STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023**	

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

0000 Initial Comments

An unannounced complaint survey, CCR# 2015004390, 2015005322 and 2015005418, was conducted on 7/14/15, 7/15/15 and 7/23/15 at The Peninsula. The facility had deficiencies found at the time of the visit.

The following citations were issued:
CCR# 2015004390 cited at A030 and A093
CCR# 2015005481 cited at A030 and A032

0030 Resident Care - Rights & Facility Procedures

Based on interviews and record reviews it has been determined that the facility has failed to allow Residents to present grievances and recommend changes in services to staff or governing officials or any other persons without , interference, coercion or discrimination. This criteria has not been met. Also, the facility failed to respond to resident grievances for 3 of 3 sampled Resident grievances (#18, 19 and 20) related to lack of water cups and possible bug bites.

The findings include:

1. Observations of dining service were conducted on / / and :

On - / at 12:00 P.M., an interview was conducted with Resident # 21. He states the facility is constantly running out of toilet paper. The Resident goes on to state that the Facility was out of hot water in , for a few days.

On / at 12:39 P.M. an interview was conducted with Staff A in housekeeping. She states they don't have enough toilet paper because the Resident's hoard up the toilet paper in their .

On at 04:00 P.M. a review of the Resident Council minutes dated stated that "the first floor is out of toilet paper often."

On at 04:00 P.M. a review of the Resident Council minutes dated mention Resident complaints regarding "not getting enough toilet paper on the weekends."

On / at 11:32 A.M. an interview was conducted with the Maintenance Staff A states he does recall the hot water was shut-of due to a problem with the fountain outside.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD** **HOLLYWOOD, FL 33023**	

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

On 07/15/2015 at 11:41 a.m. a spot check of the showers on the third floor was conducted with Maintenance worker A, determined room 314 did not have hot water. The Maintenance worker stated he would make the repair immediately.

On / at 11:41 A.M. an interview was conducted with Staff B in housekeeping. She states they provide toilet paper on Monday, Wednesday and Friday of each week. She also states that they only have one housekeeper working on the weekend and they don't automatically re-stock the toilet paper. She stated they will provide a roll to a Resident if they make a request on the weekend. She states their job is primarily to maintain the first floor lobby.

On at 01:20 P.M. an interview was conducted with the Assistant Executive Director. She produced an invoice from Charlie Swain plumbing for repair to the hot water dated , 2015. She did confirm that the hot water was out on this date.

On at 03:17 P.M. a review of the Maintenance work order dated show that there was a toilet paper request for .

On at 01:22 P.M. an interview was conducted with Resident # 22 states she was out of hot water for approximately nine (9) days. She stated when she asked the management about the problem; they advised her that they had to purchase a new hot water heater. She also stated that they run out of toilet paper on the weekends as well, and if you don't bring down your own roll to the first floor you will not have any toilet paper.

On at 03:17 A.M. a review of the Maintenance work orders for the months of , and , 2015. It was reported by the Residents:
- no hot water in
- no hot water in
- no hot water in

On at 05:08 P.M. an interview was conducted with the Assistant Executive Director. The Surveyor made a request for the Facility order supply policy. She indicated the Facility did not have such policy.

2. Review of the residents' Resident Council Meeting Minutes dated revealed the following resident complaints:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023**	

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

a. Two residents identified a need for cups for water for the water dispensers located in the Ice Cream Parlor and Activity Room. The following observations were made:
i. On / at 12:48 PM, observations made in the Ice Cream Parlor and Activity Room revealed no water or cups in the Ice Cream Parlor although there were two unopened 5-gallon jobs of water to the left of the water dispenser, and no cups available for water in the Activity .
ii. On / at 8:39 AM, observations made in the Ice Cream Parlor and Activity no water or cups in the Ice Cream Parlor although there were two unopened 5-gallon jobs of water to the left of the water dispenser, and no cups available for water in the Activity .
iii. On at 10:05 AM, observation of the water dispenser in the Ice Cream Parlor revealed the 5-gallon water jug was replaced but there were no cups available for use. Observation of the Activity five plastic cups stored directly on top of the water dispenser.
In an interview conducted on at 10:35 AM, the facility's Administrator acknowledged the lack of water cups in the Ice Cream Parlor and the improper storage of the cups in the Activity . She also stated these two dispensers are only hydration stations available to residents. She further acknowledged residents complained about this at the resident council meeting.

