STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966800	08/04/2015
NAME OF PROVIDER OR SUPPLIER ATRIA AT ST JOSEPH'S	STREET ADDRESS, CITY, STATE, ZIP CODE 350 BUSH RD JUPITER, FL 33458	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 8/04/15 at Atria at St. Joseph's. The facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, staff interview and resident record review, the facility failed to ensure residents had a face-to-face medical examination by a health care provider after a significant change, with the results documented on residents' AHCA Form 1823, for 2 of 3 record reviews (Residents #2 and #3).

The findings include:

1) Resident #2 entered into Hospice care on / . The Hospice Appropriateness Evaluation and Comprehensive Assessment for Resident #2, dated / , documents Resident #2 is currently "Total Care" with Bathing, Transfers, and Dressing. She is independent in Eating, but there is nothing documented under Mobility or Toileting. Appetite has went from "good" to "fair".
The Hospice Plan of Care Review, dated / , notes Resident #2 is "Total Care with ADLs- increased , uses w/c [wheelchair]." Appetite is now "poor".

A review of the current AHCA Form 1823 for Resident #2, dated / , documents Resident #2 is "Independent" in Dressing, Eating, , Toileting, and Transferring, and requiring "supervision" for Ambulation and Bathing. There is no updated Health Assessment (Form 1823) for Resident #2 since resident was admitted to Hospice, experiencing functional and nutritional decline.

2) Resident #3 entered into Hospice on / . The Hospice Appropriateness Evaluation and Comprehensive Assessment for Resident #2, dated , documents Resident #3 is currently "Total Care" with Bathing, Transfers, and Dressing, "Mobility - bed to chair", and incontinence of bowel and . Resident #3 is independent in Eating, but appetite has changed from "fair" to "poor".
The Hospice Plan of Care Review, dated / , notes Resident #3 is "Total Care with ADLs-feeds self" and "incont[inent]".

A review of the current AHCA Form 1823 for Resident #3, dated / , documents Resident #3 requires "supervision" in Eating and , and "assistance" with Ambulation, Bathing, Dressing, Toileting, and Transferring. Section 3 of Form 1823, which is to be completed by the ALF Administrator or Designee and lists the services offered or arranged by the facility for the resident, is not completed. There is no updated Health Assessment (Form 1823) for Resident #3 since resident was admitted to

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Hospice, experiencing functional, nutritional and decline.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, it was determined the facility failed to ensure that each resident has the right to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to:
1) Hand hygiene practices for 3 of 5 residents observed during assistance with medications (Residents #18, #19, and #20), and 2 of 3 staff members observed (Staff A and Staff F);.
2) Recognized standards within the community, specifically related to failure to effectively clean each resident's glucometer for 1 of 1 sampled residents (Resident #22).
3) Hand hygiene for Dining Staff serving all residents residing in locked Memory Care Unit (Staff E, I, J, and K).

The findings include:

1) During observation of Staff A providing assistance with the self administration of oral medications for Resident #19 and Resident #20, conducted on beginning at approximately 8:43 AM, Staff A was observed to initially wash her hands prior to providing assistance. However, Resident #19 had dropped a used tissue on the floor (she had asked Staff A to open the trash can for her to throw it away and she missed the opening of the trash can) and Staff A picked it up with her bare hands. Staff A then proceeded to finish assisting Resident #19 with her oral medications. Staff A then wheeled this resident out of the wellness center (handling the wheelchair handles). Staff A then proceeded to assist Resident #20 into the wellness center and then prepare her oral medications without washing or sanitizing her hands.

During observation of Staff F providing assistance with the self administration of eye drops for Resident #18, on beginning at approximately 12:10 PM, Staff F failed to wash or sanitize hands prior to applying gloves. Staff F did not wash or sanitize her hands before or after this observation.

During subsequent interview and record review conducted with the (Resident Services Director), on beginning at approximately 9:30 AM, the facility's policy and procedure entitled Assistance with Self-Administration of Medications noted staff are to wash hands with soap and water or hand sanitizer between each assistance. The acknowledged that this is what is expected of the staff that provides assistance with the self administration of medications.

