STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964400	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carps Assisted Living	3217 Broadway West Palm Beach, FL 33407	
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 - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

0000-Initial Comments
An unannounced Relicensure survey with Limited Mental Health (LMH) was conducted on [redacted] at Carps Assisted Living. 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 unlicensed staff that provide assistance with the self administration of medications followed directions for the assistance of medications , for 1 of 3 residents observed, specifically related to eye drops (Resident #3).

The findings include:

During observation of Staff B providing assistance with Resident #3's eye drops, conducted on [redacted] beginning at approximately 8:22 AM, the following was noted. Staff B was noted to instill 1 drop of [redacted] eye drops into each eye of Resident #3. She then initialed the MOR (Medication Observation Record) that she had completed providing assistance with this medication. Upon completion of this individual medication observation Staff B was asked how many drops she placed in Resident #3's eyes. She replied that it was 1 drop in each eye. She was asked to re-read the MOR (Medication Observation Record) and the label on the box containing the eye drops. She read aloud that the instructions on the MOR and the label were to "instill 2 drops in each eye 2 times daily". She acknowledged that she had not done this and she then proceeded to ask this resident if she could place another drop in each eye. He agreed and permitted Staff B to do so.

During subsequent interview with Resident #3, conducted on [redacted] beginning at approximately 8:40 AM, he was asked how many drops he usually receives in his eyes and he replied that he thought it was only 1 drop in each eye.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on personnel record review and interview, it was determined the facility failed to ensure that 2 of

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4 direct care staff had documentation of attendance of the initial 6 hours of specialized training in working with individuals with mental health diagnoses (Staff B & Staff C) within 6 month employment in a limited mental health facility. Based on personnel record review and interview it was also determined that the facility failed to ensure that 1 of 4 direct care staff (Staff D) had attended a 3 hours course of continuing education biennially in subjects dealing with mental health topics.

The findings include:

1) During personnel record review and interview conducted with the Administrator and the facility's only LPN (Licensed Practical Nurse), on beginning at approximately 9:55 AM, they were provided the opportunity to locate the initial LMH (Limited Mental Health) training of 6 hours for the following staff members:

a) Staff B: Date of hire noted as
b) Staff C: Date of hire noted as

The Administrator and LPN stated they were sure that these 2 staff members had attended this training but they could not locate this documentation. The LPN called another of this Administrator's facility's to see if they had this documentation on file and she indicated that the other facility could not find that documentation either. Both of these staff members were noted on the current staffing schedule for this facility.

2) During personnel record review and interview conducted with the Administrator and the facility's only LPN (Licensed Practical Nurse), on beginning at approximately 9:55 AM, they were provided the opportunity to locate the 3 hour continuing LMH (Limited Mental Health) training of 3 hours for Staff D (Date of hire noted as They were unable to locate this information. The Administrator had left the building to run an errand and the LPN called one of this Administrator's other facilities to see if they could find this documentation and they could not. The LPN stated that she was informed that Staff D did not attend the last 3 hour LMH training with the other staff members as he was out of town at that time. This staff member was noted on the current staffing schedule for this facility.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on personnel record review and interview, it was determined the facility failed to ensure that each direct care staff member was in compliance with the Level II Background Screening requirements and the results maintained within the employee's file, for 2 of 4 sampled staff records reviewed (Staff A &

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Staff B).

The findings include:

During personnel record review conducted with the Administrator and the facility's only LPN (Licensed Practical Nurse), on [redacted] beginning at approximately 9:55 AM, they were provided the opportunity to locate Level II background screenings for the following staff members that are on the facility's current staffing schedule:

a) Staff A with a date of hire noted as [redacted]10 had a Level I background screening dated [redacted] on file. Record review of Staff A's file failed to indicate a Level II background screening.

b) Staff B with a date of hire noted as [redacted] had a Level I background screening dated [redacted] on file. Record review of Staff B's file failed to indicate a Level II background screening.

At the time of this review, Staff B came into this office and the Administrator asked her if she had a Level II background screening conducted. She replied that she did not and that Staff A did not either. The Administrator stated this was something that had "just slipped through the cracks and that the facility had not gotten Level II screenings" for Staff A and Staff B.

A review of the Agency's Background Screening website was conducted and failed to reveal a Level II screening for either employee.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Carps Assisted Living
3217 Broadway
West Palm Beach, FL 33407

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on 12, 2015 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