STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	10/21/2015
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22198 ENSENADA WY** **BOCA RATON, FL 33433**	

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

0000 Initial Comments

On 20,2015 through 21, 2015 a biennial relicensure survey was conducted at Rockwell Seniors, Inc. Assisted Living Facility in Boca Raton. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on observation, interviews, and record review it was determined that the facility failed to maintain an accurate and complete Resident Health Assessment for Assisted Living Facilities for 2 of 2 resident records reviewed. The facility failed to document the significant change of the addition of hospice services on the Health Assessment of Resident #3. Furthermore, the facility failed to identify Resident #1 as having a on the Resident ' s Health Assessment or progress notes.

The findings include:

1) During a review of Resident records, it was noted that Resident #3 was placed on hospice services on . Review of the Resident ' s most recent Health Assessment, dated , revealed that the Nursing and Services section of the Health Assessment indicated that Resident #3 is to receive a pureed diet, precautions, precautions, and is to avoid . The Resident Health Assessment failed to indicate hospice services on the form.

Further review of the Health Assessment showed that hospice services were not documented in any other section of Resident #3 ' s Health Assessment. The findings were confirmed by a second surveyor and the facility Administrator.

2) During a review of Resident #1's hospice agency records, documentation of Resident #1 having a was noted. A review of the Resident ' s current Health Assessment, dated / , revealed that nowhere on the Assessment is a noted. Review of Resident #1' s facility progress notes also revealed no documentation of a , care, or the condition of the Resident ' s or surrounding skin.

During 10:45 AM interviews, both Staff #A and Staff #B confirmed that Resident #1 has a . Staff #B stated that she and Staff #A empty the bag, and that she or the Administrator change the bag as needed.

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During a 10/20/15 1:23 PM interview with the facility Administrator, the Administrator confirmed that Resident #1 has a colostomy. The Administrator stated that prior to the Resident being placed on hospice services the colostomy was being cared for by a home health agency. The Administrator offered no explanation as to why the existence, care, or condition of Resident #1 ' s is not documented anywhere in Resident #1' s facility records or Health Assessment for Assisted Living Facilities.

On at 2:00 PM, the surveyor observed that Resident #1 had a well healed on her lower abdomen.

During a / telephone interview with the hospice agency nurse for Resident #1, the nurse confirmed that the Resident has a .

Class III

0025 Resident Care - Supervision

Based on observation, interview, and record review, it was determined that the facility failed to provide appropriate services by qualified staff to meet the needs of a resident requiring care. The facility ' s unlicensed staff were routinely providing care for a Resident (Resident #1), who is unable to assist in her own care. The facility failed to have a nurse on staff or to contract with a third party provider to provide care for Resident #1. Furthermore, the facility Administrator stated to surveyors that there were no residents with a residing in the facility, and facility staff failed to document the presence, care, or condition of the Resident ' s .

The findings include:

During a relicensure survey, Staff #A and Staff #B were interviewed but separately by surveyors out of the presence of the Administrator. Both Staff #A and Staff #B stated that

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Resident #1 has a colostomy. Staff #B stated that she or the Administrator empty Resident #1's colostomy bag. Staff #B further stated that she or the Administrator also change the Resident's colostomy bag because " the hospice person is not allowed to do it " .

During a 11:00 AM interview, the surveyor asked the Administrator whether there were any residents with an indwelling , tube feedings, or a residing in the facility. The Administrator stated that there were not. The surveyor again asked the question, to which the Administrator again replied there were not.

An 11:15 AM review of Resident #1 ' s hospice records revealed that Resident #1 has a .
Review of the facility records of Resident #1 revealed that the Resident's facility record contained no documentation of Resident #1 having a . There was no documentation of the Resident receiving care for the , or of the Resident being observed for blockage, parastomal , or stomal complications.
Furthermore, the Resident ' s Health Assessment for Assisted Living Facilities did not show that the Resident had a . The findings were confirmed by a second surveyor.

At 1:23 PM the Administrator was interviewed in the presence of a second surveyor. The Administrator was notified that the surveyors had become aware that Resident #1 has a . The Administrator was asked why she had attempted to conceal the Resident's from the surveyors. The Administrator sighed and offered no response.
The Administrator confirmed that neither she nor staff members document anything in facility records about Resident #1's or care.

The Administrator stated that prior to the Resident being placed on hospice, the Resident's bag was being emptied and changed by a home health agency. The Administrator was unable to provide supporting documentation, and stated that she does not remember the name of the home health agency. The Administrator further stated that the Resident had the prior to being placed on hospice services, and that a hospice nurse comes in three times a week and " trains the girls " to care for the .

During a / 1:12 PM phone interview, the hospice agency nurse case manager for Resident #1 stated that the hospice agency does not provide routine care for the Resident and has not trained facility staff to do so. The nurse stated that the hospice agency is still trying to figure out how long the Resident has had a .

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On 10/20/15 at 2:00 PM, the registered nurse surveyor observed Resident #1 to have a colostomy on her lower abdomen. The surveyor further observed that the Resident was unable to assist the staff member in any way during provision of colostomy care. The staff member (Staff #B) stated that she had learned care while caring for a family member. The staff member stated that the staff does not document anything about the care or condition of Resident #1's .

