STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967773	02/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
No Better Place Inc	429 Freeman Road Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= B
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 - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test 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 - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure Survey was conducted on [redacted].

No Better Place Assisted Living Facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure that the medical examination was accurately recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [redacted] 2010 for 1 of 2 sampled residents (#2).

Findings:

1. Record review for resident #1 revealed an Resident Health Assessment form 1823 that was dated [redacted] that did not include his health-related problems. The section that required the health care provider to note the health-related problems noted "See H&P," further review of the record revealed that there was no H&P (History and Physical) available for review.

2. Record review for resident #2 revealed that she was admitted into the facility on [redacted] and there was a the Resident health assessment form used was [redacted] 2006 not the required

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AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [redacted] 2010. Further record review revealed the form did not note the type of assistance the resident required with her medication and if her needs could be met in the Assisted Living Facility.

During an Interview with resident #2 on [redacted] at approximately 10 AM, she stated she gave herself the [redacted] and the staff gave her the other medications.

During an interview with the Facility's manager/owner on [redacted], she stated she was not aware that the incorrect form was used and that all of the required information was not included on their forms.

Class [redacted]

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to ensure the coordination of care between the ALF and the licensed hospice, including developing and implementing an individual Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 2 sampled residents (#1) and that a AHCA form 1823 was completed when there was a significant change (hospital admission) for 1 of 2 sampled residents (#2).

Findings:

During an interview with Staff B on [redacted] at approximately 10:45 AM, she stated that resident #1 received Hospice services.

Record review including review of the hospice file revealed that resident #1 was admitted into hospice on [redacted] and there was no Hospice Interdisciplinary Care Plan available for review. Record review for resident #2 revealed the Physicians Hospital discharge noted she was admitted into the hospital on [redacted] and discharged on [redacted]. Further record review revealed there was no AHCA form 1823 found for the significant change.

During an interview with the owner/manager on [redacted] at approximately 1 PM, she did not have the Hospice Interdisciplinary Care Plan for resident #1 and would call hospice to obtain it.

On [redacted] at approximately 3 PM, the owner/manager provided a faxed copy of the Hospice Interdisciplinary Care plan for Resident #1 that was just signed by the hospice staff on [redacted] (the day of survey) and the space for the facility staff to sign was left blank.

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During an interview with the owner/manager on [redacted] at approximately 3:30 PM, she stated she had not reviewed the hospice care plan and she was not aware that another AHCA form 1823 was required for the significant change.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on Medication Pass observations, record review and interview the facility did not ensure for residents accepted for admission received care and services appropriate to meet their needs including following physician orders for medications and did not maintain a written record of significant changes, illnesses which resulted in hospital admissions and that the family, case manager and health care provider were notified for 1 of 2 sampled residents (#2).

Findings:

During the medication pass on [redacted] at 10:45 AM, Staff C placed a small amount of cream on resident #2's finger and resident #2 applied the medication to the red area that was on her face.

Review of the prescription label revealed it noted Triamcinolon 0.1% cream applies to affected area twice daily for two weeks. The prescription label noted that it was filled on [redacted]. The resident was using the medication past the 2 weeks.

Record review for resident #2 revealed that there was no order in the file that noted she was to continue to use the cream or the that facility staff had contact the physician's office to obtain further directions.

Further record review for resident #2 revealed a Physicians Hospital discharge noted resident #2 was admitted into the hospital on [redacted] and discharged on [redacted]. There was no documentation found in the record that noted what had occurred that resulted in the hospital admission and that the family was notified.

During an interview with the owner/manager on [redacted] at approximately 3:30 PM, she stated she had not called to get clarification on the order nor was there documentation of the significant change as required. She stated that the family was notified of the hospital admission and it was not documented.

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Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on the activity calendars and interviews the facility failed to provide an ongoing activities program that provided diversified individual and group activities in keeping with each resident's needs, abilities and interests and the activity calendar did not reflect the amount of hours of the weekly activities.

Findings:

During interviews with the residents of the facility on [redacted] between 9:45-11 AM, they stated that there were some activities offered but not daily. Some of the residents stated that they would like to have daily activities. Review of the activities schedule that was posted revealed that it was not for the current month. The dates did not match the current month. Further review of the schedule revealed it noted the same activities daily and there were no times noted. Every day except one day the schedule noted: light exercises, daily news, one-on one visit, oldies/gospel music, Arts/crafts, cards/board games trivia, tea time, crossword puzzles. None of the activities listed was observed during the survey.

