STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953207	12/03/2015
NAME OF PROVIDER OR SUPPLIER **FOUNTAINVIEW**	STREET ADDRESS, CITY, STATE, ZIP CODE **145 EXECUTIVE CENTER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 Initial Comments

An unannounced Biennial Relicensure Survey with Limited Nursing Service was conducted on / - at Fountainview. The facility had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations, interviews, and record reviews, it was determined the facility failed to ensure assistance with the self administration of medications was provided within required time parameters, for 10 of 10 residents observed with 2 different staff members on multiple floors in two buildings.

The Findings included:

1) Resident #22 was provided assistance with the following 9:00 AM medications on / at 10:20 AM by Staff G: 25mg; 325mg; 1mg; with ; Oxybutin 5mg; Pradaxa 75mg.
2) Resident #23 was provided assistance with the following 9:00 AM medications on / at 10:30 AM by Staff G: Handi Haler 18mcg 1 capsule daily inhale; 160-4.5mcg inhale 2 puffs by mouth; 81mg; Donepizel 5mg; 10mg.

3) Resident #11 was provided assistance with the following 9:00 AM medications on / from 10:40 AM -11:00 AM: 2.5mg; 1mg; ( ) 30mg; 5mg; Oxybutin 5mg

4) Resident #24 was provided assistance with the following 9:00 AM medications on / at 11:05 AM: 5mg; 81mg; Loratidine 10mg; Oxybutin CL ER 10mg.

5) Resident #26 was provided assistance with the following 9:00 AM medications on / at 11:20 AM: 240mg ER; Flaxseed Oil 1000mg; 40mg; with ; 20mg; 10meq ER; 1000mcg; D3 1000 unit.

6) Resident #25 was provided assistance with the following 9:00 AM medications on / at 11:28 AM: 400mg; 20mg; 25mg; D3 1000 units softgel.

7) Resident #27 was provided assistance with the following 9:00 AM medications on / at 11:42 AM: ; 1%-02% eye drops 1 drop both eyes; 81mg; Probiotic Formula capsule.

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During interview and record review conducted with the Assisted Living (AL) Resident Service Director, on / beginning at approximately 2:00 PM, the facility's policy entitled Medication Administration and Safety Practices was reviewed. This policy reflected medications must be given at the time prescribed. Standard practice is that medications are given within one hour before or after the time noted on the MOR (Medication Observation Record) or medication label. It is considered a medication error if outside the one hour range. Best practice would be time exactly as indicated on MOR or prescription label.
The AL Resident Services Director was informed that the / medication observations conducted were outside of the required time parameters of one hour before or one hour after the prescribed time. She stated that the medications running late was an unusual occurrence. She was informed that one of the residents observed made the statement "Running late as usual".
8) Observations were made on / of Employee A, a Medications Aide. She assisted three residents with self-administration of medications. Resident #12 received , , , , , , and at 10:35 AM.

9) Observations were made on / of Employee A, a Medications Aide. Resident #13 received , , and at 10:50 AM.

10) Observations were made on / of Employee A, a Medications Aide. Resident #14 received , , , Hydrochlorothazide, , and D3 at 11:05 AM.

Review of these three residents' (Resident #12, #14 and #14) medical examinations documented they all required assistance with self-administration of medications. Their medication observation records revealed these medications were scheduled to be given at 9:00 AM. The Medications Aide started this task at 10:30 AM. Review of the facility's written policy revealed these medications were to be received by the resident's no later than 10:00 AM. In an interview conducted / at 11:12 AM, the Medications Aide was asked why the residents' medications were received late, she stated she had three floors and a lot of the residents were not in their and had to be located and it takes time. This was discussed with and acknowledged by the Administrator, a Registered Nurse, on at 10:50 AM.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that each staff

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member had evidence of a negative examination documented on an annual basis for 1 of 4 staff records reviewed (Staff D). In addition, based on interview and record review it was determined that the facility failed to ensure that newly hired staff had a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for 1 of 4 staff records reviewed (Staff A).

The Findings included:

1) During interview and staff record review conducted with the HR (Human Resource) Manager on beginning at approximately 10:00 AM, she was provided the opportunity to locate the annual negative examination for Staff D (with a date of hire noted as /). She acknowledged that the last negative examination on record was dated / until surveyor intervention and one was obtained on / during this survey.

2) During interview and staff record review conducted with the HR (Human Resource) Manager on beginning at approximately 10:00 AM, she was provided the opportunity to locate documentation of freedom from signs and symptoms of communicable for Staff A (with a date of hire noted as). She was not able to locate this documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review it was determined the facility failed to ensure documentation was maintained on file reflecting each unlicensed staff that provides assistance with the self administration of medications had completed an initial 4 hours education training on providing assistance with self administered medications and safe medication practices in an assisted living facility for 1 of 3 sampled staff that assists with medications (Staff A).

The Findings included:

During interview and staff record review conducted with the HR (Human Resource) Manager on beginning at approximately 10:00 AM, she was provided the opportunity to locate Staff A's (date of hire noted as) initial 4 hours of education training on providing assistance with self administered medications and safe medication practices in an assisted living facility. She was not able to locate this information for Staff A. She stated she will be scheduled for this training this afternoon and will be taken off of the medication cart until she has received this training.

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Class III

0092 Food Service - General Responsibilities

Based on interviews and record review, the facility failed to provide a therapeutic diet as ordered by a Health Care Provider (HCP) for 1 randomly observed Resident (#11), and failed to ensure the facility's Food Service Designee received the required training prior to assuming responsibility for the facility's food service.

The findings included:

1) During the entrance conference conducted / at 8:45 AM, the facility's Food and Beverage Director and the Floor Nurse, a Licensed Practical Nurse, were asked and stated they had one resident on a mechanical soft diet, Resident #1. Review of Resident #1's records revealed she was transferred to a skilled nursing facility related to , and returned to the facility on / /. A Dietary Department Diet Notification dated / documented she was to receive a mechanical soft diet, the form was signed by the Administrator/Assisted Living Resident Service Director and by the Food and Beverage Director. Her AHCA Form 1823 (medical examination) dated / called for a mechanical soft diet. A large 3-ring binder containing all therapeutic diets which was used by kitchen staff disclosed a diet notification form for Resident #1 dated (the resident's original admission date) that called for a "regular" diet. There was nothing posted in the kitchen areas to alert dietary staff to Resident #1's therapeutic diet.

In an interview conducted / at 9:30 AM, Resident #1 stated no one cuts up her food. In interviews conducted from 9:40 AM until 9:58 AM, the facility Chef, the Line cook who prepared Resident #1's meals, and the two Line Prep staff that plated resident meals all stated there were no residents who required mechanical soft meals. The facility failed to ensure staff who prepared and served Resident #1's food were following her therapeutic diet of mechanical soft foods. This was discussed with and acknowledged by the facility's Administrator, a Registered Nurse on / at 11:25 AM.

2) During interview and staff record review conducted with the HR (Human Resource) Manager on beginning at approximately 10:00 AM, she was provided the opportunity to locate documentation that the Food & Beverage Director (Food Services Designee for the facility with a date of hire noted as) had completed the food and nutrition services module of the core training course or had completed core training before assuming responsibility for the facility's food service.

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During brief subsequent interview with the Food & Beverage Director on , beginning at approximately 2:35 PM she was asked if she was core trained and she replied that she was not.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Fountainview
145 Executive Center Drive
West Palm Beach, FL 33401

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure 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
Enclosure
XG90

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