STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967175	11/23/2015
NAME OF PROVIDER OR SUPPLIER **IVES DAIRY SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 10 COURT** **NORTH MIAMI BEACH, FL 33179**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted at on , 2015. Ives Dairy Senior Care with Limited Mental Health component had the following deficiencies identified at time of the survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to provide adequate supervision to meet the needs of one out of five (#1) sampled residents. The facility failed to assess one out five (#1) sampled residents with a history of falling for continued residency. The facility failed to develop a plan of intervention to prevent serious injury or harm to one out of five (#1) sampled residents.
Findings included:
Observations on / during tour revealed Resident #1 had on her forehead and left eye.
Record review found Resident #1's health assessment dated revealed she required total assistance with bathing, toilet, and transferring plus assistance with ambulation, dressing, eating, and .

Record review on / found Resident #1's facility and hospice records had the following documented:
Follow- up visit dated on revealed, "Resident #1...S/P to arm according to caretaker."
Comprehensive assessment ( ) from hospice stated, " Patient FX Arm / Hospitalization "
Follow- up visit dated revealed, "Resident #1... suffered right ( ) , "
Occurrence report revealed, "Resident #1 was in shower with the HHA from Hospice... She fell and hit the r side of her forehead, I call hospice + had nurse come see her they order x-ray. Staff C + Staff D witness the . Called (Resident #1's friend) her caregiver / SM no answer to let her know / in forehead right side."
Occurrence report revealed, "Resident #1 was sitting on bed, and HHA from hospice was getting her ready, when she turned around Resident #1 got up from bed and . HHA called hospice so they sent a nurse to evaluate her. They order x-ray. Called Resident #1's friend still no answer to inform/ on L side of head."
Hospice record stated, " X-Ray- -Holter Record of Examination dated on Facial 's, "; " X-Ray- -Holter Record of Examination dated on Facial ,"
Incident report dated on / at 7:00 pm, "Resident #1 getting into bed"
Interview on / at 10:24 am Staff D stated, "Resident #1 before yesterday (/), I was not here because I had a family issue, and Staff A was covering me."
Interview on / at 10:30 am Staff C stated, "I did not see when Resident #1 , but I call the Administrator and reported."
Interview on / at 1:00 pm the Administrator stated, "I do not know exactly how many Resident #1 had because she had so many times; however, it had been under the care of hospice, I

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did not send a report to AHCA because I did not know that I was supposed to send it for due to ."

Interview on I/ at 4:30 pm revealed Resident #1's friend stated, "I am satisfy and happy with the facility. I only want that she stop falling."

Class III

0053 Medication - Administration

Based on observation, record review, and interviews the facility failed failed to ensure that licensed staff members administered medications to one out of five (1) sampled residents.

Findings included:

Observation on I/ at 10:10 am showed Staff D removed the medication with her bare hand and placed it on a plate and she crushed the medications and mixed with yogurt. Staff D fed the medications to Resident #1 with a spoon and walked away to the kitchen. Staff D did not use of the MOR and/or explains medication to Resident #1.

Interview on I/ at 10:10 am Staff D stated, "This is the way I was trained to do it; I do the same procedure with Residents 1, 2 and 3. I do not know if they have an order to match their medications, I just do what I was trained to do."

Record review on I/ revealed Resident #1's medication observation record (MOR) reflected medication at 8:00 am instead of 10:10 am.

Class III

0054 Medication - Records

Based on record review and interview the facility failed maintain the medication observation records (MORs) for two out of five (#4 and #5) sampled residents.

Findings included:

Record review on I/ revealed Residents #4 and #5's MORs were not initialed as given on I/ at 8:00 am.

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Interview on / at 10:05 am Staff D stated, "Residents 4 and 5 had their medications at 8:00 am; however, I forget to sign."

Class III

0077 Staffing Standards - Administrators

Based on record review and interviews the facility failed to appoint a separate manager for each facility that the Administrator supervised.

Findings included:

Record review on / found the facility's Administrator supervised two assisted living facilities. Record review found the facility's Manager also supervised two assisted living facility's as the Administrator.

Interview on / at 10:50 am Staff C stated, " We do not have Manager in this facility; we only have our Administrator, do you know her? "

Phone interview on / at 5:00 pm the Administrator stated, "my Consultant told me that I do not need a Manager at Ives Dairy Senior Care because I have an Administrator Assistant at another facility's name was given."
Class III

0078 Staffing Standards - Staff

Based on observations, record review, and interviews the facility failed to have written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable for three out of five (B, C and D) Staff within 30 days. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement.

Findings included:

Observations on / from 9:00 am to 2:00 pm found Staff C and D providing assistance to Residents #1-5.

Record review on / at 9:10 am found Staff B, C, and D names were written on the facility's

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staffing scheduled. Record review revealed Staff B (hired more than one year ago), C (hire date), and D (hire date) did not have have written statements from a health care provider documenting that the individual does not have any signs or symptoms of communicable . Staff C's last statement on file was dated / / , more than six months prior to her employment at the facility.

Interview on / at 12:00 pm the Administrator acknowledged that Staff C and D did not have their statements done. Also, the Administrator stated that Staff B had worked in the facility for more than a year but she did not have a statement on file.

Class III

0082 Training - /

Based on staff record review and interview the facility failed to ensure that one out of five (Manager) sampled staff completed a course on and .

Findings included:

Record review on / revealed the Manager did not have evidence of completing / training.

Phone interview on / at 5:01 pm the Administrator stated that she sent the Manager's training; however the training was missing.

Class III

0161 Records - Staff

Based record review and interview the facility failed to ensure that three out of five (Manager, Staff A and D) sampled staff had completed employment applications with references furnished.

Findings included:

Record review on / revealed the Manager, Staff A and D did not have completed employment applications with references.

Interview on / at 1:30 pm the Administrator acknowledged that the staff did not have the documents.

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Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview the facility failed report initial adverse incident report within one business day after the incident and full adverse incident report within 15 days of the incident one out of five (#1) sampled residents.
Findings included:
Record review found Resident #1 had multiple within the facility. Record review found the facility did not have any documentation that incident reports were submitted to the agency regarding Resident #1's .
Interview on / at 1:00 pm the Administrator stated, "I do not know exactly how many Resident #1 had because she had so many times; however, it had been under the care of hospice, I did not send a report to AHCA because I did not know that I was supposed to send it for due to ."

Class III

0167 Resident Contracts

Based on record review and interview the facility failed to have an executed contract with one out of five (#1) sampled residents.

Findings included:

Record review on / revealed Residents #1 did not have a signed contract in the facility at time of survey.

On / at 1:00 pm the Administrator searched Resident #1's contract, however she could not find it.

Interview on / at 1:00 pm the Administrator stated Residents #1 did not have a contract because she took it and forgot to put it back.

Class III

L243 LMH - Training

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Based on record review and interview the facility failed to ensure that two out of four (Manager, Staff B and C) sampled staff received a minimum of 6 hours in limited mental health (LMH) training within 6 months of employment.

Findings included:

Record review revealed the facility failed to provide a minimum of 6 hours of training in LMH for the Manager, Staff B (hired over a year ago) and C (hired on).

Interview on / at 1:00 pm the Administrator stated, "Staff B and C are caregivers; Staff C had been working in the facility for more than a year." The Administrator acknowledged the staff did not have the training.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview the facility failed to ensure one out of five (B) sampled staff had a completed level II background screening.

Findings included:

Record review on / revealed Staff B (hired over a year ago) did not have a completed level II background screening. Record review on / found Staff B written on the facility's staffing pattern. Record review found Staff B initialed the medication observation records as giving medications to the residents.

Interview on / at 12:00 pm the Administrator stated that Staff B had worked in the facility for more than a year. On / at 1:00 pm revealed the Administrator confirmed that Staff B did not have a level II background screening.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ives Dairy Senior Care
19840 Ne 10 Court
North Miami Beach, FL 33179

Dear Administrator:

This letter reports the findings of an abbreviated biennial licensure survey that was conducted on , 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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