure Medication Observation Records (MOR) accurately reflected what the resident was taking, for 1 out of 1 sampled residents reviewed for self administration of medications (Resident #1).

The findings include:

On at 10:10 AM, a facility tour was conducted in the presence of the Administrator. Observation was made of Resident #1's reveal sitting on a table next to her lounge chair, 2 bottles of Milk Thistle 200 mg tablets (indication labeled as health); 2 bottles of Resveratrot 250 mg tablets (indication labeled as 1 bottle of Support capsules (indication labeled as health); 1 bottle of Health Formula Caps (indication labeled as health). Observation of the resident's sitting on the counter a box of suppositories; a tube of Cream a tube of Cream and a container of Nystop Powder. Review of Resident #1's 2013 MOR revealed these medications were not listed as medications the resident was currently taking.

Further review of the record revealed a 2013 MOR documenting the initiation of Cirpofloxacin solution, with orders to instill 2 drops to affected eye every 4 hours. There is no evidence of documentation which eye was the affected eye to receive the drops.

Additionally, the eye drops were ordered every 4 hours to start 16 with a stop date of 22. Review of the MOR revealed the eye drops were administered at 8 AM, Noon, 4 PM and 8 PM with the omission of the Midnight and 4 AM doses. Review of the record revealed no documentation the physician was notified the Midnight and 4 AM doses were not being administered.

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Further review of the 2013 MOR revealed the eye drops continued to be signed off as administered until the 8 AM dose on 27 and the doses that were signed off as administered from 23 through 27 were crossed out with a black marker arrow to indicate the stop date was 22. Review of Nurses Notes dated and document the resident continues to receive the eye with no evidence of documentation of the medication error the eye drops continued for 4 days longer than ordered.

On at approximately 3:30 PM, an interview was conducted with the Administrator who acknowledged the errors and was unable to comment.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview and record review, the facility failed to ensure a resident who is self administering medications was assessed for competency to do so for 1 out of 1 sampled residents (Resident #1) reviewed for self administration of medications.

The findings include:

On at 10:10 AM, a facility tour was conducted in the presence of the Administrator. Observation was made of Resident #1's reveal sitting on a table next to her lounge chair, 2 bottles of Milk Thistle 200 mg tablets (indication labeled as health); 2 bottles of Resveratrot 250 mg tablets (indication labeled as 1 bottle of Support capsules (indication labeled as health); 1 bottle of Health Formula Caps (indication labeled as health). Observation of the resident's sitting on the counter a box of suppositories; a tube of Cream a tube of Cream and a container of Nystop Powder

On at 10:12 AM, an interview was conducted with the Administrator, who stated Resident #1 takes some of her medications herself and some are provided through assistance of facility staff.

Review of Resident #1's 1823 Health Assessment dated documented the resident diagnoses to include

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and Lupus. Further review of the 1823 revealed the physician's attestation the resident "Needs Assistance with Self-Administration of Medications."
Review of Resident #1's 1823 Health Assessment dated documented the physician's attestation the resident 'Needs Assistance with Self-Administration of Medications.'
Review of resident #1's record revealed no evidence of documentation of an assessment of resident #1's competency to self administer medications.

On at approximately 1:30 PM, an interview was conducted with the Administrator inquiring if Resident #1 was assessed for competency to self administer medications to which he replied he was not certain if an assessment had been done and if there was no assessment in the chart he would presume one was not completed.

On at 2:00 PM observation of Resident #1's the medications and supplements remained in the

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Peninsula
5100 W. Hallandale Beach Blvd.
Hollywood, FL 33023

RE: CCR #2013007408

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2013 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. 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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