b. In a confidential interview conducted at 8:10 AM, Resident #20 confirmed she complained in the / resident council meeting that she was "getting bit, possible bugs". Review of the meeting minutes documented her comments and the minutes included, "recorded/reported in log up front". Review of the "log up front" with the Administrator present revealed no related entry for this complaint. In an interview conducted / at 2:00 PM, at the time the log was reviewed, the Administrator confirmed there was no record of recording or responding to this complaint. Review of the Maintenance Department's work orders for that time period revealed no work order related to this complaint.

Class III

0032 Resident Care - Elopement Standards

Based on observations, interview and record review, the facility failed to ensure a resident with a history of an elopement received required additional services for 1 of 4 sampled Residents (#11. As evidence of the facility not ensuring the resident had required identification on his person and not advising staff that he required additional supervision as a result of his elopement, and failed to ensure staff participated in required elopement drills.

The findings include:

1. Resident #11 was admitted to the facility on / with pertinent diagnoses of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023**	

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

and severe . Review of facility and his records revealed he left the facility without notifying staff on , and was found by the local Fire Department face-down on a public bus stop bench on a 4-lane street across the street from the facility.

Observation of Resident #11 conducted / at 12:35 PM with his assigned Aide present, revealed the resident did not have anything on his person showing his name and the facility's name, address and telephone number. In an interview conducted at that time, he stated he no longer owns any form of identification. In an interview conducted at that time, his assigned Aide stated she was familiar with the elopement incident but was not told to increase monitoring of this resident.

In an interview conducted at 11:55 AM, the Day Nurse on duty stated she was familiar with the elopement incident but could not verbalize the additional requirements that take effect when a resident has been assessed or demonstrated elopement attempts such as the required daily efforts to ensure the resident has the required identification or that staff must increase supervision efforts in order to prevent future elopements.

In an interview with the facility's Receptionist conducted at 12:05 PM, she stated she was not aware of the resident's elopement and confirmed she had a 3-ring binder for residents who are at risk for elopement but a photo and pertinent information for Resident #11 was not in the binder.

This concern was discussed with and acknowledged by the facility's Administrator on / / at 12:40 PM.

2. Review of the facility's elopement drills documentation revealed elopement drills conducted / and / . There was no documentation showing which employees participated in the drills. This was acknowledged by the facility's Administrator on / at 12:40 PM. Further review revealed only one drill conducted in 2014, on with only 10 staff participating.

Class III

0093 Food Service - Dietary Standards

Based on observations and interviews, it has been determined that the facility failed to serve food attractively and a safe palatable temperature. This has been evidenced by the following:

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023**	

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

On 07/14/2015, a review of the Resident Council minutes reveal that on May 29, 2015 thirteen (13) Residents complained that the quality of the food has gone down. Twelve of the thirteen Residents mentioned in the Resident Council minutes state they purchase their own personal food from outside of the facility. In the minutes from 2015, several Residents state that the food is too bland and the soup is too salty for their taste.

A review of the Resident Council minutes for 2015, also mention dietary concerns, again mentioning that the soup is too watery and the food is too salty. Further review of the Resident Council minutes, Resident # 20 mentions that too much pork is served on the menu.

A review of the Resident Council minutes taken on , 2015 reveal Resident # 21 states they are displeased with the food.

