STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	07/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Open ..... Retirement Home, Inc	342 Sw 34 Terace Deerfield Beach, FL 33442	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 - 0090 - 58a-5.0191(11) Fac - Training - ..... S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on ..... at Open ..... Retirement Home. The facility had deficiencies found at the time of the visit.

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

Based on interview, observation and record review, the facility failed to ensure that 1 out of 3 sampled residents (Resident #2) met the minimum requirement for continued residency at the facility.

The findings Include:

During Lunch observation on ..... at 12:10 PM, Resident # 2, (identified as a hospice resident), was observed being fed by Employee B an unlicensed staff member who works at the facility. During an interview with Employee B thereafter, he verified that he assists with medication self-administration to all the residents. However, Resident #2, he continued, is unable to self- feed or self -administer medications and that he feeds her at times during the day and administers medications to her at night.

During review of Resident #2's AHCA form 1823 signed by the Physician on ..... the resident's diagnosis was documented as ..... and Gait Instability. There were no nursing ..... services, ... and behavioral needs noted. Further review of the form revealed the resident requires assistance with all Activities of Daily Living (ADLs) and needs medication administration.

During a follow-up interview with the Administrator on ..... at 2:00 PM, she reported that she and Employee B perform the medication administration for Resident #2.
Review of the Administrator's and Employee's B record revealed that they were not licensed employees.

The Administrator also reported that Resident #2 receives home health service for her ..... needs but

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not for other medication administration. She also acknowledged that she did not have an updated AHCA form 1823 indicating the resident's care needs, current diagnosis and hospice services.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure Medication Observation Records (MORs) are accurately maintained and updated for all residents as medications are provided, for 1 out 3 sample residents (Resident # 2).

The findings include:

During reconciliation of the MORs for the month of 2014 on at 12:30 PM, there were discrepancies identified related to the medication assistance provided to Resident #2. Review of the MOR revealed that Employee A had recorded on the MOR that a medication to be given as needed was noted as given daily. The following was noted.

Review of the medication bottle read 0.5 mg tablet; take 1 tablet (0.5 mg) by mouth every 4 hours as needed for The label on the bottle read "Qty=-30 white, round tablet and has an original date of and a discard date of The number of pills remaining in the bottle were 28.

During an interview with Employee A on at 1:30 PM, she confirmed that the medication was indeed not given. However, she recorded in error that she had given the medication daily during the entire month of 2014.

An interview with the Administrator on at 3:30 PM confirmed the findings.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 2 out of 4 employees who provides direct care to the residents (Employee C and D) had verification of being free from communicable and had an annual proof of their status on file.

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The findings include:

During record review on no record of communicable ... status for employee C and D hired on ... and respectively, could be located in their records. Additionally, neither Employee C and D had an annually updated and verifiable ... status on file.

An interview with both Employee C and D confirmed that the aforementioned have not yet been updated.

An interview with the Administrator, thereafter confirmed the findings and she had no additional information to provide.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interviews, the facility failed to ensure that 1 out of 4 employees (Employee D) completed the required trainings within 30 days of date of hire.

The findings include:

During review of Employee D's records on it was determined that this employee was hired as a direct care giver on ... Further record review revealed the file lacked documentation indicating this employee had received training in the following; resident rights , recognizing and reporting neglect and

During a follow-up interview with Employee D, she confirmed that the aforementioned mentioned training had not been completed as of the date of the survey. Review of the facility's schedule also confirmed that Employee D was on schedule to assist residents.

During an interview with the Administrator, she agreed with the findings. She stated no further documentation was available for review regarding aforementioned .

Class III

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0090-Training - **58A-5.0191(11) FAC**

Based on interview and record review, the facility failed to ensure that 1 out of 4 employees (Employee B) completed the training within 30 days of employment.

The findings include:

Employee record review conducted on revealed Employee B was hired as a direct care staff on . Further record review revealed this employee had not completed the training, as required.

During an interview with the Administrator on at 1:30 PM, she acknowledged the findings. She stated no further documentation was available for review regarding aforementioned training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Open Retirement Home, Inc
342 SW 34 Terace
Deerfield Beach, FL 33442

RE: Relicensure Survey

Dear Administrator:

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

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