STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911749	12/31/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Preserve At Palm Aire (the)	3701 McNab Road Pompano Beach, FL 33069	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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 CHOW (Change of Ownership) survey was conducted on _____ at The Preserve at Palm Aire. The facility had licensure deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that all staff had received the required in-service training on Incident Training within 30 days of employment, for 1 of 4 sampled personnel reviewed (Staff A).

The findings include:

Record review of Staff A's personnel records with a date of hire documented as _____, revealed the employee had not received the 1 hour in-service training on Incident Reporting within 30 days of employment. In an interview with the Human Resources Manager of the facility on _____ at 11:30, she agreed that Staff A did not have the required /documentation in her personnel record reflecting the mandated training. In an interview with the facility Office Manager on _____ at 1:15 PM, she stated that she conducted a review of Staff A's personnel record and agreed that the required training was missing.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review, the facility failed to ensure that all unlicensed staff that provide assistance with self-administered medications receive the initial 4 hour medication training prior to performing the job duties of assisting with medications, for 1 of 4 sampled employee records reviewed

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(Staff C).

The findings include:

During an interview with Staff C on at 9:40 AM, she stated that she assisted with medication administration on a regular basis. Record review of Staff C's personnel record revealed a hire date of Further review of the employee's record revealed there was no evidence that the employee had received the required 4 hours of initial medication by a licensed registered nurse or a licensed pharmacist. During an interview with the Administrator at 1 PM on she acknowledged surveyor's findings and stated no further documentation was available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation interview and record review, the facility failed to ensure therapeutic diets are prepared and served as ordered by the health care provider. As evidenced by not following physician orders for diets for 1 of 1 sampled residents (Resident # 10).The facility also failed to ensure that all regular and therapeutic menus to be used by the facility are reviewed annually by a registered dietician.

The findings include:

a) Resident #10 was admitted to the facility on A review of the Resident Health Assessment form (AHCA form 1823) dated signed by doctor revealed a diagnosis to include: loss,Odynophagia . Page 2 of the form related to diet instructions documented puree diet. A review of the facility ' s record of Resident #10 ' s file revealed a note dated at 8:15 PM that the kitchen was notified of a new diet order of Puree.

In an interview conducted on at 12:00 PM with the Food Service Designee, he confirmed that there were currently no current therapeutic diets being served in the facility. In an interview conducted on at 12:30 PM with the Satellite Kitchen Staff, she stated they have 1 therapeutic diet of puree, Resident #10, but the kitchen does not prepare it, the private duty aide comes to get the regular food and purees it herself.

In an interview conducted on at 12:38 PM with the private duty aide of Resident #10, she

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confirmed, she purees the food in the ..... a blender, as the kitchen does not puree the diet.

In an interview conducted on ... at 12:45 PM with LPN #3, she stated she was aware that Resident #10 was on a puree diet, but was not aware that the private duty aide was doing it. In an interview conducted on ..... at 1:15 PM with the Administrator and the Health and Wellness Director, they both confirmed that they knew Resident # 10 was on a puree diet, but thought the kitchen was preparing and serving it.

In an interview conducted on ..... at 10:48 AM with the Health and Wellness Director, she stated that Resident #10 is still on a puree diet, and that there were no new orders received to change her diet.

In an interview conducted on ..... at 10:52 AM with the Hospice nurse, she stated that Resident #10 is still on a puree diet and that her diet has not been changed.

In an observation made on ..... at 1:05 PM with the Food Service Designee,Administrator and Health and Wellness Director , the resident's private duty aide (PDA) was in Resident #10 ' s ..... how she purees the resident ' s food, and that she has been pureeing the food for a while.

b) In an interview conducted on ..... at 9:30 AM with the Food Service Designee, he stated that they currently do not have dietician signed and approved menus for this community for review. They are currently using menus from another sister community.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Preserve At Palm Aire (the)
3701 McNab Road
Pompano Beach, FL 33069

Dear Administrator:

Re: Change of Ownership (CHOW)

This letter reports the findings of a CHOW 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 , **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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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