STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	08/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peninsula (the)	5100 West Hallandale Beach Blvd Hollywood, FL 33023	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . and . . . . at The Peninsula. The facility had deficiencies found at the time of the visit.

A licensure complaint survey , CCR# 2014005470, was conducted in conjunction with the Relicensure survey on the same date. Please refer to separate report for findings.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure an accurate Health Assessment (AHCA form 1823) was completed, for 1 out of 4 residents sampled for record review (Resident #1).

The Findings Include:

A record review conducted on . . . revealed an AHCA Form 1823 for Resident #1 dated . . . . . Section 1, Medical History and Diagnosis, had the following notation, "See copies attached (8 pages)." Further review of Resident #1's medical record revealed no copies of his medical history and diagnosis.

In an interview on . . . at 11:45 AM, the Resident Care Director (RCD) stated she looked through the file and could not find the pages. The RCD asked a Licensed Practical Nurse (LPN), if she knew where the pages were. The LPN walked over to the RCD, who was reviewing the chart and stated, "They are not in there?"

On . . . . at approximately 2:30 PM, the RCD gave this writer a fax from Resident #1's physician listed his diagnoses after surveyor intervention.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. As evidence of the facility failure to ensure staff brings the previously dispensed and properly labeled container to the resident and read the medication label in the presence of the resident, for 4 out of 4 (Residents #15, #16, #17 and #18) residents observed during medication pass.

The findings Include:

a) On at 12:00 PM, an observation was made of unlicensed Staff A, assisting Resident # 15 with her medications. The employee removed the medication packet from the medication cart,opened the packet , placed the medications into a cup, went to where the resident was sitting ,handed the resident the cup , watched the resident take the medication and went back to the medication observation record (MOR) and documented it. Employee A failed to take the medication in it's previously dispensed, properly labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

b) On at 12:05 PM, an observation was made of unlicensed Staff A, assisting Resident # 16 with his medications. The employee removed the medication packet from the medication cart,opened the packet , placed the medications into a cup, went to where the resident was sitting ,handed the resident the cup , watched the resident take the medication and went back to the medication observation record (MOR) and documented it. Employee A failed to take the medication in it's previously dispensed, properly labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

c) On at 12:15 PM, an observation was made of unlicensed Staff A, assisting Resident # 17 with his medications. The employee removed the medication packet from the medication cart,opened the packet , placed the medications into a cup, went to where the resident was sitting ,handed the resident the cup , watched the resident take the medication and went back to the medication observation record (MOR) and documented it. Employee A failed to take the medication in it's previously dispensed, properly labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

d) On at 2:00 PM, an observation was made of unlicensed Staff A, assisting Resident # 17 with his medications. The employee removed the medication packet from the medication cart,opened the packet , placed the medications into a cup, went to the resident's , the resident the cup , watched the resident take the medication and went back to the medication observation record (MOR) and documented it. Employee A failed to take the medication in it's previously dispensed, properly

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labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

e) On . . . . at 2:15 PM, an observation was made of unlicensed Staff A, assisting Resident # 18 with his medications. The employee removed the medication packet from the medication cart,opened the packet , placed the medications into a cup, went to where the resident was sitting ,handed the resident the cup , watched the resident take the medication and went back to the medication observation record (MOR) and documented it. Employee A failed to take the medication in it's previously dispensed, properly labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

In an interview conducted on . . . at 10:55 AM with Resident #11, she confirmed that the staff assisting with self -administration of medications does not read the label or tell her what the medications are .

In an interview conducted on . . . . at 11:15 AM with Resident #12, she confirmed that the staff assisting with self -administration of medications does not read the label or tell her what the medications are ,and that she would like to know what medications she is taking.
In an interview conducted on . . . . at 11:45 AM with Resident #13, he confirmed that the staff assisting with self -administration of medications does not read the label or tell him what the medications are .

In an interview conducted on . . . . at 3:00 PM with the Administrator and the Resident Care Director, they were unaware that unlicensed staff are required to take the medication in it's previously dispensed, properly labeled container and bring it to the resident and in the presence of the resident read the label out loud, open the container and place the dosage in a cup.