During an interview with the owner/manager on [redacted] at approximately 2 PM, she stated the residents did have activities and would forget sometimes that they had activities. She confirmed that the schedule did not list the times and there was no way to determine they had or were offered 2 hours of activities per day 6 days a week.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations of Staff C an unlicensed staff during the medication pass on [redacted] at 10:45 AM, revealed that she removed the medication from the cabinet, where they were stored and placed the medication into a small cup. She brought the cup to the resident and handed it to her to take.

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Staff C did not follow the proper and did not in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container and update the Medication Observation Record (MOR).

At approximately 12 PM, Staff B an unlicensed staff (owner/manager) was observed taking a pill out of its medication bottle and placed it into a small cup.

During an interview with the owner/manager at the time she stated she was taking the medication out of the cup to give to the family member of resident #2, who was coming to pick up the resident for lunch. She further explained that she would do that each time the family would take her out to lunch. She placed the cup on the cabinet with the pill inside and when the family member arrived Staff B was observed handing the cup to the family member.

The staff did not give the entire container to the resident or family member.

Review of the Medication Observations records for . . . . that were in the notebook revealed that there was never a notation documenting that the medication was provided to the family as required when the resident was away from the facility.

During an interview with the owner/manager on . . . . . at approximately 12:30 PM, she stated that she was not aware of the proper steps to follow when the resident was going to be away from the facility and she was not aware that the entire container was to be given to the family member. She further explained that she had not noted on the MOR as required that she had given medications to the family member when the resident was away from the facility. She would just initial the MOR when she gave the medication to the family.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on Medication Observation Record and interview the facility did not maintain an accurate and up-to-date daily medication observation records (MORs) for 4 of 4 sampled residents (#1, #2, #3 and #4) who received assistance with self-administration of medications.

Findings:

Review of the Medication Observations Records (MORs) for . . . . on . . . . at 11:15 AM

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for Residents #1, #2, #3 and#4 revealed that they received assistance with the self-administration of their Medications. Further observations revealed the following:

1. The MOR for Resident #1 noted Metropol take 1/2 twice daily and Dok plus 1 twice daily for . The MOR noted the second dose (6 PM) was already marked as given for the day.

2. The MOR for resident #2 noted 100 mg three times daily 12 PM and 6 PM; doxy-cycle 1 twice daily 12 PM; 100 mg 2 times daily or as directed 12 PM, 100 mg 1 every night at bed time and 1/PRN in the evening 6 PM all of the medications were already marked as given for the day.

During medication pass for Resident #2 on at 10:45 AM, she was given over the counter and Triamcinolon 0.1% cream apply to affected area twice daily for two weeks. Review of the MOR revealed that they were not listed on the MOR.

3. The MOR for Resident #3 noted 10 mg take one twice daily was not marked as given from 2/6 through the spaces on the MOR was left Blank; SMZ/TMP DS 800-160 mg take twice daily the second dose was to be given at 8 PM and was already marked as given for the day.

The MOR for Resident #3 noted 1 twice daily second dosage was 1 PM; with D take 2 daily second dosage 1 PM; D3 2000i.u take 1 day 1 PM ; 1 daily in the evening 6 PM Marked . All of the medication was marked as given for the day

4. The MOR noted 10 mg twice daily and was not marked as given at 9 AM for the entire month. The MOR noted Cyclobenzapr 1 tablet by mouth daily at bedtime to treat muscle spasm it was not marked as given for the entire month.

During an interview with the owner/manager on at approximately 11 AM, she stated the MORs should not have been initialed in advance and the Resident's did receive their medications and the MORs were not marked and updated as required.

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure [redacted] that was kept refrigerated was in a locked container or that the refrigerator was locked at all times.

Findings:

During an interview with Staff C on [redacted] at approximately 9:45 AM, she stated that resident #2 administered her own [redacted] and it was kept in the refrigerator.

Observations on [redacted] at approximately 11 AM revealed that the refrigerator did not have a lock on it. Further observations revealed that inside of the refrigerator door was a bottle of [redacted] that was stored inside of the refrigerator door and was not in a locked container inside of the refrigerator.

Review of the facility's medication storage policy revealed that it noted the following: Refrigerated medications will also be kept in a locked container.

During an interview with the owner/manager she stated on [redacted] at approximately 11:30 AM, she was not aware that the [redacted] was to be in locked containers.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations and interviews the facility failed to ensure that medications were kept in its properly labeled medication box for 1 of 2 sampled residents (#2).

Findings:

During an interview with Staff C on [redacted] at approximately 9:45 AM, she stated that resident #2 administered her own [redacted] and it was kept in the refrigerator.

Observations on [redacted] at approximately 11 AM revealed that inside of the refrigerator door was a box with a bottle of [redacted] inside. Further review of the box revealed that it did not have a prescription label on it that included the Practitioner's name; Resident's name; Date dispensed; Name and strength of the drug; Directions for use; and Expiration date.

