STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	10/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Plaza At Pembroke Park, Llc	3535 Sw 52nd Avenue Pembroke Park, 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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Change of Ownership with Extended Congregate Care survey was conducted on and . The Plaza at Pembroke Park had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record review, the facility failed to provide care and services appropriate to resident needs related to and/or failed to notify residents' legal representatives related to the presence of for 3 of 3 sampled residents (Resident #3, #21 and #22).

The findings include:

1. During a review of the record of Resident #3, it was noted that the resident was admitted to the facility on . There was a Health Assessment dated that documented the resident has a pressure to and care per hospice protocol". The physician orders were reviewed and documented that on the resident was ordered an air mattress for diagnosis of On the doctor ordered care, cleanse with Normal mix with with Polysporin powder, cover with foam and seal with waterproof dressing." The facility progress notes were reviewed and there was no documentation of the status of the what treatment was being provided and whether or not the responsible party was notified, until the resident became hospice on There was a hospice note dated that the was unstageable. Further review of the current hospice notes documented that care was still being provided for pressure to and pressure sores each hip.

On at 11:10 AM, the resident was observed in bed with both half side rails up and the resident's eyes were open but the resident did not respond to questions.
On at 2:45 PM, an interview was conducted with the Director of Nursing (DON). The DON was asked to provide documentation that the resident's representative was informed of the pressure when it was first identified and was also asked for any information documenting that the facility staff were ensuring

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that the pressure was being appropriately treated between the time it was identified on up until hospice assumed care on , a 3 week period of time. No additional information was provided.

2. Resident #22 was admitted to the facility on Her Resident Health Assessment (AHCA Form 1823) dated documented diagnoses including High and Gait Ataxia (abnormal gait), muscle and required assistance with all activities of daily living. Review of her record revealed a Health Care Provider's (HCP) order dated which included care to her right heel.

Documentation from her home health provider file disclosed the first day she received an evaluation and treatment from a home health care Nurse was The skilled nursing note from that date documented Resident #22 had a pressure to her right heel. A home health skilled nursing note dated documented the was still being treated.

In an interview conducted at 11:49 AM, the Resident's emergency contact stated he was not aware she had any wounds or bed sores.

Further review of Resident #22's medical record revealed no documentation showing Resident #22 received care as ordered by the HCP or that facility staff made timely efforts to ensure she received the necessary medical treatment timely. There was no record showing facility staff notified her emergency contact that the existed.

3. Review of Resident #21's record revealed she was re-certified for hospice services on and moved from the general population area to the Memory Care unit on Observation of Resident #21 conducted at 11:20 AM, with the Memory Care Unit Supervisor present, revealed a round dark-colored area on the outer edge of her left foot near the ball of her foot and an unmarked 3"x4" bandage near her left ankle. Her feet were bare at the time of observation.

Review of her medical record revealed a 1-copy of a HCP order dated relating to care to the left outer foot. The words (three times daily) and "boots for feet" were written in ink on the 1-copy. On at 11:48 AM, the Supervisor was asked about this order and stated she would follow up, she responded later that day that she had no explanation regarding the order. Review of the resident's Observation Notes back through revealed no reference to this or the boots.

Review of a Hospice Nursing Assessment dated documented the Resident #21 had an unstageable on her left outer foot. It included a note in the Integumentary (skin) section that read, "order for bunny boots in place". In an interview conducted at 12:22 PM, the hospice nurse who completed the assessment stated she noted an order dated 2013. She had visited the resident on and and had not seen any boots and wanted to make sure she had some.

During an interview conducted at 1:51 PM, Employee J, (an LPN) previously familiar with Resident

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#21 stated the resident used to use boots for reddened pressure areas but thought they had been discontinued. In an interview conducted at 2:19 PM, Employee K, a CNA familiar with Resident #21, stated she used to have and recalled they were used during 2013 and were to be put on whenever she was in bed. She further stated the Resident changed apartments a lot so they were hard to place at times.

On at 2:30 PM, with the Memory Care Unit Supervisor present, Resident #21 was observed in bed with boots on both of her feet. At 2:45 PM, this was discussed with the Resident Care Director and Administrator. They acknowledged there was no documentation in the Resident's record showing the boots were discontinued or otherwise mentioned.

In an interview conducted at 3:17 PM, Resident #21's emergency contact stated he spoke with a hospice nurse about two week before and she only mentioned she had labored breathing. He also stated she had no bed sores. When asked if he was aware of the to her left foot, he stated he did not. This was discussed with the Resident Care Director and Administrator on at 2:45 PM. they acknowledged there was no documentation showing Resident #21's emergency contact was notified related to the on her left foot.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview, it was determined that the facility failed to administer medications in accordance with a health care providers prescription label and failed to notify the health care provider regarding medication dosage concerns/problems, for 1 of 3 sampled residents (Resident #17).

The findings include:

During the review of Resident #17's record, current physician medication orders and the Medication Observation Record (MOR), it was noted that the resident receives services three times per week. Further review of the record revealed that the resident is out of the facility to the Center on Monday, Wednesday, and Friday from 10 AM to 4 PM. A review of the current physician medication orders noted that there were 2 scheduled doses of medication for 1 PM. Specifically, the medications included 25 mg (9 AM/1 PM/5 PM) and Revela 800 mg (9 AM/1 PM/5 PM).

A review of the and 2013 MORS noted documentation that the medications were not being administered at 1 PM on days due to the resident being out of the facility. Following the review, an interview on was conducted with the DON who stated that she was unaware that the resident was not

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receiving all medications as per physician's orders. The DON further stated, that the attending physician should have been notified and new orders obtained from the attending physician concerning the dose times of the Seroquel and .....

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record reviews and interviews, the facility failed to ensure that 1 of 2 newly hired staff (Staff B) submitted a statement from a health care provider, based on an examination conducted within the last 6 months, documenting freedom from communicable .....

The findings are:

During a review of the personnel files, it was noted that Staff B was hired ..... This employee's statement from the Health Care Provider was reviewed and was dated , more than 6 months prior to the date of hire. The Business Office Manager, Administrator and the Director of Nursing were interviewed on ..... at 1:00 PM. They stated that they thought the communicable ..... statement was annual and did not know it had to be within 6 months of the date of hire.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Plaza At Pembroke Park, LLC
3535 SW 52nd Avenue
Pembroke Park, FL 33023

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 , **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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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