STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964659	01/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B P Assisted Living	906 36th Street West Palm Beach, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal 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 - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility abbreviated biennial re-licensure survey was conducted on at B P Assisted Living. The facility had licensure deficiencies identified at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews, the facility failed to ensure the proper procedure was used while assisting residents with self-administration of medication, for 4 of 4 sampled residents (Residents #1, #3, #5 and #6).

The findings include:

A) On at 11:50 AM, observation of the medication pass began. The Administrator, an unlicensed staff member, was observed assisting residents with self-administration of medication by handing them souffle cups with their prescription pills in them without telling the residents the name of the medications or what they were for. This was observed while she assisted 4 residents, Residents #1, #3, #5 and #6, with observations ending at 12:20 PM. These findings were acknowledged by the Administrator during interview at 1:30 PM on

B) During an interview with Resident #5 at 10:45 AM on , she stated that the staff give her medicaation and do not tell her what the name of the medication is.

C) During an interview with Resident #3 at 11:30 AM on , she stated that the staff assisted with her medication without telling her what it was.

D) During an interview with Resident #6 at 12:45 PM on , she stated that the staff assisting with medication did not tell her what the medication was.

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and an interview, the facility failed to ensure prescription medications in the central storage area were secured at all times.

The findings include:

On at 9:30 AM, an open box of various prescription pills in bubble packs (bingo packs) was observed in a the side of the dining top of a table with the sliding glass door open, leaving the medication easily accessible to anyone. This same box of medication was observed throughout the survey at 2:00 PM on this date. The Administrator was interviewed while identifying the box of medication. She stated the pills were prescription pills for all of the residents and had been delivered the night before. She acknowledged that the medication was not secured.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had freedom from documented on an annual basis.

The findings include:

On , the personnel file for Staff B was reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year. The Administrator was interviewed at approximately 2:30 PM on this date and confirmed that the documentation was not present and available for review.

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 2 out of 2 sampled staff members (Staff A and B) who provide direct care to residents had received a minimum of 1 hour in-service training in reporting major and andverse incidents and the facilty's emergency procedures,

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including chain of command and staff roles relating to emergency evacuation within 30 days of employment; and failed to ensure 2 of 2 staff members (Staff A and B) had received an in-service in the facility's elopement policy and procedure within 30 days of hire.

The findings include:

Review of the personnel files for Staff A and B who provide direct care to residents revealed there was no documentation of a minimum of 1 hour in-service training in reporting incidents and emergency procedures as noted above dated within 30 days of employment and documentation of in-service training in the facility's elopement policy and procedure dated within 30 days of hire. These findings were acknowledged by the administrator during interview at 2:30 PM on

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review and an interview, the facility failed to ensure that 2 of 2 sampled staff (Staff A and B) who have regular contact with or provide direct care to residents with ADRD and Related in this facility that maintained a secured area had obtained 4 hours of initial ADRD training Level I) within 3 months of employment, 4 additionall hours of ADRD training Level II) within 9 months of employment and 4 hours of ADRD update training annually thereafter.

The findings include:

During interview with the Administrator at 12:45 PM on she confirmed that the front door to the home (facility) was secured at all times by a chain bolt lock near the top of the door where residents were not able to reach. She stated this was used to keep residents from wandering out of the facility.

The personnel file for Staff A was reviewed for training in ADRD and did not contain documentation of any training dated within the required timeframes. This employee was hired on .

The personnel file for Staff B was reviewed for training in ADRD and did not contain documentation of training dated within the required timeframes. This employee was hired on . The following training was documented and available for review:

Review of Staff B personnel file (Date of Hire revealed the following):

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a) 6 hours of ADRD training completed prior to hire on [redacted]
b) 1 (one) hour of ADRD training completed after hire on [redacted]
c) Level I and II training in ADRD completed on [redacted] (last documented training)

During interview with the Administrator at approximately 1:15 PM on [redacted], she acknowledged the staff members did not have documentation of Level I and Level II ADRD training dated within the required timeframes of their dates of hire and did not have documentation of continuing education on an annual basis (4 hours in ADRD) dated within the last year.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
B P Assisted Living
906 36th Street
West Palm Beach, FL 33407

Re: Biennial Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2014 by a representative 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 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,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924