STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953238	11/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hollywood Beach Retirement Home	**1722-26 Madison Street Hollywood, FL 33019**

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

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 Change of Ownership licensure survey was conducted on . . . . . Hollywood Beach Retirement Home had licensure deficiencies found at the time of the visit.

Note: CCR #2013003889 and CCR 2013006938 were conducted in conjunction with the survey. Please refer to the separate report.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, it was determined the facility failed to comply with the Resident's Bill of Rights, to ensure residents live in a safe, clean living environment. This is evidenced by the facility's failure to follow proper . . . . . control practices, including hand washing, during medication administration for 4 out of 4 residents (Residents #1, #5, #7, and #8).

The findings include:

1. Observation of the medication pass on . . . . . at 9:15 AM revealed Staff #A sanitizing his hands and asking if Resident #7 wanted sanitizer. Resident #7 refused. Staff #A was then noted to empty the pills out of the medication packets into his hand and pour them into Resident #7's hand.

2. Observation of the medication pass on . . . . . beginning at 11:42 AM revealed the Administrator sanitizing her hands. She was then noted to empty the pills out of the medication packets into her hand and pour them into Resident #5's hand. The Administrator was then observed passing the medications in the same manner without sanitizing her hands after Resident #5 and prior to and after passing medications to Resident #5, #1, #8, and #7.

In an interview conducted on . . . . . at 3:40 PM, the Administrator acknowledged the findings.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and interview, the facility failed to ensure that the Medication Observation Record (MOR) was signed appropriately, for 1 out of 1 residents observed during medication pass (Resident #7).

The findings include:

During observation of medication pass on [redacted] at 9:15 AM, it was noted that 8 medications Resident #7 receives at 9:00 AM were signed off by Staff #A prior to providing the medications at 9:15 AM.

In an interview conducted on [redacted] at approximately 9:20 AM, Staff #1 stated that he knows Resident #7 does not refuse her medications. He acknowledged he signed off on the MOR prior to administering her medications.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interviews ,it was determined that the facility failed to ensure all employees had received the required in-service training for 3 out of 3 sampled staff members (#A, #B, and #C).

The findings include:

Record reviews conducted on [redacted] revealed the following:

1) Staff #C, hire date of [redacted] had no documentation indicating completion of 1 hour of in-service training in [redacted] control, including universal precautions, and facility sanitation procedures before providing personal care to residents. This employee is listed on the staff schedule as working alone on the night shift.

2) Staff #C, hire date of [redacted], had no documentation indicating completion of 3 hours of in-service on Activities of Daily Living (ADLs) and Resident Behavior and Needs, within 30 days of employment. This employee is listed on the staff schedule as working alone on the night shift.

3) Staff #B with a hire date of [redacted], and, Staff #C, with a hire date of [redacted], had no documentation of elopement response training. All facility staff shall receive 1 hour of in-service training which includes the facility's resident elopement response policies and procedures, within 30 days of employment.

4) Staff #B, hire date [redacted] and Staff #C, hire date [redacted], had no documentation of a minimum of 1 hour on incident reporting and emergency preparedness and evacuation training, including staff roles relating to emergency evacuation, within 30 days of employment.

5) Staff #B and #C and had no documentation of 1 hour of in-service training on resident rights within 30 days of employment.

6) Staff #C had no documentation of 1 hour of in-service training on recognizing and reporting [redacted]; neglect; and [redacted] training.

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SUMMARY STATEMENT OF DEFICIENCIES
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7. During a review of the file of Staff member #A, hire date , who observed providing direct care to residents on day of survey, it was noted that the staff member had no documentation of the following inservice trainings: control training, a three hour class in ADL's and behavioral needs, elopement response training, emergency preparedness, incident reporting, and resident rights.

The administrator was interviewed on at 3:40 p.m. and no additional information was provided.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff members (Staff #C) had obtained an initial training on within 30 days of employment.

The findings include:

A record review conducted for Staff #C, hired on , revealed no documentation of an initial training on within 30 days of employment.

An interview conducted on at approximately 3:40 PM, the Administrator acknowledged the findings.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interviews, the facility failed to ensure that 2 out of 3 sampled staff (Staff #B and #C) had documentation of 1 hour of training on the facility's policy and procedures regarding .

The findings include:

A record review conducted on revealed that Staff #B, hire date , had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

Further record review revealed Staff #C, hire date , had 1 hour of training on but did not have the training 30 days after hire date on the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on at 3:40 PM, the Administrator acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hollywood Beach Retirement Home
1722-26 Madison Street
Hollywood, FL 33019

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 , **2014** 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 Davis
Field Office Manager

AMD
Enclosure

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