STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911048	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Seaside Healthcare	2091 South Ocean Drive Hallandale, FL 33009	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An assisted living facility standard biennial licensure was conducted on through Seaside Healthcare had licensure deficiencies found at the time of the visit.

Note: The survey was conducted in conjunction with CCR #2013007388, 2013006605, 2013006575, 2013006098, 2013005497, 2013004476, 2013004428, 2013003742, 2013006117, and the revisits to CCR #2013004596, revisit to #2013003229, revisit to #2013003180 and the revisit to 2013004228. Please refer to the separate reports.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews and interviews the facility failed to ensure that the health assessment was complete ande accurate, for 1 of 24 sampled residents (Resident #14).

The findings include:

Record Review completed for Resident # 14 revealed an admission date of Further review revealed the resident had a health assessment which was noted to be completed on The health assessment was found to be incomplete and did not list the services offered or arranged by the facility for the resident. The health assessment was also noted to have been completed by the facility's staff.

An interview was conducted with the facility's administrator on at 4:10 PM, she confirmed the findings.

Class III

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

Based on observation and interview, it was determined that the facility failed to ensure that residents that are identified as elopement risk receive adequate supervision while remaining a resident at the facility, for 1 out of 24 sampled resisdents (Resident #14).

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The findings include:

Observation conducted on at approximately 9:00 AM revealed Resident # 14 was walking alone at the intersection of [street name].

Observation of Resident # 14 conducted on at 3:40 PM revealed Resident #14 was observed disoriented standing in the hallway by the elevator. The resident was heard asking other residents if they knew what was in as she could not find her The resident was given the by another resident and stated she did not know how to get to her could not find the elevator.

Record review completed for Resident #14 revealed a health assessment dated which lists diagnosis to include NOS. Review of the Medication Observation Record (MOR) reveals the resident receives 200 mg at bedtime and 4 mg (2 tablets) at bedtime. During an interview conducted with the Facility's Nursing Consultant on at 3:41 PM, she stated the resident has a diagnosis of She states the resident takes a special medication cocktail to manage her mental condition and that the cocktail normally makes the resident disoriented especially during the morning time and should not be on the streets unattended. She states she was unaware the resident was disoriented on in the afternoon and seemed concerned. She stated she would have the resident reassessed to determine if the resident is appropriate for the facility.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observations, record reviews and interviews, the facility failed to ensure that there were consents for the use of side rails, for 2 of 24 sampled residents (Resident #5 and #18). The facility also failed to ensure that the required phone numbers were posted.

The findings include:

1. Resident #18 was observed to have half siderails in the upright position on the resident's bed on at 10:40 AM. The resident's record was reviewed and documented that the resident was admitted on The resident was under hospice care. There was an order dated for half side rails, but no consent could be located. The nurse consultant was interviewed on at 11:00 AM and unable to locate the consent.

2. Resident #5 was admitted to the facility on On at 10:40 AM, side rails were observed in the upright position on the resident's bed. The resident's record was reviewed and documented that the siderails were ordered, but no consent could be located. The nurse consultant was interviewed on at 11:00 AM and unable to locate the consent.

3. During observations on and again on there was no posted information for the Florida Hotline telephone number or the agency's Consumer Hotline telephone number posted in full view in a common area accessible to all residents.

The Administrator was interviewed on at 2:00 PM and no additional information was provided.

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Class III

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

Based on record review and interview, it was determined that the facility failed to ensure that telephonic orders were taken by a nurse and that written mediation orders were provided by the health care within the required 10 working days, for 1 out of 24 sampled residents (Resident #14).

The findings include:

Record review completed for Resident # 14 revealed a telephone order dated . . . . . The telephone order was observed to not contain the required MD signature and or license number and or the nurses signature. During an interview with the Director of Nursing on . . . . . at 3:02 PM, she confirmed the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 4 out of 7 sampled employee records contained current documentation of freedom from . . by a health care provider, as required (Employee#4, #5, #6, and #7).

The findings include:

1. Review of Employee #6 and #7's personnel records revealed the files lacked current documentation of freedom from . . by a health care provider on an annual basis, as required. An interview conducted with the Administrator on . . . . . at 3:14 PM, confirmed the findings

2. During a review of the personnel file of Employee #5, it was noted that the employee had a hire date of . . . . . The last documentation of freedom from communicable . . . . . was dated , more than a year ago.

3. During a review of the personnel file of employee #4, it was noted that she was hired on . . . . . There was no documentation of freedom from communicable . . . . . in the file. The Nurse Consultant was interviewed on . . at 12:00 PM and stated no further information was provided.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interviews, the employee files did not contain documentation of all the required inservice trainings, for 3 out of 7 sampled employee records (Staff #2, #4 and #7).

The findings include:

1. During a review of the personnel files, it was noted that Employee #2 and Employee #4, direct care staff, did

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not have documentation that they completed the required in-service trainings. The following training was noted missing: the facility emergency procedures, the elopement response policies, incident reporting, residents' rights and reporting . . . . . The missing items were reviewed with the Nurse Consultant during an interview conducted on . . . . . at 12:00 PM and no additional information was provided.

2. Record review of the personnel file for Employee #7 revealed the employee was noted to have a date of hire of . . . . . A review of the employee's file revealed the file lacked documentation indicating the employee had received training in the facility elopement response policies and procedures. An interview with the Administrator on . . . . . at 3:08 PM confirmed the findings.

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 3 out of 7 sampled employees (Staff #5, #6, & #7).

The findings include:

Review of Employee #5, #6 &#7's file revealed the file 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 been employed at the facility more than 30 days and had not obtained the required training.

Class III

0090-Training - . . . . . : 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure all employees had received at least one hour of training in the facility's policies and procedures regarding . . . . . for 4 out of 7 sampled employee records (Employee #2, #4, #6 and #7).

The findings include:

1. Interview with the Administrator on . . . . . at approximately 2:30 PM revealed Employee #6 and #7 have both been employed with the facility over 30 days. Review of the personnel records for Employee #6 and #7 revealed the files lacked documentation indicating the employees received at least one hour of training in the facility ' s policies and procedures regarding . . . . . , as required, within 30 days of employment, as required.

2. During a review of the personnel files it was noted that Employee #2 and Employee #4, direct care staff, did not have documentation that they completed the required training in the facility's . . . . . policies and procedures. Both employees had been hired more than 30 days ago. The nurse consultant was interviewed on . . . . . at 12:00 PM and no additional information was provided.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Seaside Healthcare
2091 South Ocean Drive
Hallandale, FL 33009

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives 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 (30) 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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