STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	**05/11/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OPEN ARMS ALF	**4652 BELVEDERE ROAD WEST PALM BEACH, FL 33415**	

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

0000 - Initial Comments

An unannounced Biennial Standard Relicensure survey was conducted on at Open Arms ALF. The facility had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interviews, the facility failed either obtain the required medical examination (AHCA Form 1823) or the medical examinations were inadequate for 3 of 3 sampled Residents (#1, 2 and 3).

The findings include:

Review of resident records was conducted with the Administrator present. The following concerns were identified:

1. Review of facility records revealed Resident #1 was admitted on while receiving hospice services. Further record review revealed no medical examination in his record. In an interview conducted at 1:45 PM, the Administrator stated she had not obtained the required medical examination.

2. Review of Resident #2's record revealed a medical examination dated Further review of the form revealed the section that documents the resident's need for assistance with self-administration disclosed she needed assistance with medications, but did not indicate if she needed assistance with self-administration of medications or if she needed a licensed nurse to administer medications to her. Also, the section that documents the resident's need for nursing or services was left blank. In an interview conducted at 1:45 PM, the Administrator acknowledged the medical examination form needed to be clarified.

3. Review of Resident #3's record revealed a medical examination dated Further review of the form revealed the section that documents the resident's need for assistance with self-administration disclosed she needed assistance with medications, but did not indicate if she needed assistance with self-administration of medications or if she needed a licensed nurse to administer medications to her. In an interview conducted at 1:45 PM, the Administrator acknowledged the medical examination form needed to be clarified.

Class III

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC

Based on record review and interviews, the facility failed to obtain contracts for a resident receiving hospice services and two daycare participants (Resident #1 and Daycare Participants (DP) #1 and 2).

The findings include:

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Review of resident and participant records was conducted with the Administrator present. The following concerns were identified:

1. Resident #1 was admitted to the facility on while receiving hospice services. Further record review revealed no resident contract or agreement. In an interview conducted at 1:45 PM, the Administrator stated she had not prepared or had the resident's legal representative sign a contract.

2. DP #1 was admitted for day care services on and was present on the day of this survey. Review of records revealed no participant contract for this resident. In an interview conducted at 1:45 PM, the Administrator stated she had not prepared or had the resident's legal representative sign a contract.

3. DP #2 was admitted for day care services on and was present on the day of this survey. Review of records revealed no participant contract for this resident. In an interview conducted at 1:45 PM, the Administrator stated she had not prepared or had the resident's legal representative sign a contract.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to obtain the required hospice interdisciplinary care plan and election of hospice benefits for 1 of 1 sampled residents receiving hospice services (Resident #1).

The findings include:

Review of resident records was conducted with the Administrator present. The following concern was identified:

Resident #1 was admitted to the facility on while receiving hospice services. Further record review revealed no care plans, no hospice interdisciplinary care plan developed by hospice in consultation with the facility that detailed the resident's needs and who provides the services to meet those needs. There was no facility care plan as a medical examination was not obtained and was cited at A008 herein. Further record review revealed no election of hospice benefits form.

In an interview conducted at 1:45 PM, the Administrator stated she had not obtained any type of care plan or a copy of the election of hospice benefits for this resident.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

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Based on observations, interviews and record review, the facility failed to honor resident rights to posted advocacy information which had to the potential to affect all six current residents and two day care participants; and failed to obtain a health care provider (HCP) written order and resident/legal representative consent for the use of side rails (Resident #1) .

The findings include:

1. During the initial tour of the facility conducted at 9:05 AM, it was noted that there was information posted showing the Agency's (AHCA) complaint hotline toll-free number, nor was information posted showing the Florida Rights contact telephone number. In an interview conducted at 10:30 AM, the Administrator stated she did not know they had to be posted.

2. Resident #1 was admitted to the facility on while receiving hospice services. He was observed on at 9:15 AM sleeping in his bed with two full side rails attached to the bed, one was in the up position, the bed was located against the wall on the other side. Review of his records revealed no written HCP order calling for side rails. Full side rails are not acceptable in an assisted living setting. Further record review revealed no consent from the resident's legal representative. In an interview conducted at 1:45 PM, the Administrator confirmed there was no written HCP or legal representative consent related to the use of side rails.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure accuracy in medication observation records (MOR's) for 2 of 3 sampled residents (#1 and 3).

