STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967934	10/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Audrey's Tlc Ii	6808 Merion Place North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures 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 - 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
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey with Limited Mental Health Services was conducted on at Audrey's TLC II. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview, it was determined the facility failed to have the use of physical which includes half bed rails reviewed by the resident's physician annually, for 1 out of 2 sampled residents' records reviewed (Resident # 6) .

The findings include:

During a tour of the facility on at approximately 9:55 AM, Resident # 6 was seated in his wheelchair. Observations of Resident # 6 ' s his bed against the wall with one half bed rail positioned down. Immediately after observations, an interview was conducted with Staff A at 10 AM. Staff A stated the bed rails are used when Resident # 6 is in the bed. She further stated that Resident #6 is unable to avoid the bed rails without assistance and unable to remove the device. On a record review of Resident # 6's file revealed an admission date of and no physician order for the use of half bed rails.

On at approximately 1:15 PM, the Administrator was notified of the missing physician order. She stated she will look into other files to locate the document. At approximately 1:30 PM, the Administrator revealed Resident # 6 does not have a physician order for half bed rails.

During an interview conducted on with the Administrator at 3 PM, she acknowledged the

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findings. She stated no further documentation was available for review.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that 3 out of 3 staff members (Staff A, B, and C), submitted an annual statement from a physician, that the person was free from and communicable .

The findings include:

Record review of the facility's employee files reveal Staff A's date of hire was , Staff B's date of hire and Staff C's date of hire was . Record review revealed Staff A, B, and C's file lacked documentation from a physician indicating the employee is free from .

In an interview with Administrator on at approximately 3 PM, she 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 1 out of 3 sampled staff records reviewed (Staff A).

The findings include:

Record review of Staff A's personnel record revealed her date of hire was . Further review revealed Staff A's file lacked documentation indicating the employee had completed the following in-service trainings: Resident Rights, Incident Reporting, and Elopement.

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In an interview with the Administrator on at approximately 3 PM, she acknowledged the findings. She stated no further documentation was available for review.

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 2 out of 3 staff members (Staff A and B) received the initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

A record review of the facility's employee records on revealed Staff A's hire date of as an Home Health Aide (HHA) and Staff B's hire date of as a Resident Aide. Further review of Staff A and B's file lacked documentation indicating the employee had completed the initial 4 hours of training on Assistance with Self-Administered Medication and Medication Management.

During an interview conducted on at 2:55 PM, the Administrator stated she was aware that Staff A needed to complete the required training,but was unaware that Staff B had not completed the initial 4 hours of training in Assistance with Self-Administered Medication and Medication Management. At 3 PM, she acknowledged the findings and confirmed both employees provide medication assistance to the residents; no further information was available for review.

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 1 out of 3 sampled staff records reviewed (Staff A) .

The Findings Include:

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A record review conducted on revealed that Staff A, hire date 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 3 PM, the Administrator acknowledged the finding.

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 menus as served, post a current menu in the facility and maintain documentation of menu substitutions.

The findings include:

During a tour of the facility on , observations found a menu posted on the facility's bulletin board dated for through and substitution log that was last updated on .

In an interview with the Administrator on at 11:20 AM, she stated she did not know why the current menu was not posted on the facility bulletin board. She stated she has six months of currently weekly menus that will not expire until . At 11:45 AM, the Administrator provided copies of the current weekly menus and stated she will post a current menu on the bulletin board.

A review of the current menu dated for revealed a breakfast meal that consists of: fruit, hot or cereal, pancakes, bacon, coffee or tea and 8 oz of milk. During an interview with Staff A at 11:15 AM on , she stated she served biscuits with jelly, fruit, and coffee/ tea to all residents this morning. Staff A stated, "I did not follow the current menu because it was too early and I had to rush the meal because one of the residents had to leave a little earlier today to go to his day program." Staff A was asked if she follows the current menu everyday. Staff A stated that sometimes she gives the residents what they want and they do not want what is on the menu. Record review of the facility's meal substitution log found no substations documented since .

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In an interview on at approximately 12:25 PM with the Administrator, she acknowledged that the facility had the incorrect menu posted for the residents and the meal substitution log was not currently updated.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on interview and record review, it was determined that the facility failed to ensure that 2 out of 3 sampled Staff members (Staff A and C) who has direct contact with mental health residents in a Limited Mental Health Facility (LMH) had received a minimum of 6 hours of initial training in the required topics (i.e. mental health diagnosis and mental health treatments).

The findings include:

During interview and employee record review of Staff A and C's files on at 1 PM, it was noted the file lacked documentation indicating the employees had completed 6 hours of initial LMH training, as required. The Administrator was provided the opportunity to locate the LMH trainings and stated she knows she has one of them but could not locate it.

At 3 PM, the Administrator acknowledged that there was no documentation on file indicating that Staff A and C had received the required initial 6 hours of LMH training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Audrey's Tlc Ii
6808 Merion Place
North Lauderdale, FL 33068

Dear Administrator:

This letter reports the findings of a State Relicensure and Limited Mental Health Services 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 Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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