STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966872	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Christel Care Inc	4973 Broadstone Circle West Palm Beach, FL 33417	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 at Christel Care on . . . . . The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview, and record review, it was determined the facility failed to ensure the unlicensed staff providing assistance with the self administration of medications followed established procedures described in Section 429.256 F.S. and Rule 58A-5.0191, F.A.C.. Specifically, related to failure wash/sanitize hands prior to resident contact; opening the medication from its originally prescribed container and explaining what medication is being provided to each resident; and initialing the MOR (Medication Observation Record) immediately after medication has been provided to each resident, for 3 of 3 residents observed with Staff A (Resident #3, #4, and #5).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medications on . . . . . beginning at approximately 12:05 PM, this staff member did not wash/sanitize hands before preparing medications or prior to resident contact (or at any time during observation of the medication pass for 3 residents).

Staff A provided the following medication to Resident #3; . . . . . 2 mg. Staff A did not open the medication (from its originally prescribed container) in front of the resident and inform this resident of what medication was being provided per regulatory requirement.

2) During observation of Staff A providing assistance with the self administration of medications on . . . . . beginning at approximately 12:15 PM, this staff member did not wash/sanitize hands before preparing medications or prior to resident contact (or at any time during observation of medications for 3

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residents). Staff A provided the following medication to Resident #4:

Phenyton Sod Ext 100mg
Acidophillus US Pectin
Hydralizine 10mg tables (x 4 tables = 40mg)

Staff A did not open the medication (from its originally prescribed container) in front of the resident and inform this resident of what medication was being provided per regulatory requirement.

3) During observation of Staff A providing assistance with the self administration of medications on beginning at approximately 12:00 PM, this staff member did not wash/sanitize hands before preparing medications or prior to resident contact (or at any time during observation of medications for 3 residents).

Staff A provided the following medication to Resident #5;fish oil 1000mcg (x 2 = 1000mcg). Staff A did not open the medication (from its originally prescribed container) in front of the resident and inform this resident of what medication was being provided per regulatory requirement.

4) Resident #5's MOR (Medication Observation Record) was noted as not having been initialed for the 8:00 AM medications. Staff A was asked if she had provided these prescribed medications. She stated that she had provided Resident #5 with his medications at approximately 7:30 AM. Resident #5 also confirmed that he had received his 8:00 AM medications at the time of this observation and interview. Staff A could not provide an explanation as to why she did not initial the MOR when the medications were provided. She acknowledged that the MOR is to be initialed when medications are provided to the residents.

During subsequent interview with Staff A, conducted on beginning at approximately 12:20 PM, she was asked why she did not wash or sanitize her hands at any time during this medication observation of Resident #3, #4, and #5. She stated she did not know why and that she just must have been nervous. She was asked why she did not obtain each medication from their dispensed containers, in front of the residents, and explain to each resident (Resident#3, #4, and #5) what medication she was providing to them. She stated she was not aware that she needed to do this. Her employee record was reviewed and indicated she had attended the 4 hour initial medication training on She acknowledged she had attended the training, but she stated she did not recall the requirement to get the medicine from the package, in front of the resident, and inform the resident of the medication that they were being given.

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interview and record review, it was determined this facility failed to maintain a record of food substitutions noted before or when the meal is served, for a period of 6 months.

The findings include:

During interview with the Administrator, conducted on beginning at approximately 11:25 AM, she was asked to produce the food substitution records for the past 6 months. She stated she does not have any of the forms for that here at this facility. She stated they could mark the menus. She called one of the caregivers to find out where they would be filed. The Administrator was not able to locate any documentation of food substitutions for the past 6 months for this facility. She acknowledged that she is sure that there have been menu substitutions but that she just cannot find the documentation of those substitutions.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Christel Care Inc
4973 Broadstone Circle
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 13, 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

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