The findings include:

Review of the facility's medication systems was conducted on the following concerns were revealed:

1. At 10:20 AM, during review of Resident #1's medication records, the MOR's for and 2015 were requested. At 11:15 AM, the Administrator presented the 2015 MOR but stated she could not locate the 2015 MOR.

2. Review of Resident #3's records revealed a written health care provider order dated calling for 600 milligrams by mouth every eight hours. Resident #3's and 2015 MOR's revealed entries for 600 milligrams, one capsule by mouth every eight hours, the section of the MOR that identifies the times the medication is to be received disclosed 8:00 AM, 12:00 PM and 5:00 PM, which is not every eight hours. In an interview conducted at 12:27 PM, the Administrator acknowledged the resident was not receiving the medication as ordered and stated she would contact the health care provider for clarification.

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Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to obtain written health care provider (HCP) orders, for 2 of 3 sampled Residents (#1 and 2).

The findings include:

Review of the facility's medication systems was conducted beginning at 10:05 AM, the following concerns were revealed:

1. Resident #1 was admitted to the facility on Review of his 2015 medication observation record (MOR) listed Cyproheptadrus/Periactin 4 milligrams (MG) 1 tablet by mouth twice daily and it was documented he received this medication. Further review of his records revealed no written HCP order for this medication.

Resident #1's 2015 MOR revealed an order for 0.25 MG 3 tablets by mouth at bedtime. Further record review revealed four prior orders for this medication but all four were discharged, there was no active order for this medication.

These issues were discussed with and acknowledged by the Administrator at 11:12 AM.

2. Review of Resident #2's 2015 MOR revealed an order for 10 MG by mouth daily. Further review of her records revealed no written HCP order for this medication. This was discussed with and acknowledged by the Administrator at 12:56 PM.

Class III

0076 - - 58A-5.0186 FAC

Based on record review and interview, the facility failed to obtain a copy of the for 1 of 2 sampled Residents (#1).

The findings include:

Review of Resident #1's records conducted revealed he was admitted to the facility on while receiving hospice services. A hospice-generated patient information data sheet documented he has a on file. Further review of his records revealed no yellow form (DH Form 1896) was present, nor was there documentation showing the facility had asked for a copy. This was discussed with the Administrator at 9:48 AM, she

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acknowledged the importance of getting a copy for his records immediately.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interviews, the facility failed to maintain demographic information for 1 of 2 sampled Residents (#1), and failed to maintain weight records for 2 of 2 sampled Residents (#1 and 2).

The findings include:

1. Review of Resident #1's records revealed he was admitted to the facility on . There was no demographics page for this resident listing the resident's name; gender; race; date of birth; place of birth if known; social security number; Medicaid and/or Medicare number or other health insurance , name, address and telephone number for the resident's next of kin, legal representative or individual to contact in case of emergency; and, name, address and telephone number of the resident's health care provider and case manager, if any. Further review revealed no weights on record for Resident #1.

2. Review of Resident 2's records revealed she was admitted to the facility on . Review of her medical examination (AHCA Form 1823) dated disclosed her weight at Further review revealed no semi-annual weights on record for this resident since that date.

These concerns were discussed with and acknowledged by the Administrator on at 11:15 AM.

Class

0167 - Resident Contracts - 58A-5.025 FAC

Based on interviews and record review, the facility failed to provide adequate language related to resident refunds for 2 of 2 sampled Residents (#1 and 2).

The findings include:

1. Review of Resident 2's records revealed she was admitted to the facility on . Review of her resident contract revealed a refund section on page 10. The language used did not include when the refund would be issued. The section did not conform to section 429.24(3) which requires language that provides that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid. The termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit,

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the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days ' advance written notification is given. If the resident ' s possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days ' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. This was discussed with the Administrator on at 11:09 AM.

2. Resident #1 was admitted to the facility on Further record review revealed no resident contract or agreement documenting required refund language. In an interview conducted at 1:45 PM, the Administrator stated she had not prepared a contract for this resident.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Open Arms ALF
4652 Belvedere Road
West Palm Beach, FL 33415

RE: Biennial Standard Relicensure survey

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. **Please forward documentation of correction to the Field Office.** 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/dso
Enclosure: State 5000-3547
XG90

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