| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964730 | 07/23/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Bay Pointe Terrace | 1200 Arthur Street Hollywood, FL 33019 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced Assisted Living Facility Change of Ownership (CHOW) survey was conducted on [redacted] Bay Pointe Terrace, had licensure deficiencies found at the time of the visit.

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**
Based on observations and interviews, the facility failed to honor residents' right to live in a safe and decent environment. This had the potential to affect more than an [redacted] number of the 15 current residents of the assisted living facility.

The findings include:

A tour of the physical plant was conducted [redacted] beginning at 11:20 AM while accompanied by the facility's Administrator and/or Maintenance Director. The following concerns were identified:

1. A door marked "biohazard" was not locked. A biohazard storage box was stored in the

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..... The area was accessible by , ambulatory residents.

2. In resident across from the foot of the bed, the trim on the right forward side of a wood armoire-type cabinet had broken off and was taped back on, the metal trim in this area was separated from the wood and exposed sharp edges that were a safety hazard. In the the left of the shower, a small lightweight cabinet was observed. Behind the cabinet were: a roll of paper towels, a large bottle of skin lotion, a small tube of toothpaste, the sprayer part from a spray bottle, and a bottle of body wash. Beneath these items, the floor had some green liquid residue with soil and debris stuck in it.

3. In resident , the was out, the completely dark. After the light was fixed, six 1" diameter labels were observed on the shower floor.

4. In resident , the paint on the walls and was chipped; the shower curtain was excessively soiled.

5. In resident , the windows and curtains were soiled; the walls and curtain were soiled and the vents were dusty.

6. The floor in the dining Table 3 had sticky residue on it.

The Administrator and/or Maintenance Director acknowledged these concerns at times of observation.

Class III

**0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC**

Based on observations, interviews and record review, the facility failed to ensure residents with a history of elopement had required identification on their persons, for 2 out of 2 sampled residents (Resident #2 and #8) and failed to ensure written resident elopement response protocol included required components.

The findings include:

1. In an interview conducted at 9:44 AM, the Administrator stated Residents #2 and #8 had eloped from the facility on and respectively. Review of facility records and both residents' records conducted supported this statement.

Included in the facility's admission packet is " Elopement Risk Acknowledgment by Legal Representative or Designated Emergency Contact " ; the second paragraph disclosed, " The facility shall make at a minimum a daily effort to determine that at risk residents have

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identification on them that include their name and the facility ' s name, address and telephone number ... "

Residents #2 and #8 were observed in the dining/activity [redacted] at 10:12 AM with a Certified Nurse Aide (CNA) present; no form of identification was visible. At the time of observation, the CNA was asked and stated she did not think either resident had any form of identification on them. During a second observation of both residents on [redacted] at 2:20 PM, the Resident Care Coordinator (RCC) confirmed both residents did not have any form of identification such as a pendent, bracelet, card, etc., on their persons that disclosed the resident's name, and the facility's name, address and telephone number. She acknowledged staff were required to check daily to ensure residents assessed as at risk for or having a history of elopements have the required identification on their persons.

2. Review of the facility's written policies and procedures dated [redacted] titled "Elopement" was conducted [redacted] the policies and procedures did not:

a. Identify all staff, by title or name, responsible for each part of the response, including specific duties and responsibilities

b. Identify all staff, by title or name, responsible for each part of the response policies and procedures, including specific duties and responsibilities.

c. Provide for the continued care of all other residents in the facility during the search

This was discussed with and acknowledged by the Administrator on [redacted] at 4:55 PM.

Class III

**0054-Medication - Records 58A-5.0185(5) FAC**
Based on observations, interviews and record review, the facility failed to ensure medication observation records (MORs) were updated immediately after medications are administered, for 3 out of 3 sampled residents (Resident#5, #8 and #9).

The findings include:

Observation of medication administration performed by Employee #2, a Licensed Practical Nurse (LPN), for Residents #5, 8 and 9 was conducted [redacted] beginning at 11:52 AM. Prior

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

to the actual administration of the medications to the residents, Employee #2 initialed each residents' MORs in a manner to indicate the residents had already received the doses of medications as ordered. This practice was observed to occur for all three residents.

This was discussed with the facility's Resident Care Coordinator, a LPN, on at 12:08 PM; she stated this was not an acceptable practice.

Class III

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**
Based on record review and interview, it was determined the facility failed to ensure all staff members had documentation of freedom from communicable signed by a qualified health care professional, for 1 out of 3 sampled employees (Employee #2).

The findings include:

Review of personnel files revealed all files (Employee #2) lacked documentation of freedom from communicable that was signed and dated by a qualified health care professional as required. An interview with the Administrator at 2 PM on , revealed the facility was unable to provide documentation of freedom from communicable since date of hire for Employee #2.