A review of the Resident Council minutes taken on , 2015, Resident # 22 states the vegetables are still too to eat when they are delivered. Also, in the minutes Resident # 23 states the food is and the grilled cheese sandwiches are burnt. In addition to those comments in the 2015 minutes, Resident # 24 stated the servers have too much to do and can't accommodate the Residents.

On at 11:20 a.m., an interview was conducted with Resident # 25. The Resident stated that the problem is slow service in the dining . Resident # 24 states the Facility has cut back on the serving staff in the dining the girls have too much to do. The Resident states the food is when it arrives to the table.

On at 11:50 a.m, an observation of the main dining conducted by the Surveyor. The meal time posted for lunch in the dining begin states 11:30 a.m. At 11:50 a.m., the Residents had not been served There were three (3) servers present to serve along with the Facility Activities Director, who passed tea and coffee to the Residents. There were 73 Residents seated in the dining this time. The capacity for the main dining 102 Residents, excluding the Residents in the separate dining Residents. This requires each server to be responsible for thirty-four (34) Residents to serve when the dining at capacity.

On / at 12:14 p.m., interview was conducted with Resident # 25 in the dining . The Resident stated, he feels they need more help in the dining the service is too slow. The Resident stated they never even open the dancing 11:45 a.m. daily; when they are suppose to open at 11:30 a.m. The Surveyor observed at 12:14 p.m., the Resident had not received his lunch meal.

On / at 12:18 p.m., an interview was conducted with Resident # 26. The Resident states by

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/23/2015
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD HOLLYWOOD, FL 33023**	

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

the time you finally get your food; if you have an appointment at 1:00 p.m., you have to rush to eat your food or you will be late or miss your appointment. The Surveyor observed at 12:18 p.m., the Resident had not received his lunch meal.

On / at 12:20 p.m. , an interview was conducted with Resident # 27. The Resident states the food service is always slow. The Surveyor observed at 12:20 p.m., the Resident had not received her lunch meal. Resident's # 28 and # 29 who were present at the table with Resident # 27 also confirmed that the service is always show.

On / at 12:24 p.m., an interview was conducted with Resident # 30. She states she always has to wait because the Facility does not have enough people to serve. Surveyor observed her meal delivered to her table at 12:29 p.m. The Resident indicated she has arrived to the dining to 12:00 p.m.

On at 2:55 p.m., the Surveyor requested a test tray. The tray was delivered by one of the kitchen servers. The menu consisted of baked fish, mashed potatoes, and gravy with turnip greens. The potatoes and the turnip greens were hot, but the fish was .

On / at 01:27 p.m. , an interview was conducted with the Kitchen Manager, advising him that there was a delay in the delivery of the lunch meal. The Surveyor requested to see the staff schedule for the Servers that day. There were five (5) names listed on the roster, but only three (3) servers were present.

On / at 01:30 p.m., the three (3) servers were interviewed separately. Staff A states they always have just 3 servers present during meals. Staff B states they usually have to serve 15 tables per person. Staff C stated they do not have enough help in the dining serve the Residents.

On at 2:22 p.m. an interview was conducted with Resident 31. She states she does have to wait a long time sometimes to eat because they have to wait outside and line up and go into the dining a single file line.

On at 03:05 p.m., interview was conducted with the Activities Director. She states she is usually present at the monthly Resident's Council meetings and the Resident's often complain about the long wait in the dining receive their meal. She states the Kitchen Manager, as-well-as the Administrator have been made aware of the problem. She stated the Administrator stated the staffing problem is due to their budget restrictions.

On / at 05:08 p.m., a request was made to the Assistant Executive Director to provide a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	**07/23/2015**
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD** **HOLLYWOOD, FL 33023**	

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

Facility policy on employee staffing. She states the Facility did not have such policy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Peninsula (the)
5100 West Hallandale Beach Blvd
Hollywood, FL 33023

RE: CCR #2015004390, 2015004390 & 2015005481

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on 14- 15, 2015 and , 2015 by representatives 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015 .** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representatives. Should you have any questions please call at .

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida