STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964730	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Majestic Memory Care Center	1200 Arthur Street Hollywood, FL 33019	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal 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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring 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 and at Majestic Memory Care Center.The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and an interview the facility failed to ensure the Medication Observation Record (MOR) was accurate and immediately updated each time the medication was offered and/or given for 7 out of 7 sampled residents (Resident #5, #6, #10, #12, #13, #14, and #15).

The findings include:

In an interview conducted on at 9:25 AM with the Licensed Practical Nurse(LPN), Staff I , she stated she had already completed the 9:00 AM medication pass for Resident #5, #6, #10, #12, #13, #14 and #15.

On at 9:30 AM, the 2014 MOR's were reviewed and the following omissions were noted (photos obtained):

1) Resident #5:
I 50 mg tab was not documented as given on at 11:00 AM.
Two 7:00 AM medications were not documented as given on and
six 9:00 AM medications were not documented as given on

2) Resident #6:
Eight 9:00 AM medications were not documented as given on

3) Resident #10:
Eight 9:00 AM medications were not documented as given on

4) Resident #12:
Six 9:00 AM medications were not documented as given on

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5) Resident #13:
Three 9:00 AM medications were not documented as given on

6) Resident #14:
Three 9:00 AM medications were not documented as given on

7) Resident #15:
Five 9:00 AM medications were not documented as given on

In a subsequent interview, conducted on at 9:40 AM with Staff I, (LPN) she acknowledged the findings and stated she thought she had an hour after providing the medications, to document the MOR.

In an interview conducted with the Director of Nursing on at 11:12 AM she confirmed that medications are to be documented immediately.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure all prescription medications were secured at all times.

The findings include:

On at 12:00 PM an observation was conducted of 1 resident walking in the hallway adjacent to the facility is currently utilizing as the medication . There was no staff present. The was observed wide open and the refrigerator was unlocked. Upon further observation, it was noted that inside the refrigerator were 2 boxes of hospice comfort packs containing Oral Solution 100 mg per 5 ml (20 mg/ml), and there were 7 boxes of 100/ml inj on an adjacent shelf.

In an interview and observation conducted on at 12:10 PM with the Director of Nursing (DON) and the Administrator, the medication observed and the identified concerns were addressed, they both confirmed the findings. The DON stayed in the the Administrator went to locate the Maintenance Director to replace the door handle on the door to the designated medication as they stated the door did not presently lock (photos obtained).

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 out of 4 (Employee B) newly hired staff submit a written statement from a health care provider within 30 days of hire, that was based on an examination conducted within the last 6 months, documenting that the individual does not have any signs or symptoms of a communicable and the facility failed to ensure 1 out of 4 (Employee F) current staff members had evidence of an annual exam.

The findings include:

1) Review of Employee B's personnel record, a direct care aide whose date of hire was revealed a statement from a health care provider dated indicating the staff member is free of however it is 8 months prior to her hire date.

In an interview conducted on at 11:05 AM with the Director of Nursing, she confirmed that Employee B is a current staff members at the facility and provides direct care to residents, she reviewed the file and confirmed the findings.

2) During record review on it was noted that Employee F did not have evidence of an annual negative exam.

Further review of Employee F' s record revealed that he is the Dining Executive Director of the Facility and that he was hired on

During an interview with Employee F on at 1:09 PM, he reported that he was in charge of the residents' dietary needs and that he had regular contact with the residents, on a daily basis.

During an interview with the Administrator on at 2:30 P M, he reported that employee F was transferred from another facility and was unable to provide proof indicating that Employee F had evidence of an annual negative exam.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that required staff members received in-service trainings within 30 days of employment, for 1 out of 4 sampled employee records reviewed (Employee F).

