STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	08/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Arms ALF	4652 Belvedere Road West Palm Beach, FL 33415	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility biennial abbreviated relicensure survey was conducted on Open Arms Assisted Living Inc, had licensure deficiencies found at the time of the visit.

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

Based on observations, interviews and record review, the facility failed to ensure all residents met the criteria for continued residency, for 1 out of 1 sampled residents (Resident #1).

The findings include:

During a second entrance conference conducted at 9:30 AM, the Administrator was asked and stated they had no residents currently receiving care.

On at 12:40 PM Resident #1 was observed laying in bed in a position with a family member at bedside. Resident #1 appeared to require total assistance with all activities of daily living (ADLs) including administration of medication. A family interview was conducted at that time. The family member was asked and stated the resident was receiving hospice services, she also stated an old problem had come back. She confirmed Resident #1 could not perform ADLs without complete help and she and facility staff were feeding her.

Subsequent review of Resident #1's facility record and hospice record conducted revealed:

1. An AHCA Form 1823 (medical examination) conducted documented diagnoses including High Chronic and Lumbar and The form also noted the resident required assistance with all activities of daily living (ADLs); there was no indication given on the form as to whether she could participate in self-administration of medications or required administration of medications by a licensed nurse. The form documented the following for Item D (Question 5): "Requires 24-hour nursing or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	08/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Arms ALF	4652 Belvedere Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

care?" was answered, "Yes, nursing care".

2. Hospice Nursing Assessment forms revealed the following:

a. Dated documented care was performed, the resident was bed-bound, required total ADL care, and had a sacral

b. Dated documented care was performed, the resident was bed-bound, and required total ADL care. She was curled up in position and had a sacral that was healing very slowly.

c. Dated documented a to the resident's sacrum measuring 3.0 centimeters (CM) x 0.5 CM x 3.0 CM (standard measurements refer to length, width, then depth).

In a telephone interview conducted at 1:58 PM, Resident #1's Hospice Nurse stated she has been treating Resident #1 for a pressure to her sacrum. She also confirmed the resident had been bedridden for more than seven days.

This was discussed with and acknowledged by the Administrator on at 2:05 PM.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications followed required standards of practice for 1 out of 3 sampled residents (Resident #3) while performing this task.

The findings include:

Review of Resident #3's 2013 medication observation record (MOR) conducted documented the following order: 37.5-325 take 2 tablets by mouth every 6 hours as needed for pain, max 8 tabs/day".

On at 12:10 PM, Employee #2 was observed assisting Resident #3 with self-administration of medications. During performance of this task, the following improper practices were noted:

1. She did not bring the medication container and Resident #3 together; Employee #2 did not read the label to or tell the resident what medication she was about to take.

2. She approached Resident #3 with her noon medication, 20 milligrams in a pill cup. Employee #2 proactively asked the resident if she needed a pain pill (rather than wait for the resident to request the medication, and for the resident identify what symptom she needed the medication for). The resident nodded her head in agreement and Employee #2 left the pill cup on the table next to the resident and walked away

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	08/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Arms ALF	4652 Belvedere Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

leaving the unsupervised while she retrieved the resident's pain medication.

3. She then repeated the practice identified in Item 1 above.

These concerns were discussed with the Administrator on at 12:20 PM.

Class III

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

Based on observations, interviews and record review, the facility failed to maintain an accurate medication observation record (MOR) for 1 out of 3 sampled residents (Resident #3).

The findings include:

Review of Resident #3's and 2013 MORs conducted with the Administrator present, revealed the following concerns:

1. The and 2013 MORs contained entries for 37.5-325 two tabs by mouth every six hours as needed for pain, maximum eight tablets per day. The MOR was initialed for doses (two tablets per dose) given on for two doses, for two doses, and for a total of eight doses. A line was written through the other days to indicate no medication was taken on those days. There were related comments written on the backs of the MORs corresponding to all eight doses except for one dose on

Observation of the actual medication container, a bubble-pack card individual dose delivery container revealed the card came with two-tab doses in thirty bubbles on the card, numbered 1 through 30; 30 doses for a total of 60 tablets. It was noted that only two doses were left on the card; leaving twenty doses, or forty tablets, not accounted for on Resident #3's and 2013 MORs.

In a telephone interview conducted at 11:55 AM with the Administrator present, a Pharmacy Representative stated this medication prescription was delivered on with thirty bubbles containing two tablets each for a total of 60 tablets. The two-tablet doses were marked 1 through 30.

In an interview conducted at 12:05 PM, the Administrator stated she was certain the missing doses were received by the resident. She acknowledged she must investigate what happened, take appropriate steps to correct the situation, make notifications as required, and document the error in the resident's and offending staff member(s) record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	08/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Arms ALF	4652 Belvedere Road West Palm Beach, FL 33415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2. A prescription for 12% lotion to be applied to the feet daily, was filled on . There was no corresponding entry on the 2013 MOR, no initials to indicate the resident received the prescribed medication during 2013. In an interview conducted at 12:04 PM, the Administrator stated she thinks staff forgot to add the order to the 2013 MOR but stated she would look in to it.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observations, interviews and record review, the facility failed to obtain written health care provider orders prior to unlicensed staff assisting residents with self-administration of medications or changing instructions for use of medications, for 3 out of 3 sampled residents (Residents #1, #2 and #3); and the facility failed to properly store a resident's medication (Resident #3).

The findings include:

Review of the facility's medication systems was conducted beginning at 11:03 AM with the Administrator present. The following concerns were identified:

1. Interviews were conducted on , first at 12:40 PM with Resident #1's family member, and at 1:30 PM with the Administrator; both stated facility staff were crushing medications and adding it to Resident #1's food for ease in swallowing. The Administrator stated she did not have a written health care provider order specifying each and every medication to be crushed.

In a telephone interview conducted at 1:58 PM with the Administrator present, Resident #1's Hospice Nurse stated she had a telephone order to crush medications but the physician had not signed it yet; they have been crushing her medications for the past week.

The Hospice Nurse and the Administrator acknowledged unlicensed staff who assist residents with self-administration of medications must have possession of written health care provider orders specific to each and every medication that is to be crushed prior to crushing the medication; they must not make judgements as to which medication should or should not be crushed.

2. Review of Resident #3's record revealed no written health care provider orders for the following medications that were physically present and listed on her 2013 MOR as being given and taken: and Desyrel.

An order for was added to Resident #3's 2013 MOR and then marked [discontinued] and was crossed out. There were no written health care provider orders to support this entry; there was no notation indicating if it was written in error or any other explanation for the entry.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	**08/05/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open Arms ALF	**4652 Belvedere Road West Palm Beach, FL 33415**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3. Review of Resident #2's record revealed no written health care provide orders for the following medications that were physically present and listed on her 2013 medication observation record (MOR) as being given and taken: IB and

4. Inspection of the facility's tored medications conducted at 4:45 PM revealed Resident #3's liquid medication was stored in a refrigerator currently registering 37 degrees Fahrenheit. Review of the label instructions for the disclosed, "Store at 59-86 [degrees Fahrenheit], do not freeze." Present at the time, the Administrator stated it was stored there according to "resident" preference, but acknowledged they must have a written health care provider order if they wanted to store the medication in a manner that was against manufacturer instructions.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Open Arms ALF
4652 Belvedere Road
West Palm Beach, FL 33415

Dear Administrator:

This letter reports the findings of a state licensure 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 **, 2012** 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,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924