STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968337	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sela Alf, Inc	4080 North 35th Avenue Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey with Extended Congregate Services was conducted on at Sela ALF, Inc. The facility had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that a resident's Health Assessment (AHCA Form 1823) is updated upon significant health changes and that it is reflective of current diagnosis and care needs required, for 1 out of 2 sampled residents' records (Resident # 2).

The findings include:

A review of Resident # 2's record revealed an admission date of Review of Resident #2's AHCA Form 1823 dated , revealed a medical diagnosis of status post hip . The AHCA Form 1823 documents "not applicable" for nursing, treatment and services. However, further review of the resident's file revealed the resident was enrolled in Hospice Care on . The Hospice care plan reveals the following diagnosis: with and debility. The hospice notes also documented the resident is receiving Hospice nursing services once a week and has routine home care.

During an interview conducted on at approximately 2:15 PM with the Administrator, he acknowledged aforementioned findings. He also confirmed the AHCA Form 1823 did not identify the

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

resident's decline in health or additional care services , including hospice. The Administrator stated that the Health Assessment dated was the current form and no further documentation was available for review.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observations, interviews and record reviews, the facility failed to provide an ongoing activities program of scheduled activities available at least 6 days a week for the residents residing at the facility.

The findings are:

During a tour of the facility on at 9:30 AM, it was noted that there was no activity calendar posted within the facility. The Administrator was interviewed on at 9:50 AM and said it was in his office. He said the residents do not follow the calendar anyway.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the assisted living facility (ALF) failed to have the use of physical which includes half bed rails reviewed by the resident's physician annually, for 1 out of 4 residents (Resident # 2) .

The findings include:

During a tour of the facility on at approximately 9:30 AM, observations found Resident # 2' s bed with half bed rails. Observations found Resident # 2 is unable to avoid the bed rails without assistance and unable to remove the device. Record review of Resident # 2's file revealed an admission date of and an order for half bed rails signed and dated by her physician on Resident # 2's file had no physician order for 2014 for the use of half side rails.

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During an interview conducted on at 2:15 PM with the Administrator , he acknowledged the findings.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the assisted living facility failed to provide assistance with self - administration of medication per the guidelines as noted in 429.256, F.S, for 1 out of 2 (Resident # 4) residents observed during medication pass.

Findings include:

Observations on at 10:55 AM, found Resident # 4 receiving the following medications: 8 mg, Carbi/ Levo mg, 10 mg, 75 mg, 1 Multi Mono 60 mg, and 50 mg; confirmed by review of the resident's Medication Observation Record. At 10:54 AM, observations during assistance with self- administration of medication revealed Staff A, A Certified Nurse Assistant (CNA), assisted Resident # 4 with self - administration of medications. Staff A informed Resident # 4 of his medications, immediately signed Resident # 4 ' s MOR for the month of 2014, then provided the medications to Resident # 4.

During an interview on at 12:49 PM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error of signing Resident # 4 ' s MOR before observing him take his medications.

During an interview with the Administrator on at approximately 2:30 PM, he acknowledged the finding.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure residents' medications were secured at all times.

The findings include:

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Observations upon entrance to the assisted living facility on [redacted] at approximately 9:15 AM found the facility's medication storage cart was unsecured and located in the staff work area adjacent to the kitchen. The medication storage cart was found unlocked with the key left in it. During multiple observations on [redacted] revealed that residents ambulating through the staff work area.

During an interview with the Administrator on [redacted] at approximately 2:30 PM, he acknowledged the findings. He stated he realized that the medication storage cart had the key in it and it should have been locked.

Class III

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

Based on observations, record review and interview, the facility failed to ensure that the current menu was posted within the facility .

The findings are:

On [redacted] at 10:00 AM, it was noted that the posted menu within the facility was not current. The posted menu was dated for the previous week, menu dated [redacted]. During an interview with the Administrator, he stated the staff member forgot to change the menu to the current week of 6/8 [redacted]

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sela Alf, Inc
4080 North 35th Avenue
Hollywood, FL 33021

Dear Administrator:

This letter reports the findings of a state licensure with Extended Congregate Care (ECC) survey that was conducted on , 2014 by 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 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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