STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968366	10/08/2015
NAME OF PROVIDER OR SUPPLIER **DEJAY'S ADULT CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 NW 65TH AVENUE** **PLANTATION, FL 33317**	

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

0000 Initial Comments

An unannounced Extended Congregated Care Services (ECC) monitoring survey was conducted on 10/8/2015 at Dejays' Adult Care. There were licensure deficiencies found at the time of the visit.

0054 Medication - Records

Based on interview and record review, the facility failed to ensure the Medication Observation Record (MOR) was properly maintained and updated. This was evidenced by the facility failure to accurately document medications that were prescribed and administered, for 3 of 3 sampled residents (Residents #1,#2 and #3).

The findings include:

Review of medical records for Resident #1 indicated that the resident had medical diagnoses including , chronic and . Review of the Medication Observation Record (MOR) for 2015 indicated the lack of signature documentation for 6 medications prescribed at 8 PM on and 11 medications prescribed to be administered daily on . The medications included , , , Iron, , , , Busirone , , , and .

Review of medical records for Resident #2 indicated that the resident had medical diagnoses including , , , , and chronic kidney . Review of the Medication Observation Record (MOR) for 2015 indicated the lack of signature documentation for 3 medications, , and C, prescribed at 8AM on .

Review of medical records for Resident #3 indicated that the resident had medical diagnoses including and . Review of the Medication Observation Record (MOR) for 2015 indicated the lack of signature documentation for 8 medications prescribed to be administered daily at 8AM on . The medications included , Hydralozine, , , , , , and .

In an interview with the owner on at 11:15 AM on , she stated that she had provided Resident #1, #2 and #3 the prescribed medications, but she had forgotten to sign off on the MOR. She stated that she was aware that the MOR must be immediately updated each time the medication is offered.

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Class III

0077 Staffing Standards - Administrators

Based on observation, interview and record review, the facility Owner/Administrator of Record failed to provide adequate supervision of the facility and did not manage the facility staff to ensure appropriate care and services were provided, for 3 out of 3 sampled residents (Resident #1, #2 and #3).

The findings include:

1.Review of the FloridaHealthFinder.gov website indicated that the facility Owner was acting as the "Administrator of Record". Further review indicated that the facility had been surveyed on and / with deficient practice cited identifying that there was no Administrator assigned with required core training and competency requirements to supervise the facility under section 429.52, F.S.

In an interview with the Owner/Administrator of Record on at 10:30AM, she stated that she had completed the core training and competency test on , 2015 and had not been notified of the results of her examination. She stated that since 2015 she had made several attempts to take the core competency test and had failed numerous times. The Owner/Administrator of Record stated that she had not made any arrangements to appoint a qualified interim administrator, who had core training and successfully passed the competency test, to supervise her facility. She stated that she "was not concerned with the ongoing deficient practice regarding the lack of a qualified Administrator since she provided her 3 residents in the facility with very good care and they were not in any danger".

In an interview with the Assisted Living Facility (ALF) CORE competency test program analyst per telephone on at 12:15 PM, she indicated that the Owner/ Administrator of Record had scored a 61 on the CORE test on / , which is not a passing score.

2.Upon entrance to the facility on at 9:15 AM, Employee #B was observed alone in the facility with 3 residents. In an interview at that time with Employee #B, she stated that the Owner had gone to the store.
In an interview with the Owner/ Administrator of Record on at 11:00AM she stated that Employee #B had a date of hire of . She stated that Employee #B worked Wednesday thru Sunday, 24 hour shifts. The Owner/ Administrator of Record stated that Employee #B had a current Level II Background Screening and eligibility status.
Record review of Employee # B's personnel file indicated no documentation of a current Level II Background Screening for the employee. Further review of the file indicated that Employee #B had