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2) During observation of Staff G (LPN - Licensed Practical Nurse) conducting (obtaining sugar levels) and administering to Resident #22, on beginning at 8:20 AM, she failed to clean the glucometer (machine utilized to measure sugar levels) before or after use. This staff member placed all supplies in this residents labeled bag of supplies. She was asked if she had finished with this residents medication. She replied that she had. She was asked if she was going to conduct any cleaning of the glucometer for this resident. She stated that she was not aware of the need to do this. She stated she was a new LPN as of 2015 and this was not something that was reviewed with her.
During interview with the (Resident Services Director), conducted on beginning at approximately 9:30 AM, she was asked for the facility's policy related to cleaning of glucometers. She stated she would look for that policy. Approximately 20 minutes later, she returned and stated she could not find a policy related to cleaning of glucometers. She was informed that the facility is to follow the manufacturers recommendations for cleaning of the individual resident's glucometers. She was informed that Resident #22's glucometer did not have the manufacturer's instructions with the glucometer and that her supplies are in her individually labeled bag. The was informed that Staff G (Licensed Practical Nurse) failed to clean Resident #22's glucometer before or after use. The stated she was not aware of this requirement to clean glucometers.
3) During dining observation in the Memory Care Unit on , beginning at 11:30 AM, Staff B was observed washing her hands and putting on disposable gloves; however, Staff B assisted Resident #2 with eating and then began to feed Resident #6 without removing gloves and washing hands in-between care. Staff B was also observed removing dirty plates and utensils with the same gloved hands which were used to serve clean dishes, containing food and beverages, to the residents. At times when Staff B would change her gloves, she would not wash her hands after removing her gloves and putting on new gloves.

Staff E was observed wearing disposable gloves while removing dirty dishes from dining table. She then had direct contact with residents' dinner rolls using same gloved hands which had just been in contact with dirty dishes and utensils. When Staff E removed gloves, she did not wash her hands after removing dirty gloves and putting on new gloves.

A second dining observation in the Memory Care Unit was conducted on / , beginning at 11:30 AM. Staff I was seen wearing the same disposable gloves while picking up and moving dining chairs by touching the arms of the chairs, removing dirty dishes from dining tables, and then going back to serving residents their food on clean plates without washing hands between such events. At one point, Staff I removed her gloves, left the dining , then came back to the dining put on new gloves without washing hands.

Staff J washed her hands, donned gloves, then went and changed CD in the CD player and came back

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to dining room and began serving food without washing hands. When Staff J removed gloves, she did not wash her hands after removing dirty gloves and putting on new gloves.

Staff K washed her hands, donned gloves and was observed touching residents' clothing, dining , and assisting 2 different residents (Residents #2 and #6) with eating without washing hands between events. When Staff K did remove gloves, she did not wash her hands after removing dirty gloves and putting on new gloves.

A review of the facility's Hand Washing Guidelines and Use of Disposable Gloves Policy and Procedure (Sanitation) and Hand Washing Policy and Procedure (Control) was conducted. The Handwashing procedure for Sanitation states:

a) All employees must wash their hands before they start their shift, and after the following...clearing or handling dirty dishes; touching anything else that may contaminate hands.

b) Always wash hands before putting on gloves or changing to a fresh pair...Atria does not permit bare-hand contact with ready-to-eat food, despite local health codes that may allow it.

c) Employees must wash hands under the following circumstances...Before and after having direct physical contact with Residents...After removing gloves...

During interview with Administrator and Resident Services Director on at approximately 2:00 PM, they acknowledged staff are to be following the facility's policy and procedure related to handwashing and disposable glove usage.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, it was determined the facility failed to ensure that each resident received assistance with self administration of medication in accordance with procedures described in Section 429.256, F.S. Specifically, related to not following physician's orders for the use of eye drops for 1 of 1 sample residents that received assistance with eye drops (Resident #18).

The findings include:

During observation of Staff F providing assistance with the self administration of medications (eye drops)

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for Resident #18, on 08/03/2015 beginning at approximately 12:10 PM, Staff F instilled 1 drop of tears in each eye. After Staff F had instilled 1 drop in each eye (tears) and replaced the bottle in the box, she was asked if she was finished with providing assistance with the eye drops for this resident. She acknowledged that she had completed providing assistance. This surveyor then pointed out that the 2015 MOR (Medication Observation Record) and the prescription label indicated instill 2 drops of tears in both eyes four times daily. Staff F stated she did not realize that. She then proceeded to instill an additional drop in each eye of the tears.

