STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service 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 Relicensure survey was conducted on at Alpha Care Residence. The facility had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, and resident and interviews, the facility failed to 1) provide an ongoing activities program in keeping with each resident's needs, abilities and interests, and 2) consult with the residents in selecting, planning and scheduling activities (Residents #1 and #2).

The findings include:

On Resident #1 was observed throughout the day sitting in a chair in the television TV. Resident #2 was observed throughout the day sitting in a chair on the back screened porch smoking cigarettes. Neither resident was asked or encouraged to participate in any scheduled activity.

A planned activity calendar is posted on the bulletin board on the wall next to the kitchen, and it lists "Exercise" Activity at 9:00 AM, but no activity was conducted during this time.
Interviews were conducted with Resident #2 on at 9:40 AM and Resident #1 on at 11:05

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

AM. Both residents state, "We have no scheduled activities here."

During interview with Employee A on at 1:09 PM, she states, "There are no activities."

During an interview conducted with the Administrator on at 2:15 PM regarding the facilities activities; he states, "We play games and they can do whatever activity they choose." The Administrator had no response when informed that no planned activities were observed according to activity calendar posted.

Class III

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

Based on observation and interview, Employee A failed to follow the appropriate procedures for assisting with self-administered medications as described in Section 429.256 F.S., for 2 of 2 residents observed during the medication pass (Residents #1 and #2).

The findings include:

Upon entrance to the facility on at 8:15 AM, a large ziplock bag containing and syringes was lying on the table next to an uncovered, small silver cup containing several pills. There was also a small cellophane package containing 5 pills (later identified as multi-vi lying next to the ziplock bag. At another place on the table, a second small silver cup containing several pills was sitting uncovered. Employee A walked by the second container of pills and placed a napkin over the top of it. At 8:18 AM, Employee A called the Administrator to notify of the licensure survey and then went back to the kitchen to continue preparing breakfast.

At 8:35 AM, Resident #1 came to the table for breakfast, proceeded to measure out the in a syringe and inject it, and then took the pills contained in the cellphane package and the small metal cup. Employee A did not monitor or observe Resident #1 taking any of their medications.

Resident #2 came to the Dining approximately 9:00 AM. This resident's medication had sat on the dining in the small cup, since before 8:15 AM. Resident #2 takes her medication without being monitored by Employee A.

During an interview with Employee A and the Administrator on at 2:15 PM, they acknowledge

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the proper procedure for assisting with self-administered medications was not being followed for Residents #1 and #2.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to 1) keep medications in a locked cabinet at all times, and 2) keep medication requiring refrigeration in a locked container(storage item) inside the refrigerator.

The findings include:

1) During inspection of medication storage area on , it is noted the key for the lock on the file cabinet where mediations are being stored, located in laundry 'office area, is left in the lock of the cabinet when staff is not in the . This area is accessible for all persons and not secured.

2) Also, during inspection of the medication storage area, two containers of requiring refrigeration are observed being stored in the file cabinet located in laundry 'office area. There is an additional container of being stored in the refrigerator, but not being stored in a separate locked container inside the refrigerator.

During interview with Employee A on at 9:10 AM, she states she is unaware the needed refrigeration, and she is also unaware there needed to be a separate locked box inside the refrigerator for the . Employee A had no comment as to why the key was left in the lock of the cabinet while not in attendance.

During an interview with the Administrator on at 2:15 PM, he acknowledged the findings regarding the issues with medication storage.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation and interviews, the facility failed to 1) label over-the-counter (OTC) medications with the resident's name for 2 out of 2 sampled residents (Resident #1 and Resident #2) and 2) obtain specific parameters for use for "as needed" prescriptions for 1 out of 2 sampled residents (Resident #1).

The findings include:

1) On , during review of Resident #1 and Resident #2's medications, each resident had a bottle of low-dose (bottle #1 and bottle #2) among their prescribed medications. The OTC bottles did contain a label or marking with the resident's name. Employee A at this time, confirmed the bottles belonged to each resident (Resident #1 and #2). A review of Resident #1 and Resident #2's Medication Observation Record (MOR) did reveal each resident has a prescription for low-dose to be given daily.