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completed an Affidavit of Compliance form AHCA 3100. Review of Employee #B employment application indicated the employee's last employment ended in 11/2014, therefore over the 90 day allowable break in service period for unemployment.
Review of the AHCA Background Screening Database on indicated that there was a current eligible Level II Background Screening for Employee #B dated on
In an interview with Employee #B on at 11:45 AM, she stated that she had resigned from a previous assisted living facility (ALF) in / and was hired at the current ALF on . She stated that she had a break in employment from the end of / until to .
In an interview with the Owner/ Administrator of Record on at 12:30 PM, she stated that she was unaware that Employee #B needed a new level II background screening due to a break in service. She stated that she had not verified Employee #B's back ground screening status/ eligibility prior to her employment in 2015 since she didn't know how to access the background screening website.The Owner / Administrator of Record stated that she had repeatedly studied for the Core training/ competency exam but did not review back ground screening regulations. The Owner/ Administrator of Record instructed Employee #B to leave immediately and obtain a new screening.
3.Review of the facility staffing schedule for 2015 and 2015 indicated that Employee #C and #D were scheduled to work at the facility. (see photographic evidence)
In an interview with the Owner / Administrator of Record on 1:00 PM, she stated that she had hired Employee #C and #D to work at the facility caring for Residents #1, #2 and #3, providing them with Activities of Daily Living (ADL) care, including assisting with bathing and dressing. When the Owner / Administrator of Record was requested to provide employee files, to include background screening eligibility results and training requirements, she was unable to provide any documentation. She stated that she "had not completed any paperwork prior to Employee # C or Employee #D starting employment at the facility". She further stated that she wanted to wait and see if the residents "liked" the Employees before she completed any employment records. She stated that she had not personally verified the background screening eligibility for Employee #C and #D, since they work elsewhere and she had no concerns with their background screening results. (See deficient practice cited at A161)
4.Review of the 2015 Medication Observation Records (MOR)for Residents #1, #2 and #3 indicated the MORs were not properly maintained and updated. Review of the MORs indicated that Resident #1, #2 and #3 were prescribed daily medications by the health care provider and there was no documentation that the medications had been provided on 10/7 and . (See deficient practice cited at A54)

In an interview with the Owner / Administrator of Record on at 11:15 AM , she stated that she had provided Resident #1, #2 and #3 their prescribed medications, but she had forgotten to sign off on the MOR. She stated that she was aware of the correct procedure when assisting with self administration which included immediately updating the MOR each time the medication is offered to the resident.

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Class III

0161 Records - Staff

Based on record review and interview, it was determined that the facility failed to maintain any personnel records for 2 of 5 employees, (Employee #C and #D) listed on the facility's current staffing schedule.

The findings include:

Review of the facility's staffing schedule for 2015 and 2015 indicated that Employee #C was scheduled to work on / , , / / , / , , / , and / . The surveyor was unable to locate any personnel records, including back ground screening eligibility status or required trainings for Employee #C.

Review of the facility's staffing schedule for 2015 and 2015 indicated that Employee #D was scheduled to work in the facility on , , / , / , and / . The surveyor was unable to locate any personnel records,including back ground screening eligibility status or required trainings for Employee # D.

During an interview with the Owner/ Administrator of Record on at 12:00 PM, she stated that she had no personnel records for Employee # C or #D. The Owner/ Administrator of Record stated that Employee #C worked for the facility on Tuesdays, assisting a female resident with her shower and confirmed that Employee #C was scheduled to work again on / / . She stated that Employee # D worked for the facility on Sundays, assisting 2 male residents with their showers. The Owner/ Administrator of Record also confirmed that Employee #D was scheduled to work again on / / .

Class III

Z816 Background Screening-Compliance Attestation

Based on observation, interview and record review, the facility failed to ensure that one of three sampled employees, (Employee #B) providing personal care to residents had completed a Level II Background Screening and been determined eligible after a break in employment.
The findings included:
On entrance to the facility on at 9:15 AM Employee #B was observed alone in the facility with 3 residents. In an interview at that time with Employee #B she stated that the Owner had gone to the

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store.
In an interview with the Owner/ Administrator of Record on 10/8/2015 at 11:00AM, she stated that Employee #B had a date of hire of . The Owner/ Administrator of Record stated that Employee #B was assigned to work Wednesday thru Sunday, 24 hour shifts. The Owner/ Administrator of Record stated that Employee #B had a current Level II Background Screening and eligilibilty status.
Record review of Employee # B's personnel file indicated no documentation of a current Level II Background Screening for the employee.Further review of the file indicated that Employee #B had completed an Affidavit of Compliance form AHCA 3100 dated on . Review of Employee #B's employment application indicated the employee's last employment ended in / .
Review of the online AHCA Background Screening Database on indicated that there was a current eligible Level II Background Screening for Employee #B dated on / .
In an interview with Employee #B on at 11:45 AM, she stated that she had resigned from a previous assisted living facility (ALF) in 11/2014 and was hired at the current ALF on . She stated that she had a break in employment from the end of / until to .
In an interview with the Owner/ Administrator of Record on at 12:30 PM, she stated that she was unaware that Employee #B needed a new level II background screening due to a break in service of more than 90 days.The Owner/ Administrator of Record stated that she had not verified Employee #B's back ground screening status/ eligiblity prior to her employment since she couldn't access the online background screening website. The Owner/ Administrator of Record instructed Employee #B to leave immediately and obtain a new background screening.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dejay's Adult Care, Llc
700 NW 65th Avenue
Plantation, FL 33317

Re: Extended Congregated Care Services (ECC)

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2015 by a 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 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/jw
Enclosure
XG90

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