Review of the facility's medication storage and labeling policy and procedure revealed that it

noted the following:

All medications will be labeled in individual containers, clearly marked with the resident's name, type and dosage of medications, physician's name, pharmacy name and phone number, date and specific instructions on when medications should be taken as labeled by pharmacist. Over-the counter medications and dietary supplements must also be labeled as stated above.

During an interview with the owner/manager on at approximately 2 PM, she confirmed that the medication was not labeled as required and stated she would have to speak to the family member about obtaining the label.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 staff (C) had a statement from her health care provider documenting freedom from communicable

Findings:

Personnel record review for Staff C hired in revealed a freedom statement from the health care provider that was dated Further Personnel record review revealed there was no documentation to confirm that she was free from communicable

During an interview with owner/manager on at approximately 2:30 PM she stated Staff C did not have a statement in her file from her health care provider confirming that she was free from Communicable as required.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on Personnel Record review and interview, the Manager of the facility did not have evidence that she had successfully complete the Assisted Living Facility (ALF) Core Training requirements within 3 months from the date of becoming the manager.

Findings:
During an interview with Staff B on at approximately 1 PM, she stated that she was

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the owner/manager of the facility
Personnel Record Review for Staff B, revealed she had been the manager of the facility since 2007 and that there was no documentation to confirm that she had successfully completed the ALF Core Training requirements within 3 months from the date of becoming the facility's manager.

During an Interview with the owner/administrator on ..... at approximately 2:30 PM, she stated she had completed the Core training and had not taken and passed the competency test.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 3 of 4 sampled staff (C) received the required in-service training.

Findings:

Personnel record review for Staff C hired ..... there was no evidence to confirm that she had completed in-service training that covered

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
2. Resident rights in an assisted living facility.
3. Recognizing and reporting resident , neglect and
4. Resident behavior and needs.
5. Providing assistance with the activities of daily living.
6. Facility's resident elopement response policies and procedures

During an interview with the owner/manager on ..... at approximately 2:30 PM, she stated that staff C had received all of the training and she did not have the certificates in her records.

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0082-Training - 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 4 sampled staff (B and C) had completed a one-time education course on and .

Findings:

During Personnel record review for Staff B hired and Staff C hired in , revealed there was no documentation in their files to confirm that they had completed a one-time education course on and .

During an interview with the owner/manager on at approximately 2:30 PM she stated she and staff C had taken and training and the certificates were not in their records.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (C) had at least one hour of training in the facility's policies and procedures regarding that included information in Rule 58A-5.0186, F.A.C.

Findings:

During personnel record review for Staff C hired in there was no documentation found to confirm that she had at least one hour of training in the facility's policies and procedures regarding that included information in Rule 58A-5.0186, F.A.C.

During an interview with the owner/manager on at approximately 2:30 PM who stated that Staff C had taken above training and the certificate was not in her record.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on Observations, menu review and interview the facility did not follow the menus that were prepared by the licensed dietitian, did not keep a list of the substitutions and did not maintain at all times a 3 day supply of water sufficient for drinking and food preparation for emergencies.

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Findings:

Observations during lunch on at approximately 12:15 PM revealed that the residents were served roast. The menu that was posted noted that they were to be served Pork chops. Further review of the menu revealed that the substitution was not noted before or at the time that the meal was served.

During the review of the menus used for the facility for the past 6 months, revealed that the facility used cycled menus. Further review of the menus revealed that the only menus that were used for the entire year was the cycle 3 menu which included the same food every week. There were menus available for review that included the other cycled menus that were prepared by the licensed dietitian for the facility to serve.

During an interview with the owner/manager on at approximately 12:45 PM, she stated she did not realize that the other weeks (cycle 1, 2 and 4) were different menus than the cycle 3. She explained that she would substitute items from the cycle 3 menu so that they could have different food. She was asked to provide documentation of the substitution and she stated that they were not written.

Observations of the water that would be used for emergencies on at approximately 2 PM revealed that there was only 10 gallons available (2- 5 gallon bottles) and 12 were required (4 residents x 1 gallon x 3 days).

During an interview with the owner/manager on at approximately 2:30 PM she stated that she would fill the 5 gallon water bottles herself. Observation of the water bottles at the time revealed that there was no date on the bottles to determine when they were filled.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 1 of 2 sampled residents (#1 and #2).

Findings:

Resident record review including contracts for residents #1 and #2 revealed that their contracts did not include a statement to inform the residents or responsible party that all

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residents must be assessed upon admission, every 3 years thereafter, or after a significant change, whichever comes first.

During an interview with owner/manager on at approximately 2 PM she stated the above information was not included in contract.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
No Better Place Inc
429 Freeman Road NW
Palm Bay, FL 32907

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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