STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965357	10/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pointe At Newport Place, The	4733 Northwest Seventh Court Boynton Beach, FL 33426	
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial relicensure survey was conducted on . The Pointe at Newport Place had licensure deficiencies identified at the time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, record review and an interview, the facility failed to ensure a resident's health assessment was current and reflective of a resident's medical condition and care needs, for 1 out of 2 sampled resident records reviewed (Resident #31).

The findings include:

Resident 31 was admitted to the facility on . A health assessment (AHCA Form 1823) completed by a health care provider on indicated the resident was appropriate for ALF placement and required assistance with bathing, dressing, toileting, transferring and and only supervision with ambulating and eating. The resident was admitted to hospice on . The resident was observed being fed by staff in the dining approximately 10:00 AM on .

The Health and Wellness Director was interviewed at 10:50 AM on and stated the resident had an unstageable pressure on his left foot and that hospice cared for the . She pointed out the plan of care in the resident's file created by hospice and initialed by herself dated . She acknowledged that the resident received bed baths by staff since he could no longer sit in a shower chair, was fed by staff and was unable to ambulate. The resident also was noted to have precautions" in place. The resident's aide (Staff F) stated during interview at 11:45 AM that the resident required more than one person assist with transfers, bathing and dressing due to his rigidity

During an interview by phone with the hospice Nurse at 12:00 PM, she stated facility staff were supposed to be turning the resident every 2 hours, keep him out of bed between meals and adjust him in his wheelchair and float his heels while in bed. She also stated that she was not aware whether facility staff were educated in precautions. It was unkown if the resident received

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scheduled repositioning and range of motion exercises to prevent [redacted] and pressure sores. None of these complications with interventions were documented in the plan of care dated [redacted].

Additionally, a new health assessment was not completed when the resident had a significant decline as mentioned in aforementtioned findings. These findings were discussed with the Administrator who is responsible for the continuous monitoring for appropriateness of the placement of residents in an assisted living facility during interview at 3:15 PM on [redacted].

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review, observation and interview, the facility failed to administer the exact medication dosage , to 1 out of 9 sampled residents (resident # 12).

The findings include:

During the morning medication observation on [redacted] at 9:05 AM, Resident # 12 was given 1 tab of 10 mg.

Review of the [redacted] 2013 Medication Observation Record (MOR) revealed the nurse noted that 10 mg of [redacted] was given to the resident. Review of the current 2013 Physician ' s Orders listed on the MOR revealed 20 mg of [redacted] was to be administered.

During an interview on [redacted] at 2:00 PM, with the Nurse, she noted that she had missed the dosage amount because prior order for this medication was less than the current amount ordered.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and an interview, the facility failed to ensure that all staff had received at least one hour of training in reporting major and adverse incidents and the facility's emergency procedures within 30 days of hire, for 2 out of 3 sampled staff (Staff B and C).

The findings include:

On [redacted] at 9 AM, the personnel files for Staff B and C were reviewed for aforementioned required training. There was no documentation of this training available for review at the time of the survey. Staff B was hired on and Staff C was hired on [redacted]. These findings were acknowledged

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by the Administrator during interview at this time. She stated no further documentation was available for review.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and an interview, the facility failed to ensure that all sampled staff had received at least one hour of training in the facility's policies regarding RO's within 30 days of hire, for 2 out of 3 sampled staff (Staff B and C).

The findings include:

On at 9 AM, the personnel files for Staff B and C were reviewed for aforementioned required training. There was no documentation of this training available for review at the time of the survey. Staff B was hired on and Staff C was hired on These findings were acknowledged by the Administrator during interview at this time. She stated no further documentation was available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and interview, the facility failed to prepare and serve a therapeutic diet as ordered by the healthcare provider, for 1 out of 3 sampled residents (Resident # 22).

The findings include:

An observation conducted on at 12:30 PM, revealed Resident # 22 was served a hot dog (not textured modified). Record review of the facility's Nutrtion Tracker tool revealed that Resident #22 is on a texture modified chopped meat diet. Review of Resident #22 ' s last health assessment dated revealed the resident is on a mechanical soft diet.

In an interview conducted with the Director of Health and Wellness on at 1:15 PM, she stated that there is no documentation in the resident's file that she is refusing to comply with the therapeutic diet.

Review of the facility's diet modifier for a hot dog for a texture modified diet revealed : grind the hot dog and serve on a soft In an interview conducted on at 2:00 PM with Resident #22 ' s

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private duty aide, she stated that she is always with her at lunch and the resident is never served a mechanical soft diet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Pointe At Newport Place
4733 Northwest Seventh Court
Boynton Beach, FL 33426

Dear Administrator:

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

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