Further record review of Staff B and the Administrator's file, showed neither were licensed nurses. This was also confirmed during interview with both parties on / . The Administrator stated that she had no further documentation available for review.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, it was determined that the Medication Assistant failed to properly assist residents with the self- administration of medications for 2 of 2 residents (Resident #4 and #3) observed during the 12 PM medication provision. The staff member failed to check the medication observation record (MOR) before preparing medications for Resident #4, as well as failing to observe Resident #4 swallow her medications. Furthermore, the Medication Assistant failed to provide Resident # 3 with her prescribed 12 PM medication.

The findings include:

During a 12:00 PM medication assistance observation, the registered nurse surveyor observed the following:

1) Staff #B took the pharmacy packaged medication card for Resident #4 from a locked cabinet. While standing in the kitchen, out of the sight of the Resident, who was seated in the dining , Staff #B popped 1 - 25-100 tablet from the pharmacy card into a medication cup. Staff #B did not check the MOR to be sure that the correct medication was being provided. Staff #B then took the medication cup to the Resident, identified the medication to the Resident, and left the observing the Resident swallow the medication. The staff member returned to the kitchen. The surveyor asked Staff #B if the medication pass was complete. Staff #B stated that it was.

Staff #B approached the surveyor several minutes later to ask where the MOR was.

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2) Upon Reviewing the MOR, it was discovered that Resident #3 was scheduled to be provided 25 milligrams 1 tablet at 12 PM. At 1:10 PM the Medication Assistant (Staff #B) was asked to review the MOR with the surveyor. Staff #B confirmed that the medication was not charted as provided on the MOR. Photographic evidence of the missing documentation was obtained.

Staff #B then stated that she had crushed the medication and stirred it into the Resident ' s ice cream when the surveyor was not looking. This was in contrast with the surveyor having observed the entire medication provision.

During an earlier 10:25 AM interview, Staff #B told the registered nurse surveyor that there was only 1 medication due at lunch.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, it was determined that the facility failed to dispose of expired medications within 30 days, for 1 of 4 residents (Resident #1) reviewed for medication storage. The expired medications were in the same container as Resident #1 ' s current medications.

The findings include:

During a relicensure survey, the registered nurse surveyor noted a large number of medications in the medication storage container for Resident #1.
Upon further observation, the following expired medications were found to be mixed among the Resident ' s current medications:

1) Pro Air inhaler - 132 puffs remaining, expired as of

2) - 17 tablets remaining, expired as of

3) D 50,000 units - 4 capsules remaining, expired as of

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The findings were confirmed by a second surveyor. Both the Administrator and Staff #B were present during the medication storage review and confirmed that the named medications had expired more than 45 days earlier.

Class III

0077 Staffing Standards - Administrators

Based on interviews and record review, it was determined that the facility failed to have a qualified manager in place. The facility Administrator is the Administrator of 2 assisted living facilities, and the appointed facility Manager had not passed the core competency test.

The findings include:

A biennial relicensure survey was conducted at the facility on . Upon entering the facility, the surveyor asked to speak to the staff in charge. Staff #A stated that she was the Assistant Administrator and served as the facility Manager. The Manager stated that she had completed core training classes in , 2015. The exchange was observed by a second surveyor.

During a subsequent review of staff records, it was revealed that the Manager had completed the core educational requirements on , but had not passed the core competency training test. During a 4:06 PM interview, the facility Administrator confirmed the findings.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, it was determined that the facility failed to have annual documentation from a healthcare Provider of freedom from ( ), for 4 of 4 staff records reviewed.

The findings include:

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A review of staff records revealed the following:

1) Staff #A's most recent health care provider's freedom from statement was dated 07/15/13.

2) Staff #B's most recent health care provider's freedom from statement was dated

3) Staff #C's most recent health care provider's freedom from statement was dated

4) The facility Administrator's most recent health care provider's freedom from statement was dated

During a subsequent 4:06 PM interview on the same date, the facility Administrator confirmed that the facility staff records did not contain current documentation of freedom from for Staff #A, #B, #C, or herself.

A review of the facility's , 2015 staff schedule revealed that all of the above staff have worked at the facility during the past month. Photographic evidence was obtained.

Class III

0083 Training - First Aid and

Based on observation, interview, and record review, it was determined that the facility failed to at least one staff member who has current training in first aid and ( ) in the facility at all times.

The findings include:

On at 9:50 AM, two surveyors entered the facility to conduct a biennial survey. Upon entering the Staff #B stated to the surveyors that she was the staff in charge at the facility. Staff # B indicated that there was one other staff member in the facility (Staff #A). Surveyor observations confirmed Staff #A and Staff #B to be the only staff in the facility.

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A subsequent review of staff records on the same date revealed that neither Staff #A nor Staff #B had documentation of a valid card.

During a 4:06 PM interview with the facility Administrator, the Administrator confirmed that there was no documentation of a current card for Staff #A or Staff #B.

Review of the facility staffing schedule for , 2015 revealed that there was no staff member with a valid card scheduled to work the 7 AM to 7 PM shift on any of the 31 days in . Photographic evidence was obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Rockwell Seniors Inc
22198 Ensenada Way
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 20-21, 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/dso
Enclosure
XG90

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