STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	08/17/2015
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB 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 8/17/15 at Lee Residence. The facility had deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interviews, the facility failed to ensure a resident receiving hospice services had the required interdisciplinary care plan for 1 of 1 sampled Residents (#1) receiving hospice services, and failed to obtain a current AHCA Form 1823 (medical examination) for 1 of 3 sampled Residents (#5).

The findings include:

1. Resident #1 was admitted to the facility on . She began receiving hospice services on / / for the primary diagnosis of . Review of her records conducted / / revealed a hospice plan of care report which documented her care needs and the applicable discipline responsible for providing those care needs in the areas of skilled nursing, medical social work, chaplain services and music . The care plan did not include the care needs that are provided by the assisted living facility (ALF) staff. Further review of her records revealed no interdisciplinary care plan that was developed by hospice staff in coordination with the ALF that specified the services provided by hospice and the services provided by ALF staff. This was discussed with Employee A, the lead caregiver, in an interview conducted / / at 2:30 PM.

2. Resident #5 lived at the facility since / . Review of her records conducted / revealed an AHCA Form 1823 (medical examination) dated / /, more than three years prior. Further review of her records revealed another AHCA Form 1823 that was not dated, was partially filled out and was not signed by a health care provider. There was no current AHCA Form 1823 available for review. This was discussed with Employee A in an interview conducted on / / at 2:42 PM.

Class III

0054 Medication - Records

Based on observations, interviews and record review, the facility failed to maintain a daily medication observation record (MOR) for a resident who receives assistance with self-administration of medications, for 1 of 2 sampled Residents (#5).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	08/17/2015
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB ROAD** **WEST PALM BEACH, FL 33415**	

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

Medications system review was conducted 8/17/15. At 9:54 AM, Employee B was observed assisting Resident #5 with self-administration of the following medications: , Cetririzine, , , , Slow Mag, D3, and . The employee did not document these medications were received on the resident's MOR. Review of her 2015 MOR revealed two of three pages of MOR had "independent client" and "self administers meds" written across the front of the MOR's. In an interview conducted at 10:00 AM, Employee B stated Resident #5 was considered an independent resident so they did not record medications she received by staff.

Class III

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure staff who assisted residents with self-administration or administration of medications obtained written health care provider (HCP) orders prior to doing so, for 2 of 2 sampled Residents (#4 and #5).

The findings include:

1. Medication system review for Resident #4 conducted / / revealed the following concerns:

a. Her 2015 medication observation record (MOR) revealed an entry for 40 milligrams (MG) daily. A HCP written order dated / called for the dose to be increased to 40 MG. The medication container revealed instructions for 20 MG daily. On / at 10:15 AM, Employee B, a Medication Technician was observed to give the resident one tablet of the medication.

b. The prescription label for a ' pack' card containing capsules of revealed instructions for one capsule daily. A written HCP order dated called for 1.7 grams twice daily. Employee B was observed to give Resident #4 one capsule on / at 10:15 AM. At 11:39 AM, Employee B presented a plastic bottle of the same medication, stating it was the original medication and that the medication was re-packaged by the pharmacy into the pack card. The bottle disclosed each capsule contained .52 grams and the serving size was six capsules.

c. A written HCP order dated / called for 500 MG with D 400 units. The medication container prescription label read Caltrate+D 600 MG.

d. A written HCP order dated / called for , 10 MG. The medication container prescription label read Escitalpram 5 MG.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	**08/17/2015**
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415**	

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

e. On 8/17/15 at 10:15 AM, Employee B assisted Resident #4 with self-administration of 20 milliequivalents and Sentry Silver. Review of her records revealed no written HCP orders for these medications.

The above concerns were discussed with and acknowledged in an interview conducted with Employee B on / at 2:03 PM.

2. During medications system review conducted at 9:54 AM, Employee B was observed assisting Resident #5 with self-administration of the following medications: , Cetririzine, , , , Slow Mag, D3, and . Reconciliation between the medications observed taken by the resident to written HCP orders revealed no written HCP orders for these medications. This was discussed and acknowledged in an interview conducted with Employee B on / / at 2:45 PM.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure written health care provider (HCP) statements related to and communicable were obtained annually for 3 of 3 sampled Employees (A, B and C).