Class III

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**
Based on record review and interview, the facility failed to ensure, 3 out of 3 sampled employee (Employee #1, #2 & #3) files contained documentation of completion of all required in-service training.

The findings include:

1). Interview with the Administrator on at approximately 2:30 PM, revealed Employee #1's date of hire was . Review of Employee #1's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire, as required:

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| | AL11964730 | 07/23/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident elopement response policies and procedures.

2). Interview with the Administrator on at approximately 2:35 PM, revealed Employee #2's date of hire was Further interview revealed she provides direct care for the residents. Review of Employee #2's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire, as required:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Recognizing and reporting resident , neglect, and

3). Interview with the Administrator on at approximately 2:41 PM, revealed Employee #3's date of hire was Further interview revealed she provides direct care for the residents. Review of Employee #3's personnel record revealed the file lacked documentation of completion of the following in-services within 30 days of hire, as required:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Recognizing and reporting resident , neglect, and
5. Resident elopement response policies and procedures.

Class III

**0082-Training - 58A-5.0191(3) FAC**

Based on record review and interview, it was determined the facility failed to ensure that all employees had received training on and for 2 out of 3 sampled employees (Employees #1 & #3).

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

The findings include:

Review of Employee #1 and #3's files revealed the files lacked documentation indicating the employees had received a one-time training in-service on and within 30 days of employment. An interview with the Administrator at 1:10 PM on revealed the employees had both been employed at the facility more than 30 days and had not obtained the required training.

Class III

**0086-Training - ADRD 58A-5.0191(9) FAC**
Based on record review and interview, it was determined that the facility failed to ensure all employee files contain documentation of the required and Related s(ADRD) Level I initial 4 hour training within 3 months of employment.

The findings include:

Review of the employee file for Employee #2 revealed a hire date of and that the file lacked documentation of the required initial ADRD training within 3 months of being employed with the facility. An interview conducted with the Administrator on at approximately 2:54 PM, revealed the facility has a secured unit with residents with ADRD and that Employee #2 provides direct care to residents with ADRD within the facility and had not obtained the required training.

Class III

**0090-Training - 58A-5.0191(11) FAC**
Based on interview and record review, the facility failed to provide documentation employees received at least one hour of training in the facility's policies and procedures regarding for 3 out of 3 sampled employee records (Employee #1 #2 and #3).

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The findings include:

Interview with the Administrator on [redacted] at approximately 2:23 PM, revealed Employee #1, #2 and #3 have both been employed with the facility over 30 days. Review of the personnel records for Employee #1, #2 and #3 revealed the files lacked documentation indicating the employees received at least one hour of training in the facility ' s policies and procedures regarding [redacted] as required, within 30 days of employment, as required.

Class III

**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**

Based on observations and interviews, the facility failed to maintain structural appurtenances in safe and good working order.

The findings include:

The following observations were made on [redacted] beginning at 11:11 AM while accompanied by the facility's Maintenance Director :

1. Water damage over a dining [redacted] an electrical extension cord was in use traveled through a dining [redacted] the window screen was removed which allowed pest egress; two holes were observed in the dining [redacted]

2. The electrical outlet cover in resident [redacted] was missing which was a safety hazard; the mattress was ripped.

3. The light bulb in resident [redacted] was too dim, it was difficult to see well in the [redacted] one lamp was broken with sharp edges exposed, the other lamp would not turn on.

4. [redacted] insect carcasses were visible in five light fixtures located throughout the hallway and were unsightly.

5. An observation was made on [redacted] at 11:20 AM of resident [redacted] The carpet was soiled and unsightly and the light in the [redacted] flickering.

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The Maintenance Director acknowledged these concerns at the times of observation.

6. A tour conducted on beginning at 11:20 AM while accompanied by the facility's Administrator. In resident masking tape covered the door threshold and was unsightly. The was out, the completely dark. The Administrator acknowledged this concern.

Class III

**0161-Records - Staff 58A-5.024(2) FAC**
Based on interview and record review, the facility failed to ensure, 1 out of 3 sampled employee files contained documentation of all required components (Employee #2).

The findings include:

Interview with the Administrator on at approximately 2:30 PM, revealed Employee #2's date of hire was Review of Employee #2's personnel record revealed the file lacked documentation of an employment application with references, as required.

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 3 employees (Employee #3).

The findings include:

Review of the employee records, provided by the Administrator on , it was noted that Employee #2'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 2:28 PM, she stated that Employee #2 works as a caregiver in the facility, the employee has access to resident records and

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property. During a further interview, the Administrator confirmed that she does not have the BGS results available for review for Employee #2.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Bay Pointe Terrace
1200 Arthur Street
Hollywood, FL 33019

Re: Change of Ownership (CHOW)

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,

L. Wedges - Mayo, Supervisor

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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