STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967863	06/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Rockwell Seniors, Inc Ii	5030 Nw 44th Avenue Coconut Creek, FL 33073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment 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 S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Rockwell Seniors, Inc. II on The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review, observation and interview, the assisted living facility (ALF) failed to have a physician complete a new Agency for Health Care Administration(AHCA Form 1823) documenting if the resident requires assistance with self- administration of medications for 1 out of 2 (Resident # 4) residents.

The findings include:

On A record review of Resident # 4's AHCA 1823 form revealed an admission date of and her last medical exam dated for with the following diagnosis: Status Post HX of Enelometrose and Microcytic The AHCA 1823 indicates Resident # 4 requires total assistance with medication administration.

During observations of assistance with self- administration of medications in the facility's dining

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on , observations found Resident # 4 receiving assistance from a staff member with self administration of medications.

In an interview conducted on at 1:30 PM, the Administrator was informed of the discrepancy with Resident # 4 AHCA 1823. At approximately 1:33PM, observations found the Administrator made a change on Resident # 4's AHCA 1823 indicating that Resident # 4 needs assistance with self-administration of medication. At approximately 1:35 PM, the Administrator acknowledged that Resident # 4 requires a new AHCA 1823 completed and signed by her physician.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview, the assisted living facility (ALF) failed to provide an ongoing activities program that meets the needs of each resident's abilities and interests, for 7 out of 7 residents.

The findings include:

1) Multiple observations at the ALF from 8:20 AM through 3 PM on found residents seated in the facility's dining the television on in between meal service. Random observations found residents falling asleep in dining at the dining tables and no activities conducted for residents in the dining

2) On observations found an activity schedule posted in the dining The activity schedule states the following: Tuesday 10 AM through 12 PM-Adventure ,Wednesday 10 AM through 12 PM- Walk and Talk, Thursday 1 PM through 3 PM- Beauty Shop, Friday 10 AM through 12 PM- Cooking, and Saturday 10 AM through 12 PM- Trivia. On from 10 AM through 12 PM, observations found no scheduled activity being conducted.

3) During an interview with Resident # 7 on at 10:21 AM, she stated the facility has a lady that comes in twice a week to conduct activities, but that lady is on vacation. Resident # 7 stated "there are no activities here, so I just watch my television in my After being questioned, Resident # 7 stated she would like the facility to have more activities.

4) During an interview on at 11:04 AM with the Administrator, she stated she has an "activity person" that comes in to do activities with the residents on Tuesdays and Fridays, but currently the activities person is on vacation.

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In an interview with the Administrator on at 2:45 PM, she acknowledged the findings.

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 failed to obtain the written order, updated annually, and the consent of the resident or the resident's representative prior to the use of half-bed rails for 2 out 2 (resident # 6, resident # 4) sampled resident record reviews.

Findings Include:

1) Observations on at approximately 8:45 AM found a half bed rail on Resident #6's bed.

Observations on at approximately 12:31 PM, the Administrator confirmed that the bed with half-bed rails is the bed in which Resident #6 sleeps.

Record review revealed resident #6 was admitted to the facility on Record review lacked any documentation of an order for half-bed rails or a consent from the resident or the residents' representative.

In an interview with the Administrator on at approximately 12:22 PM, she confirmed that Resident #6 used half-bed rails. She stated she is sure there is an order in the file.

In an interview with the administrator on at approximately 12:29 PM, after reviewing resident #6's file, she stated she was unable to locate the order for the half-bed rails. She stated the doctor usually sends the prescription into the facility. She stated she was unable to locate the consent either. She stated when she had the new contracts done, she must have left it out of the packet.

2) Observations on at approximately 12:20 PM found a half bed rail on Resident #4's bed.

Record review revealed Resident #4 was admitted to the facility on Record review has documentation of an order for half-bed rails by a physician dated for Resident # 4's record has no new order or consent from the resident or the resident's representative for 2014.

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In an interview with Staff A on at approximately 12:26 PM, she stated Resident # 4 uses half bedrails at night, and staff has to assist to put the device up and down for Resident # 4. She stated Resident # 4 cannot remove the device on her own.

In an interview with the Administrator on at 12:30pm, after being questioned, she stated that she does not have a new order written for half bed rails for Resident # 4.

3) In an interview with the Administrator on at approximately 2:15 PM, she 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 2 out of 2 (Resident # 5 and # 7) residents observed during medication pass.

Findings include:

1) Observations on at 9:15 AM during assistance with self administration of medication revealed the Administrator did not sanitize her hands before assisting Resident # 5, did not observe Resident # 5 taking her medications, and documented the MOR (Medication Observation Records) for the month of 2014 without observing Resident # 5 swallow her medications.

2) Observations on at 9:10 AM during assistance with self administration of medication revealed Staff A did not observe Resident # 7 taking her medications, and documented the MOR (for the month of 2014) without observing Resident # 7 swallow her medications.

3) Observations on found Resident # 5 received her medications in a cup at 9:15 AM and did not swallow them until approximately 9:45 AM.

4) Observations on found Resident # 1 received his medications in a cup at 9:30 AM and did not swallow them until approximately 10:43 AM.

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5) Multiple observations on from 9:15 AM through 10:45 AM found that staff members did not check to see if Resident # 1 and # 5 swallowed their medications.

In an interview with the Administrator on at approximately 2:45 PM, she acknowledged the findings.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, it was determined the facility failed to ensure that the Assistant Administrator (Manager) had completed the CORE training requirements.

Findings Include:

1) Website review of floridahealthfinders.gov revealed the Administrator is currently the Administrator for two assisted living facilities.

Record review of staff personnel records revealed the only staff employed by the facility which is CORE trained is the Administrator. Record review found no other employees (all employees were reviewed) completed the CORE training requirement.

2) In an interview with the Administrator on at approximately 12:34 PM, she stated that she is currently the Administrator of two assisted living facilities. When asked who the Manager was, she stated she is also the Manager of both assisted living facilities. She stated she does not have a separate manager. She stated when she is not at the facility, staff A and staff B are in charge. She stated neither Staff A or Staff B are CORE trained.

In an interview with the Administrator on at approximately 2:15 PM, she acknowledged the findings.

Class III

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0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and interview, the assisted living facility failed to maintain a written work schedule which reflects scheduled dates for a given time period.

Findings Include:

On , A record review of the staff schedule revealed 2 shifts: Day shift 7 AM through 7 PM, and Night shift 7 PM through 7 AM. Staff schedule reveal Employee A works the day shift, Employee B rotates with day and night shift ,and Employee C works the night shift. Review of the staff schedule found no reflection of scheduled work dates for aforementioned employees.

During an interview with the Administrator on at approximately 2:45 PM, she acknowledged the finding. She also confirmed the facility's census was 7 residents.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, it was determined the facility failed to ensure that all staff had completed the required in-service trainings within 30 days of date of hire, for 3 out of 3 sampled staff members (Staff A, B, C) .

Findings Include:

Record review of personnel files on revealed Staff A, B and C were missing the following training.

A) Staff A, a Home Health Aide (HHA) date of hire approximately 2 years ago (exact date unknown).
1)Recognizing and reporting , Neglect and
2) Report Major Incidents

B) Staff B (HHA) date of hire approximately
1) Recognizing and reporting , Neglect and
2) Report Major Incidents
3) Providing assistance with Activities of Daily Living

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C) Staff C, (HHA) date of hire approximately
1) Recognizing and reporting , Neglect and
2) Providing assistance with Activities of Daily Living

During an interview with the Administrator on at approximately 2:45 PM, she acknowledged the findings and stated no further documentation was available for review.

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 A and B) had documentation of 1 hour of training on the facility's policy and procedures regarding

Findings Include:

Record review of employee files on revealed staff A, a Home Health Aide (HHA) date of hire was approximately 2 years ago and staff B (HHA) date of hire was approximately . Record review revealed staff A and B had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on at approximately 2:45 PM, the Administrator acknowledged the findings.

Class III

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

Based on interview, record review and observation, the assisted living facility (ALF) failed to follow regular and therapeutic menus as served, keep a file of menu substitutions, and have an adequate 3- day emergency supply of nonperishable food and water for 7 out of 7 residents.

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The findings include:

1) On [redacted] at 8:45 AM a record review of the facility's menu and substitution log revealed the following items to be served for breakfast on [redacted]: Assorted juices, two waffles, 1 teaspoon of margarine, and an 8 ounce cup of milk. Record review of the ALF's menu substitution logs revealed no documentation of meal substitutions for breakfast within the last six months.

2) On [redacted] at 8:50 AM, observations of the breakfast meal found staff not following the menu as evidenced by 7 out of 7 residents being served [redacted] cereal, bananas, and toast.

3) On [redacted] at approximately 10:15 AM, observations found the ALF did not follow the emergency disaster plan menu for all items listed. Observations found the facility does not have an adequate 3- day emergency supply of nonperishable food and water for 7 out 7 residents.

4) In an interview on [redacted] at approximately 10 AM with the Administrator, she stated she does not document meal substitutions for breakfast because she gives the residents what they want and like.

5) In an interview on [redacted] at approximately 10:15 AM with the Administrator, she stated the 3-day emergency supply of food and water is low because sometimes she takes some of the items to her personal home, but would replace them.

During an interview on [redacted] at approximately 2:45 PM, the Administrator acknowledged the findings.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interview, the assisted living facility failed ensure 2 out of 2 (Resident #6, Resident #4) sampled residents record reviewed who receive assistance with self-administration by unlicensed staff have a completed informed consent.

Findings Include:

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1) Record review of resident #6 revealed she was admitted to the facility on . Record review lacked an informed consent for unlicensed staff to assist with medications.

Record review of the facility records found a blank, unused informed consent for unlicensed staff to assist with medication. Record review found that form was not located in resident #6's file.

Record review found resident #6 had a medication observation record which was being completed by unlicensed staff.

In an interview with the administrator on . . at approximately 12:21 PM, she stated the consent for unlicensed staff to assist with medications is usually in the packet. After looking through Resident #6's file, she stated she was unable to locate it. She stated she found a blank copy of it. She stated Resident #6 receives assistance with medication from unlicensed staff. She stated she must have forgot to put it in the packet when she changed out the contracts.

2) Record review of Resident #4 revealed she was admitted to the facility on . . . . . Record review lacked an informed consent for unlicensed staff to assist with medications.

Record review found Resident #4 had a medication observation record which was being completed by unlicensed staff.

In an interview with the Administrator on . . at approximately 1:45 PM, she stated she changed her contracts and is missing the consent for unlicensed staff to assist with self- administration of medications.

3) In an interview with the Administrator on . . . at approximately 2:15 PM, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rockwell Seniors, Inc II
5030 NW 44th Avenue
Coconut Creek, FL 33073

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representatives 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 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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