The findings include:

Review of employee records conducted / revealed the following most current HCP statements related to and communicable :

1. Employee A was hired in 2013, her most current HCP statement was dated / .

2. Employee B was hired /, her most current HCP statement was dated /.

3. Employee C was hired / , her most current HCP statement was dated / .

These concerns were discussed with and acknowledged by Employee A and B an interview conducted at 5:05 PM. They confirmed there was no further related documentation available for review at the time of the survey.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	**08/17/2015**
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415**	

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

Class III

0081 Training - Staff In-Service

Based on record review and interviews, the facility failed to ensure staff who provide direct care to residents received the required training for 2 of 3 sampled Employees (A and B).

The findings include:

Review of employee records conducted / / revealed the following concerns:

1. Employee A's records had no documentation showing she received the required training in emergency preparedness and evacuation and control.

2. Employee B's records had no documentation showing she received the required training in nutrition and food handling,

Employees A and B were observed providing care and services to residents throughout the / survey. This was discussed with and acknowledged by Employees A and B in an interview conducted at 5:05 PM. They confirmed there was no further related documentation available for review at the time of the survey.

Class III

0161 Records - Staff

Based on record review and interviews, the facility failed to obtain required applications of employment with references, for 2 of 3 sampled Employees (A and C).

The findings include:

Employee file review was conducted on / . Review of Employee B and C's records revealed no employment applications with references. This was discussed with and acknowledged by Employees A and B during an interview conducted / at 5:05 PM. They confirmed there was no further related documentation available for review at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	08/17/2015
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB ROAD** **WEST PALM BEACH, FL 33415**	

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

0162 Records - Resident

Based on observations, interviews and record review, the facility failed to ensure residents who receive assistance with activities of daily living had their weights recorded semi-annually for 3 of 3 sampled Residents (#1, 4 and 5).

The findings include:

Review of records for Residents #1, 4 and 5 revealed facility staff did not ensure they were weighed as required.

1. Resident #1 was admitted to the facility on / . She was observed sitting in a recliner in the living / at 9:15 AM. Review of her records revealed the following entries related to her weight:
a. Her AHCA Form 1823 (medical examination) dated / documented her weight at 145 pounds.
b. Another medical examination form dated / / documented they were unable to weigh her.
c. An entry on her 2015 medication observation record (MOR) documented they were unable to weigh her.
d. An entry on her 2015 MOR documented she was on hospice and they were unable to weigh her.
e. A / / health care provider (HCP) visit record documented her weight at 140 pounds.
f. A / HCP visit record documented her weight at 135 pounds.

2. Resident #4 was admitted to the facility on / / . She was observed having lunch at the dinner table on / / at 12:00 PM. Review of her records revealed the following entries related to her weight:
a. Her AHCA Form 1823 (medical examination) documented her weight at 146.6 pounds.
b. Her 2015 MOR documented they were unable to weigh her.
c. Her 2014 MOR documented "unable to weigh at this time, client unable to stand".

3. Resident #5 was admitted to the facility on / . She was observed having lunch at the dinner table on / / at 12:00 PM. Review of her records revealed the following entries:
a. Her AHCA Form 1823 (medical examination) dated / documented her weight at 158 pounds.
b. An undated, unsigned, partially completed medical examination documented her weight at 145 pounds.

Further review of these records revealed no documentation showing they had been weighed semi-annually. These concerns were discussed with and acknowledged by Employee B in an interview conducted / / at 2:43 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953392	**08/17/2015**
NAME OF PROVIDER OR SUPPLIER **LEE RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 GUN CLUB ROAD WEST PALM BEACH, FL 33415**	

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

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based observations, interviews and record review, the facility failed to ensure staff who provided direct care to residents properly obtained the required background screens for 1 of 3 sampled Employees (C).

The findings include:

Throughout the survey conducted / Employees A, B and C were observed providing care and services to the residents of the assisted living facility. Review of their employee records revealed the following concerns:

1. Employee C was hired on / / . A document generated by AHCA documented "a new screening is required". There was no eligible background screening present. A review of the AHCA background screening database revealed no record for Employee C. There was no Affidavit of Compliance with Background Screening Requirements present.

In a telephone interview conducted with the Administrator on / / at 9:02 AM, she stated she had problems with background screens. They stated there was no additional related documentation available at the time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Lee Residence
6260 Gun Club Road
West Palm Beach, FL 33415

Dear Administrator:

This letter reports the findings of a state 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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/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