2) On , during review of Resident #1's Medications and MOR, it was noted that the physician orders for "as needed" medications, and Hydrocod did not contain any parameters for use (i.e. circumstances under which it would be appropriate for the resident to request the medication, and dosage limitations).

During interview with Administrator on at 2:15 PM, he acknowledged the findings regarding medication labeling. He stated no further documentation was available for review.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on employee record reviews and interviews, the facility failed to ensure staff have 1) a written health care statement from a health care provider documenting the staff member does not have any signs or symptoms of a communicable and 2) a current statement from health care provider documenting staff does not have signs or symptoms of for 3 out of 3 sampled employee records reviewed (Employee A, B & C).

The findings include:

1) On a review of Employee A's records reveals there is no written health care statement from a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

health care provider documenting Employee A is free from signs and symptoms of a communicable . Employee A's date of hire documented as . . . . within the employee record.

2) On . a review of the records for Employee B and Employee C reveals each of these staff members do not have a current statement from a health care provider documenting they are free from the signs and symptoms of . . . . . Employee A and B's date of hire documented as . . . . . within the employee record.

A request for further documentation to show proof of compliance regarding the required health statements was made to the Administrator on at 2:00 PM, but no documentation was provided. During Interview with the Administrator on . at 2:15 PM, he acknowledged the health documentation was not available.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on employee record review and interview, the administrator failed to provide documentation verifying completion of 12 hours of continuing education in topics related to assisted living every two years.

The findings include:

On during employee record review for Employee C (Administrator), no documentation could be found regarding the 12 hours of continuing education topics completed from 2011 - 2013. On . at 2:00 PM, during interview with the Administrator, a request was made for the documentation verifying completion of the 12 hours of continuing education. The Administrator stated he had completed the continuing education, but he did not have the information at the facility. An opportunity was given for the Administrator to fax the information once it was obtained later that day, but the information was not provided.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on employee record review and interview, the facility failed to provide or arrange for staff to receive the required in-service training within 30 days from date of hire, for 1 out of 3 sampled employee records (Employee A).

The findings include:

On , during review of Employee A's record, it was noted the file lacked documentation (certificates) for the following in-service trainings.
a) Elopement Response
b) Emergency Preparedness
c) Incident Reporting
d) Resident Rights
e) Recognizing/Reporting Neglect &
f) Nutritional & Safe Food Handling

On at 2:00 PM, an interview was conducted with Employee A and the Administrator. The missing training certificates for the required in-service trainings are requested. Employee A and the Administrator both acknowledged Employee A had not received training in aforementioned areas, as required.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on employee record review and interview, the facility failed to have staff who have completed a course in First Aid and holds a currently valid card documenting completion of such a course in the facility at all times.

The findings include:

On , during review of Employee A's record, a currently valid First Aid certification card could not be located for this live-in staff member.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During interview with Employee A and the Administrator on at 2:00 PM, they acknowledge Employee A does not hold a currently valid First Aid certification card. There is no other staff member scheduled to be at the facility Monday through Friday per review of the facility's staffing schedule. At this time, the Administrator states he holds a currently valid First Aid card and would be at the facility. However, the Administrator is observed leaving the facility on at 2:30 PM, which is the same time this surveyor left the facility, leaving Employee A alone in the facility with Residents #1 and #2.

Class III

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

Based on employee record review and interview, the facility failed to ensure staff assisting with self-administered medications obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility, for 1 out of 3 sampled employee records reviewed (Employee B).

The findings include:

On , during review of Employee B's record, a certificate documenting the initial 4-hour Assistance with Self-Administered Medication Training, dated , is the only medication training certificate found in Employee B's record. The 2 hour annual continuing education training certificate for 2013 could be located.

