STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	09/28/2015
NAME OF PROVIDER OR SUPPLIER GOOD HOPE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 NW 29TH COURT OAKLAND PARK, FL 33311	

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

0000 Initial Comments

An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on at Good Hope Manor. The facility had licensure deficiencies found at the time of the visit.

0025 Resident Care - Supervision

Based on observation, interview and record review, the facility failed to ensure care and services were appropriate to meet the needs of the resident. This was evidenced by failure to monitor and maintain documentation of prescribed nutritional supplement intake for 1 of 1 sampled residents, (Resident #1) who was receiving hospice services and assessed with poor appetite.

The findings include:

In an observation of Resident #1 on at 12:00 PM, she was observed in the dining , sitting in a recliner chair at the table. The resident's chair was positioned up against the table and a plate of pureed food was positioned in front of the resident. Resident #1 was observed attempting to reach out towards the spoon on the plate but could not lift the spoon with food.

Review of Resident #1's medical record indicated that the Resident Health Assessment, AHCA 1823 form dated on had medical diagnoses including , , , , pancreatic , , , history of right hip , and . Further review of the form indicated Resident #1 was admitted to hospice services and required assistance with all activities of daily living care (ADL).

Review of the hospice nurse's note dated on / , indicated that Resident #1 was assessed to be alert to person but and had agitation and aggression with care attempts. The resident was non- ambulatory, able to transfer by pivoting to a wheelchair and was of bowel and Resident #1 had poor nutritional intake and a pureed diet was prescribed. Review of the resident's weight record dated indicated a weight of 120 pounds, and on a recorded weight of 112 pounds. No further weights for Resident #1 were noted on the record, only the notation that the "resident was on hospice services". Further review of the nurse's notes indicated the resident had history of and a for which she was treated. Review of a hospice nurse's note dated on indicated that the resident is alert, and able to answer simple questions. The note indicated Resident #1 eats 40-50% of her meals with assistance from facility staff and prescribed Ensure nutritional supplement. Review of the note indicated that Resident #1 required assistance with all of her ADL care due to generalized and inability to walk/ stand. Review of a hospice

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physician order for Resident #1 dated on 9/30/2015 indicated that the resident was ordered 1 can of Ensure nutritional supplement daily for poor appetite.

In an interview with a care giver on at 1:40 PM stated that Resident #1 was too weak to feed herself and required facility staff to feed the resident her meals. The care giver stated that Resident #1 received the Ensure supplement daily but no documentation of the amount the resident consumed could be provided.

In an interview with the facility nurse on at 12:00 PM, she stated that Resident #1 was ordered and received nutritional supplement for poor appetite. She reviewed the resident's record and stated that the order for the nutritional supplement was a physician order. The nurse stated that the facility had never documented that the prescribed nutritional supplement had been administered or the amount the resident consumed. The nurse stated that since Resident #1 was on hospice services, the resident had not been weighed to monitor for further weight loss.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, the facility failed to ensure that residents were free from for 1 of 4 sampled residents (Resident #1).

The findings include:

In an observation of Resident #1 on at 9:15 a.m., the resident was observed sitting in a gerichair with a lap tray attached, being pushed by a care giver. During an interview with the Administrator at that time, she stated that Resident #1 does not require the tray for safety purposes. In an additional observation of Resident #1 on at 10:30 AM the resident was observed in the activity , sitting in her gerichair with the lap tray attached to the gerichair. Resident #1 was observed to be calm with her hands resting on the top of the tray.The resident was alert with while participating in the activity program.

In an interview with care giver A on at 11:00AM she stated that Resident #1 was on hospice services and was not identified as a / safety risk. She stated that the lap tray is attached to the recliner during meal times only. She stated that Resident #1 could not remove the tray herself. She stated that Resident #1 was alert to person but and required staff to assist her with all activities of daily living.

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In an interview with care giver B on at 1:40 PM, he stated that Resident #1 was receiving hospice services and recently was ordered a gerichair for comfort and positioning to reduce the risk of . The care giver stated that Resident #1 was not identified as a risk and had not made attempts to get out of the chair. The care giver stated that the gerichair had been delivered with the lap tray and the staff had been placing the tray on the resident's chair at mealtimes, "to allow the resident to reach her food". The care giver stated that the resident did not have a good appetite and required assistance from staff with meals. The care giver stated that the lap tray should be removed after meals but sometimes the staff would forget to remove it and it remained on the gerichair all day.

Record review of a medical record indicated a hospice physician order for Resident #1 dated on , for use of a gerichair. Further review indicated no physician order for use of a lap tray for Resident #1 . Review of a hospice nurse's note dated on indicated that Resident #1 required assistance with all activities of daily living care and had generalized and inability to stand or walk.

In an interview with the hospice nurse on at 4 :00 PM she stated that she had cared for Resident #1 for only a few weeks and that Resident#1 had been ordered a gerichair for comfort measures, and not assessed to be a /safety risk. She stated that Resident #1 had poor nutritional intake and required staff assistance for eating. The nurse stated that she was unaware that the facility staff were utilizing the lap tray for the resident. She stated that Resident #1 was unable to remove the lap tray herself due to overall . She stated there was no physician order for the use of the lap tray for Resident #1.

In an interview with the nurse liaison on at 2:30 PM she stated that Resident #1 was not a risk and did not require use of a lap tray for safety. She stated that there was no physician order for use of the lap tray and she was unaware that staff were placing the lap tray on the resident's chair.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interviews, it was determined that the facility failed to maintained a safe and hazard free living environment for 2 of 4 resident observed and 1 of 6 resident observed during a tour of the facility.

The findings include:

by residents of 09 and 10:

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1) The shower curtain was noted to have a brown sticky substance smeared on the inside of the curtain. The brown sticky substance was also observed on the shower floor. The finding was confirmed by a second surveyor, the Administrator, and a facility Housekeeper. The Housekeeper stated that the showers are supposed to be cleaned every day.

2) The towel rod located inside the shower was broken. The rod was missing and the arms that hold the rod were jutting out from the wall. The finding was confirmed by a second surveyor, the Administrator, and a facility Housekeeper.

3) There were three spider webs in the shower where the back wall joins the ceiling. Two live spiders were observed in the spider webs. The finding was confirmed by a second surveyor, the Administrator, and a facility Housekeeper. Both the Administrator and the Housekeeper confirmed that they would not want to take a shower with live spiders present in the shower area. Resident #4 was observed to walk into the the tour and confirmed that she showers in the
Photographic evidence of the above items was obtained.

by residents of :

The shower nozzle was observed to be lying directly on the floor of the shower, creating an increased risk of organisms being transferred from the floor onto the shower nozzle. The finding was confirmed by a second surveyor and the facility Nurse Liaison. The Nurse Liaison stated that the shower nozzle was on the floor because the nozzle hose was too long and would hold water if the nozzle was not allowed to rest on the floor. Photographic evidence was obtained.

:

1) The wall behind the window bed was stained with multiple brown stains in a splash pattern.

2) There was a 3 inch by 3 inch hole in the wall behind the window bed.

3) There was no cover on the 2 plug electrical outlet on the wall directly behind the head of the window bed.

4) The ½ side rails were wobbly and not tightly attached to the bed for both the door bed and the window bed. The Nurse Liaison stated that the side rails were not routinely checked for safety because the beds belonged to a hospice provider rather than the facility. The Nurse Liaison stated that facility staff are trained on side rail safety during the annual training updates and should report loose or wobbly side

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rails.

The above findings were confirmed by a second surveyor and the facility Nurse Liaison. Photographic evidence was obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a Limited Nursing Services (LNS) monitoring survey that was conducted on , 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 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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