STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dejay's Adult Care, Llc	700 Nw 65th Avenue Plantation, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - E208 - 58a-5.030(9) Fac - Ecc - Records S-S= D
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Extended Congregate Care (ECC) was conducted on at De Jay's Adult Care LLC. The facility had deficiencies found at the time of the visit

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the assisted living facility (ALF) failed to record a residents' medical diagnosis on an Agency for Health Care Administration (AHCA Form 1823), for 1 out of 2 sampled residents records reviewed (Resident # 2) .

The findings include:

On a record review of Resident # 2's AHCA form 1823 form revealed an admission date of and his last medical exam dated for . Further review of Resident # 2's file found no medical diagnosis documented on the AHCA form 1823.

In an interview conducted on at approximately 1:15 PM, the Administrator stated it is difficult getting through to Resident # 2's doctor's office. She stated she does not know why Resident # 2's diagnosis was not documented. The Administrator acknowledged the finding and stated no further documentation was available for review.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 2 residents (Resident #2) observed

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during medication pass.

The findings include:

Observations on at 10 AM found Resident # 2 receiving the following medications: 10 mg, and Bayer low dose 81 mg.

On at 10 AM, observations during assistance with self- administration of medication revealed Staff A (unlicensed), assisted Resident # 2 with self - administration of medications. Staff A did not sanitize her hands and signed the Medication Observation Review sheet before observing Resident # 2 swallow his medications. Staff A put each of Resident # 2's medications in a cup, walked over to the dining table where Resident # 2 was seated with his medication cup and a full bottle of medications. Staff A placed the bottle of medications and the medication cup on the dining table in front of Resident # 2, stated the names of his medications and walked away leaving the medications unsecured and unsupervised. Then, two minutes later, Staff A returned to the dining table to observe Resident # 2 swallow his medications with a cup of water.

During an interview on at 10:14 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A stated she signed the medication observation sheet because she already knew what medications Resident # 2 would be taking. Staff A acknowledged her errors with assisting Resident # 2 with self- administration of medications.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview, the assisted living facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period.

The Findings Include:

During a tour of the facility on at 9:30 AM, observations and record review found a staff schedule book located in the work area of the facility. Record review of the staff schedule revealed sheets dated for and that are incomplete. Further review of the staff scheduling book found no schedule on file for

During an interview with Staff A, the Administrator, on at approximately 11:20 AM, she stated that she works 24 hour shifts because she resides in the facility. The Administrator stated she has one additional employee, Staff B (a Registered Nurse), who works on weekends and as needed during the week. She stated currently, she has no written work schedule because she only has one additional employee working in her facility.

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During the interview, the Administrator acknowledged the error of not having a current staff written work schedule.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on interview and record review, the Assisted Living Facility (ALF) Administrator failed to successfully pass the ALF competency test in topics related to assisted living provided under section 429.52, F.S.

The findings include:

On , a record review of Administrator's file revealed she completed 26 hours of CORE training in topics related to assisted living on and completed 12 hours of continued education in ALF topics dated for . Further record review found no proof that the Administrator passed the ALF competency test.

In an interview with the Administrator on at approximately 12:40 PM, she stated she took the ALF competency test but did not pass the test. She acknowledged that as the Administrator of an ALF, she has to pass the ALF competency test. The Administrator stated that the exam was difficult to pass and she will not retake the ALF competency test.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview, the assisted living facility failed to ensure 2 out of 2 (resident #1, resident #2) sampled residents' records reviewed who receive assistance with self-administration by unlicensed staff have a completed informed consent form within their file.

The findings include:

Record review of Resident #1's file revealed she was admitted to the facility on . Review of Resident #1's file revealed it lacked an informed consent form for unlicensed staff to assist with medications. Further record review found a medication observation record which was being completed by an unlicensed staff member.

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Record review of Resident #2's file revealed she was admitted to the facility on . Review of Resident #2's file revealed it lacked an informed consent form for unlicensed staff to assist with medications. Further record review found a medication observation record which was being completed by an unlicensed staff member.

In an interview with the Administrator on at approximately 11:08 AM, she stated she was unaware that the resident files were missing the consent for unlicensed staff to assist with self-administration of medications.

Class III

E208-ECC - Records 58A-5.030(9) FAC
Based on interview and record review, the facility failed to have nursing progress notes for 1 out of 2 residents (Residents # 1) receiving extended congregate care (ECC) services.

The Findings Include:

In an interview with the Administrator on , she stated Resident # 1 is receiving ECC services from Staff B, a hired registered nurse who works the weekend shift and as needed throughout the week. She stated Resident # 1 requires ECC service because she needs total assistance for Activities of Daily Living.

Record review of Resident #'1's file revealed she was admitted to the facility on . Record review found Resident # 1's initial ECC assessment and an ECC service plan. Further record review revealed the file lacked ECC nursing progress notes.

In a telephone interview with Staff B on she stated she completes an ECC assessment once a month for Resident # 1. She stated she was unaware that ECC nursing progress notes should be completed and kept on file more frequently than once a month.

In an interview with the Administrator on at approximately 11:40 AM, she stated she has no ECC nursing progress notes on file for Resident # 1. During further interview with the Administrator at 2 PM, she acknowledged the findings and stated no further documentation was available for review.

Class III

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E210-ECC - Training 58A-5.0191(7) FAC
Based on interview and record review, the Administrator of the assisted living facility (ALF) which provides Extended Congregate Care (ECC) services failed to acquire a minimum of 4 hours of continued education in ECC that is required every two years.

The findings include:

A record review of the facility's employee files was conducted on . Record review of the Administrator's file found 4 hours of initial training in ECC dated for . Further record review found no documentation indicating 4 hours of continued education in ECC.

In an interview on at 12:30 PM, the Administrator stated she does not have 4 hours of continued education in ECC. She acknowledged the finding and stated she has no further documentation for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dejay's Adult Care, Llc
700 Nw 65th Avenue
Plantation, FL 33317

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 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/dmb

XG90

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