During interview with the Administrator on at 2:05 PM, a request was made for the missing 2 hour annual continuing education training certificate for 2013. The Administrator acknowledge the training certificate was not available. During further interview with the Administrator, he confirmed Employee B provides assistance to residents with self-administration of medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on employee record review and interview, the facility failed to provide or arrange for staff to receive the required Policies and Procedure Training within 30 days from date of hire, for 1 out 3 sampled employee records reviewed (Employee A).

The findings include:

On during review of Employee A's record, a certificate documenting the completion of a Policies and Procedure Training could not be found.

On at 2:00 PM, during an interview conducted with Employee A and the Administrator, the missing training certificate for the training is requested. Employee A and the Administrator both acknowledged Employee A did not receive the required training.

Class III

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

Based on observation, facility record review, and resident and staff interviews, the facility failed to 1) follow posted, planned menu or substitute with items of comparable nutritional value, and note such substitutions before or when the meal is served.; and 2) have a 3-day supply of nonperishable food on hand at all times to accommodate resident census.

The findings include:

1) On at 12:00 noon, during lunch observation, the following food items were served to Resident #1: a bowl of Chicken Vegetable soup, 6 round crackers and approx. 1/4 cup (3 oz.) tuna salad.
The posted Lunch Menu for this date is: 4 oz. chicken, 1 cup rice, 1/2 cup peas, 1 cup mixed salad, 1 tablespoon salad dressing, and 1/2 cup ice-cream. An alternate menu documents a 3 oz. tuna salad sandwich can be substituted as main entree at lunch or dinner.

The tuna salad and 6 crackers may be an appropriate substitution for the entree of 4 ounces of chicken and 1 cup of rice; however, the vegetable soup did not have sufficient vegetables to be a substitute for the 1/2 cup peas and 1 c. of mixed salad. No ice-cream was offered/served. The substitutions to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

lunch menu were not recorded on the posted lunch menu.

On during interviews with Resident #1 at 11:05 AM and #2 at 9:40 AM, both residents state the facility does not follow the posted menu for many of the meals, often serving food which appeared to be made outside the facility and brought into the facility in Styrofoam containers.

During interview with Administrator on at 2:00 PM, when asked why the posted menu was not followed, he stated the residents didn't like certain things so they try to make food they think the residents will eat. The Administrator was reminded that Residents are to be encouraged to participate in menu planning and nutritionally comparable substitutions are permitted, with substitutions being noted on posted menu before or at the time of the meal.

2) On at 9:20 AM, an inspection of the emergency food supply was conducted. The following items were observed in one of the cupboards in the kitchen and the closet opposite the front door designated for the Emergency Food Supplies; Employee A also stated during the inspection that these were the items labeled as the emergency food supplies:

a) 2 cans of beans = 6 total servings
b) 1 can of sardines = 8 servings
c) a 6 oz. can of Tuna = 2 servings
d) 1 can Chicken noodle soup = 6 servings
e) 1 can Tomato Soup = 2.5 servings
f) 1 can of pasta & meatballs = 2 servings
g) 1 can of spaghetti & sauce= 2 servings
h) 1 can of Spinach = 3 servings

As per the approved disaster food supply list, the following items were missing from the emergency food supplies:

a) assorted fruit juices
b) milk (dry/evaporated)
c) dry cereals
d) canned meat/chicken
e) chili with beef
f) Beef stew or chicken & dumplings
g) assorted canned vegetables
h) assorted canned fruits
i) peanut butter
j) jelly
k) crackers

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968389	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alpha Care Residence	1088 Grandview Circle Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

l) graham crackers/cookies
m) pudding
n) paper/plastic ware

On [redacted] at 1:30 PM, prior to the arrival of the facility's Administrator, Employee A was informed of the [redacted] in the emergency food supplies.
On [redacted] at 5:10 PM, the Administrator was contacted via telephone to verify he received the information regarding the [redacted] in the emergency food supplies. He was informed the [redacted] was determined in conjunction with the facility's own Disaster Food Supplies List, with adjustment made according to current resident census.

.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Alpha Care Residence
1088 Grandview Circle
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 2014 by a 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/jw
Enclosure

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