STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966907	03/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GENESIS ASSISTED LIVING FACILITY, INC	1510 SW 68TH AVENUE NORTH LAUDERDALE, FL 33068	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on . at Genesis Assisted Living Facility Inc. 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,record review and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident # 3) observed during medication pass.

The findings include:

A record review on at 9:45 AM, revealed Resident # 3 receives the following medication (as documented on the Medication Observation Record (MOR) for . 2015): Mapap 500 mg R:11 Take 2 tablets by mouth once daily at 11:00 AM.

In an observation conducted on at 11:00 AM, during assistance with self- administration of medication Staff A, caregiver/unlicensed staff assisted Resident # 3 with self - administration of medications. Staff A sanitized her hands, removed Resident #3 ' s medication from the locked medication cart, placed Resident #3 ' s medication into a cup, and returned the medication to the cart, took the cup with the medication to the resident in the dining . gave the medications along with a cup of water to the resident and state here are your pain medications. Staff A did not take the medication from the previously dispensed container and bring it to the resident and in the presence of the resident read the label to the resident. Staff A observed Resident # 3 take her medication and signed her Medication Observation Record (MOR).

In an interview conducted with the Administrator on . at 12:10 PM, she confirmed the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times .As evidenced of the facility not serving the proper portion size of protein for an observed meal.

The findings include:

A review conducted on at 10:30 AM of the facility's posted Dietician approved lunch menu for revealed the menu to be Spaghetti (1 cup),me oz) ,cut green beans (1 cup) ,pudding(4 oz). In an

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Continued From page 1

observation conducted on at 10:50 AM of the facility's lunch meal served to the residents in the dining , the residents were served spaghetti, 3 small meatballs, cut green beans and pudding. During an interview conducted with the Administrator on at 10 :50 AM, she was asked how they know that the meatballs are 4 oz. she stated they weigh them. I requested that she weigh the meatballs, she took out the scale and the 3 meatballs served to each of the 5 residents in the dining , weighed 1.6 oz total (3 meatballs), per the facility's scale. All residents were served 3 meatballs.

In an observation conducted on at 11:00 AM, Resident #2 who is on a puree diet, was served 3 pureed meatballs, Resident #2 was observed having her lunch in her staff assisting. In an interview conducted on at 11:06 AM with Staff C, she confirmed that she prepared the lunch meal today and states she was suppose to serve 4 oz of meatballs, she confirmed she did not weigh the meatballs and did not know what they weighed.

In an interview conducted with the Administrator on at 1:50 PM, she stated she called the Dietician and asked her about the meatballs. According to the Administrator, the Dietician told her it would be 3 meatballs, she asked what size meatballs were served and she said small meatballs, she said that is the problem, the serving size (per the menu) is for the larger size meatballs. A review conducted of the package of meatballs with the Administrator revealed that 6 meatballs serving equals 84 grams or 2.96 ounces. However, the residents were only served 3 meatballs each in the entree.

In an interview conducted on at 4:08 PM with the facility's consultant Dietician she confirmed the error was that the wrong size meatballs were served, the small meatballs were served and the facility was to serve the large meatballs.

Photographic evidence was obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Genesis Assisted Living Facility, Inc
1510 SW 68th Avenue
North Lauderdale, FL 33068

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure 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,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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