The findings Include:

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Review of Employee F's (hire date , personnel file revealed the record lacked documentation indicating the employee received the required 1 hour in-service training covering:

a) Elopement
b) Safe food handling practices

In an interview, conducted on at 1:20 PM, the Administrator reviewed the personnel record of Employee F and acknowledged the findings. He stated no further documentation was available for review.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility failed to have 1 of 4 sampled employees complete the Nutrition and Food Service Training (Employee F).

The findings include:

During record review on , it was noted that Employee F, hired on , did not have the initial 2 hour annual update of Nutrition and Food Service training, nor continuing education training.

During an interview with Employee F on at 12:30 PM. He reported that he was in charge of food service and that his title is Executive Food and Dining Service Director; however, he was not sure whether he had completed the training.

During a follow-up interview with the Administrator on at around 1:30 PM, he also was not sure that employee F had completed the training but confirmed that Employee F is the food service designee and that he was in charge of food service at the facility.

After inquiring for the missing information, the Administrator, on provided no additional information and admitted that the training had not been completed.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the facility failed to ensure that training certificates that included : the title of the training program,the subject matter of the training program, the training program agenda,the number of hours of the training program,the trainers name,dated signature and credentials,

were documented accurately in the facility's personnel files for 2 of 4 staff records reviewed. (Employee A and B).

The findings include:

Review of the facility's personnel records revealed direct care Employee A was hired on and direct care Employee B was hired on

A record review of the personnel files for Employee A and Employee B revealed the files contained "Acknowledgement Forms" for the following: 1) tranings: 2) Reporting Major and Adverse incidents, 3) Fire and Evacuation procedures, 4) Elopement policy, 5) Resident Rights policy and 6) and Neglect policy. Further review revealed the forms did not include the number of hours of the training program, the trainers name,dated signature and credentials, or the training program agenda. The acknowledgement forms were signed and dated by the facility's Director of Nursing (DON), acknowledging that they had received and read the policy and would comply.

In an interview conducted with the DON on at 11:15 AM, she stated she provides all of the trainings with the staff and she was unaware that a certificate is required to be in personnel files for each training. She confirmed that training certificates were not in the personnel files and were available for review.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review the facility failed to show evidence of following the regulatory recommendations set by the U.S. Food and Drug Administration by having and implementing a menu which is dated, signed by a Licensed Dietitian, and clearly notes portion sizes. The Facility also failed to show evidence of having a regular and therapeutic menu reviewed and signed annually by a licensed dietitian. This deficient practice has the potential to affect all the residents who eat at the facility.

The findings include:

During the dining observation on at 12:05 P. M., it was observed that there was no menu posted anywhere in the dining or outside at the entrance of the dining A glance at the dining tables occupied by the residents, also revealed there was no menu.

At 12:10 PM during an interview with Resident # 4, she stated that she does not know what will be served for meals. She said that sometimes they tell her but sometimes they don't and she relies on

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staff to inform her of what will be served.

An interview with a few servers thereafter revealed that they too were not aware of what was on the menu for the day. The menu was not available and it was not posted anywhere for the staff to see.

During an interview with the Dinning Service Manager (Employee F) on at 1:30 PM, he said that he has been working at this facility since 2012. He reported that the residents are verbally informed about the menu by the servers. He also reported that the facility did not have a current menu with portion sizes available for review. Employee F also reported that he was "trying a new system" by providing different meals to the resident. He acknowledged that he was not using a current menu and that one was not posted. When asked, the Manager was also unable to provide records of the therapeutic menu.

However, during further interview with Employee F, a gentleman who identified himself as corporate Vice President of Dining Services for the company interjected and stated that he was in the process of printing the menu. He too confirmed that there was no menu available for the facility to follow and for the residents to review.

During an interview with the Administrator on at approximately 1:45 P. M., he stated that he was going to immediately address the issue and will have the menu printed for all the residents.

During additional observation, conducted on 12:30 P. M. at lunch time, there were no menus posted anywhere or made available for the residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Majestic Memory Care Center
1200 Arthur Street
Hollywood, FL 33019

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 and , 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com