STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911048	08/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Am Seaside Retirement Resort	2091 South Ocean Drive Hallandale, FL 33009	
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 - 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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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

Specific Tag Findings:

0000-Initial Comments

An unannounced Change of Ownership with Extended Congregate Services survey was conducted at AM Seaside Retirement resort on through . 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 assisted living facility failed to record the result of a significant change in a resident's medical examination on an Agency for Health Care Administration (AHCA) Form 1823 for 1 out of 3 (Resident # 14) residents.

The findings include:

On A record review of Resident # 14's file revealed an admission date of . Resident #14's current AHCA 1823 form is dated for with the following diagnosis:

On a record review of Resident # 14's file revealed that she has been receiving Hospice Care and Services since . The Hospice care plan reveals the following diagnosis: with and unspecified without behavior. Record review of Resident # 14's file found no new AHCA 1823 new form since documenting hospice services and hospice diagnosis. (Copy

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of AHCA 1823 form obtained)

In an interview conducted with the Director Of Nursing on at 12:30 PM , she acknowledged the findings.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 4 residents (Resident #15) observed during medication pass.

The findings include:

Observations on at 9:45 AM found Resident # 15 receiving the following medications: 500 mg, 0.5 1/2 tablet, 75 mg, 25 mg, and 81 mg tablet.

At 9:45 AM, observations during assistance with self- administration of medication revealed Staff F, an unlicensed staff member, assisted Resident # 15 with self - administration of medications. Staff F did not sanitize her hands. She pre-poured each of Resident # 15's medications in a cup, brought the cup of medications along with a cup of water and a plastic spoon to Resident # 15's Staff F did not state the names of the medications to Resident # 15. Staff F poured each medication one at a time onto the plastic spoon and put the spoon of medication into Resident # 15's mouth. Staff F held the cup of water to Resident # 15's mouth and told her to drink the water and swallow the medication. Staff F signed the medication observation record and did not sanitize her hands after assisting Resident # 15.

During an interview on at 10:00 AM, Staff F was informed of the process for assisting residents with self- administration of medications. Staff F acknowledged her errors.

In an interview with the Director of Nursing on at 12:30 PM, she acknowledged the findings.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC
Based on record review, observation and interview, the facility failed to update a Medication Observation Record (MOR), for 1 out of 4 residents (Resident # 12) reviewed during medication pass.

The findings include:

A record review on [redacted] at 11:25 AM found Resident # 12 receiving the following medication 4 times a day: [redacted] mg tablet at 2 AM, 6 AM, 10 AM,and 2 PM.

Observations on [redacted] at 11:30 AM of Resident # 12's medication containers found Resident # 12 receiving [redacted] mg at 2 AM every morning. A review of Resident # 12's MOR for the month of [redacted] 2014, found no documentation of a signature from a facility staff member indicating that the medication was given to Resident # 12 at 2 AM from [redacted] through [redacted] (Copy of MOR obtained).

During an interview on [redacted] at 11:30 AM, the Director of Nursing acknowledged the findings.

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 members had completed the required in-service trainings within 30 days of hire, for 3 out of 4 sampled staff records reviewed (Staff A, B,and E).

The findings include:

On [redacted] a record review of Staff A, B, and E's personnel record revealed their date of hire was [redacted] Further review revealed Staff A, B, and E's file lacked documentation indicating the employee had completed the following in-service training: Elopement Response, Emergency Preparedness and Evacuation, Recognizing and Reporting [redacted] and Neglect, and [redacted] training.

Further review revealed the following:

Staff B and E's file lacked documentation indicating the employee had completed the following in-service training: Resident Rights

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Staff E's file lacked documentation indicating the employee had completed the following in-service training: Control

In an interview with the Director of Nursing and the Business Office Manger on at approximately 1:30 PM, they acknowledged the findings. They stated no further documentation was available for review.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and an interview, the facility failed to ensure that 2 out of 4 sampled staff members (Staff C and E) had obtained an initial training on within 30 days of employment.

The Findings Include:

A record review conducted for Staff C, hired on and Staff E hired on revealed no documentation of an initial training on within 30 days of employment.

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

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to have documentation of completed First Aid and courses, for 1 out of 4 (Staff E) sampled staff members.

The findings include:

A record review of Staff E's personnel record revealed her date of hire was and she did not have a valid card documenting the following trainings: First Aid and

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In an interview with the Director of Nursing on at approximately 1:30 PM, she acknowledged the findings.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 out of 4 staff members (Staff E) received the 2- hour annual update training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

An employee record review of the Staff E's personnel file, a Certified Nurse Assistant, revealed a hire date of Staff E's file had no documentation of 2- hour annual update training on Assistance with Self-Administered Medication and Medication Management. Record review of the Medication Observation Records (MORs), confirmed Staff E provides medication assistance to the residents residing in the facility.

During an interview conducted on at 1 PM, the Director of Nursing stated Staff E is due to take the annual update in Medication training (2 contact hours). At 1:05 PM, she acknowledged the finding.

Class III

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

Based on record review and interviews, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 3 out of 4 sampled staff records reviewed (Staff A,B,and E) .

The Findings Include:

Employee record reviews conducted on revealed that Staff A, B,and E, were hired on Further review found no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment. During an interview on at approximately 11:57 AM with Staff B, she revealed she did not know what a

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was and did not recall ever receiving training.

In an interview conducted on at 1:30 PM, the Director of Nursing acknowledged the findings.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interviews and record reviews, the facility failed to prepare and serve therapeutic diets ordered by the healthcare provider, for 2 out of 3 sampled residents (Resident #10 and Resident #14).

The findings are:

On at 10:00 a.m. the food service manager was interviewed and stated that the facility only prepares and serve regular diets and that she has no list of residents on therapeutic diets.
On at 10:10 a.m. the Resident Care Coordinator provided a list of residents on "No Concentrated Sweets".
During resident record review it was noted that resident #10 and resident #14 both had Health Assessments documenting that the health care provider ordered low fat, low diets. In addition, the facility's contract was reviewed and documented that the facility offers "No Concentrated Sweets, No Added Salt diets, but not Low Fat, Low diets.

On at 10:55 a.m. the food service manager was again interviewed and said she was not aware that there were residents who had orders for therapeutic diets that are not offered by the facility, and was not aware that the contract also included therapeutic diets offered.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Am Seaside Retirement Resort
2091 South Ocean Drive
Hallandale, FL 33009

RE: Change of Ownership (CHOW) survey

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) 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 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
XG90

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