During subsequent interview with the (Resident Services Director) and review of the facility's policy entitled Assistance with Self Administration of Medication, on beginning at approximately 9:30 AM, she acknowledged that staff are to read the label and the MOR prior to providing assistance. She also provided for review the physician's order, dated / , that indicated Resident #18 is to be provided with 2 drops of tears to both eyes four times daily.

Class III

0078 Staffing Standards - Staff

Based on employee record review and staff interview, the facility failed to ensure staff provided:
1) A written statement from a health care provider documenting staff was free from any communicable for 1 of 3 staff (Employee C), and
2) Written documentation of a negative ( ) examination by a health care provider within 30 days of employment, and then on an annual basis, for 2 of 3 staff (Employees B and C).

The findings include:

1) During record review for Employee C, whose hire date is / , the physical exam form submitted by the employee did not contain a statement by the health care provider that specified Employee C was free from any communicable .

2) During record review for Employee B, whose hire date is / , no evidence of a negative exam could be found for 2014 or 2015. The last negative exam was conducted on .
During record review for Employee C, no documentation could be located that a exam was conducted for Employee C showing negative results.

On at approximately 9:00 AM, a request was made to the Community Business Director (CBD) for the missing documentation for both employees. On at 9:20 AM, "I had a direct conversation with [Employee B] and told her she needed to have the done. I checked, and she has not completed

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it, so she has been removed from the schedule." The CBD also confirmed there was no additional health statement specifying Employee C was "free from any communicable " nor could negative documentation be found for this employee.

Class III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to ensure staff have completed all in-service trainings within 30 days from date of hire for 2 of 3 employees (Employees B and C).

The findings include:

A review of the training records for Employees B (hire date /) and C (hire date /) reveal:

a) Employee B, who provides direct care to residents, has not completed the state mandated 1 hour training in Control.
b) Employee C, who provides direct care to residents, has not completed the state mandated 1 hour training in Control and Nutritional and Safe Food Handling, nor has she completed the state mandated 3 hour training in ADLs and Behavioral Needs.

Interviews with Community Business Director and Resident Services Director on at approximately 2:00 PM confirm these employees have no additional documentation showing completion of the required trainings listed above.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview it was determined the facility failed to ensure that training documentation (training certificates) were maintained , for 1 of 3 staff records reviewed (Staff A).

The findings include:

During staff record review conducted with the CBD (Community Business Director), on beginning at approximately 9:25 AM, she stated she was aware that Staff A (date of hire noted as /) did not have training certificates for the required trainings (Control; Activities of Daily Living and Behavioral Needs; ; Elopement Response; Emergency Preparedness and

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Evacuation; Incident Reporting; Resident Rights; Recognizing and Reporting , Neglect, and ; ; and Nutritional and Safe Food Handling). She stated this property utilizes a form that is initialed by the trainer and the trainee. This form is a tracking sheet. This form did not include the dates of the trainings that were noted or the credentials of the trainer. The Community Business Director acknowledged that this facility does not have the required training certificates on file for Staff A.

Class

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to ensure the proper consistency of pureed foods, for 1 of 14 residents observed during dining in Memory Care Unit (Resident #6).

The findings include:

During lunch observation in the Memory Care Unit on / at approximately 11:45 AM, Resident #6 was served a pureed meal. The consistency of each food item was not smooth. Lumps of unprocessed food could be seen within each scoop of food which had been placed on the plate.

On , prior to lunch being served, a review was conducted of documentation to show those residents receiving a therapeutic/modified consistency diet. Resident #6 was listed as receiving a pureed diet.

A second lunch observation was conducted on at approximately 11:45 AM. Resident #6 was again served a pureed meal with noticeable lumps within each scoop. Once of the food items was white & wild rice. The rice mixture was not smooth and the wild rice was still whole in appearance.

On / at 12:45 PM, An interview was conducted with the Chef and Director of Culinary Services. He stated, "Pureed food should be smooth, like baby food. I did not prepare the pureed food today or yesterday. One of the other kitchen staff did the puree. If I would have been the one to puree the food, I would have known that you cannot puree wild rice, it doesn't puree." The Director of Culinary Services acknowledged the need to better train those doing the pureed foods on identifying proper consistency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Atria At St Joseph'S
350 Bush Rd
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2015 by 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. **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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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