A review of the Facility's Resident Agreement revealed under definitions "Assistance with Self Administration of Medication" this is defined as: "taking the medication,in its previously dispensed,properly labeled container,from where it is stored,and bringing it to the resident; in the presence of the resident,reading the label,opening the container,removing a prescribed amount of medication from the container,and closing the container"

Class III

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0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews, the facility failed to provide a safe living environment maintained free of hazards.

The Findings Include:

During an initial tour of the facility conducted on beginning at 9:35 AM , the following was observed and photos were taken:

1. Resident

a. 102A - vent dust-laden, dirty grout underneath and around toilet.

b. 108 - Vase observed with 6 inches of water under the sink pipes. Rust observed on floor near vase and on bathmat.

c. 212B - Resident's bed making a ratting noise. When surveyor held the 1/2 rail, the noise stopped. Resident was non-interviewable and, therefore, she could not state if the noise bothered her.

d. 217 - Dirty grout behind toilet. Heavy oxidation covering sink pipes. Ceiling tile with watermark and old rust-colored drippings outside

. 305 - Commode with duct tape holding it together and plastic peeling off seat. Shower floor with plastic peeling. In an interview conducted on at 2:56 PM, Resident #5 stated even though he sits on the bath chair for his showers, he still puts his feet on the floor. He stated it would be nice if it was fixed.

f. Numerous empty (#205, #207, #213, #307, #317, #318) unlocked with mattresses, furniture, fixtures, bed frames, and other items stored.

2. Memory Care Unit

a. Stained ceiling tiles and peeling paint in the hallway corner outside

b. Resident #6 observed twice on at 12:15 PM and approximately 3:25 PM walking into the satellite kitchen. Surveyor entered the kitchen to ensure no safety hazards were present. Observed were unsecured closet doors leaning against a pantry, a loose electrical socket, and various missing tiles

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exposing a dirty wood floor beneath.

In an interview with a chef who was present, he stated at 12:20 PM that if a resident wanders in, he or a member of the staff would escort them back to the dining . . . . . He stated whenever staff is not in the kitchen, the door is locked. During the environmental tour with the Administration, the door was open and no staff was present in the kitchen.

3. Common Areas

a. First floor lounge with ceiling tile hole and water-marked stain above curio

cabinet

b. Dining . . . . . dirty and rusty air conditioning (a/c) ceiling vent toward back of . . . . .

. . Numerous a/c vents on the first, second, and third floors (at least 20) were observed with thick dirty, rust-colored stains, and holes in the . . . . . screens

d. Air Handler . . . . . from . . . . . was open. Sign on the door read, "Air Handler . . . . . Employees Only. No Entry."

e. Area behind handrail outside . . filled with trash, debris

f. Elevators all had dust-laden vents

4. Physical . . . . . .

... Ceiling a/c vent partially covered with cardboard and duct tape

b. Baseboard paint peeling and cracking near entrance door

5. Maintenance Supply

... Door was propped open to this . . . . . paint, carpet cleaner, and other chemicals are stored. Resident . . . . . are located in close proximity.

In interview conducted on . . . . . at approximately 10:15 AM, a maintenance staff member stated that the door is always open because the staff is going in and out. He stated, "Residents rarely come down

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this way. If they do, someone in laundry or maintenance will catch them."

5. Laundry

Ceiling vent dust-laden in dirty and clean

A tour was conducted on at 10:15 AM with the Executive Director, Assistant Executive Director, and the Maintenance Director.

During the tour, the Maintenance Director stated that the hallway ceiling a/c vents outside 104 and 105 were caused by old water leaks. He stated that ceiling tiles stained in the Memory Care Unit were caused by a water leak that he fixed, "a few days ago." The Maintenance Director added that the peeling and cracking baseboard in the Physical caused by a water leak on the other side of the wall.

The Executive Director and Maintenance Director acknowledged that the Air Handler be locked at all times. The Executive Director stated to the Maintenance Director that the empty resident should be locked unless staff is working in them.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Peninsula (The)
5100 West Hallandale Beach Blvd
Hollywood, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 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 representative. 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

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida