STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965812	01/07/2016
NAME OF PROVIDER OR SUPPLIER B P ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 1174 WYNNEWOOD DR WEST PALM BEACH, FL 33417	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 01/07/2016 at B P Assisted Living Facility II. The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on interview and record review, it was determined the facility failed to ensure that each resident's health assessment was completed, specifically related to any special diet required by the individual and whether the individual will require any assistance with the administration of medications for 1 of 2 sampled resident records reviewed (Resident #6).

The Findings included:

During interview and review of Resident #6's record conducted with the Facility Manager, on / beginning at approximately 11:30 AM, this resident's health assessment was reviewed. The Facility Manager acknowledged that this health assessment, dated /, did not indicate what diet Resident #6 is to receive or what level of assistance is required with medications. The Facility Manager stated she was not aware this document was not completed.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview it was determined the facility failed to assist with the self-administration of medications pursuant to the training requirements of Rule 58A-5.0191, F.A.C., specifically related to the application of gloves prior to assistance with eye drops for 1 of 1 residents observed with eye drops (Resident #6).

The Findings included:

During observation of medication assistance with Staff B, on / beginning at approximately 8:40 AM, Resident #6 was assisted with the application of eye drops. Staff B was not observed to apply gloves at any time during this observation. Review of the label of the eye drops and of the MOR (Medication Observation Record) indicated the eye drops were 22.3/ 6.8mg/ml opth solution with one drop to be applied in the right eye twice daily.

On / at 01:50 P.M., the Administrator was made aware of this observation and acknowledged

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SUMMARY STATEMENT OF DEFICIENCIES
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gloves should have been worn by Staff B when providing assistance with the self-administration of eye drops.
Class III

0054 Medication - Records

Based on observation, interview, and record review, it was determined the facility failed to appropriately document medications for residents who receive assistance with the self-administration of medications for 1 of 6 sampled residents (Resident #4).

The findings included:

During observation of assistance with the self-administration of medications conducted with Staff B, on / at approximately 8:40 AM, the patch was noted to be placed on Resident #4's right side of their back. The old patch was removed from this resident' left side of their back. Staff B was asked where they document the site rotation of the patches. Staff B stated they do not document the site rotation of the patches. Staff B was asked to locate the medication insert from the box. Staff B stated it must have been discarded. Staff B was informed that patches should not be placed in the same location for 14 consecutive days. Staff B stated they were not aware of this and acknowledged that the facility just alternates sides of the body for the application of the patches.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, it was determined the facility failed to ensure centrally stored medications were secured at all times.

The findings included:

During observational tour of the facility conducted with the Administrator, on / beginning at approximately 8:17 AM, there were keys observed lying on the kitchen counter. The Administrator was questioned as to what the keys opened. The Administrator replied that the keys were for the locked medication storage cabinet. Ambulatory residents and residents in wheelchairs could have accessed these keys on the kitchen counter. The Administrator acknowledged that the facility has residents that could access they keys on the kitchen counter. She stated she would purchased a key ring that could be placed on the wrist of the staff responsible for medications.

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

0081 Training - Staff In-Service

Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides direct care to residents shall receive in-service training regarding the facility's elopement response policies and procedures within thirty (30) days of employment for 1 of 3 staff members records reviewed (Staff A).

The Findings included:

During interview and staff record review conducted with the Facility Manager on / beginning at approximately 10:15 AM, she was provided the opportunity to locate documentation for Staff A (direct care staff with a date of hire noted as /) that she had received in-service training regarding the facility's elopement response policies and procedures within thirty (30) days of employment. The Facility Manager was not able to locate this documentation.

Class III

0090 Training -

Based on interview and record review, it was determined the facility failed to ensure all direct care staff had received at least 1 hour in the facility's policies and procedures regarding ( ) within thirty (30) days of employment for 1 of 3 sampled staff records (Staff A).

The Findings included:

During interview and staff record review conducted with the Facility Manager on / beginning at approximately 10:15 AM, she was provided the opportunity to locate documentation for Staff A (direct care staff with a date of hire noted as /) that she had received in-service training regarding the facility's policies and procedures within thirty (30) days of employment. The Facility Manager was not able to locate this documentation.

Class III

0091 Training - Documentation & Monitoring

Based on interview and record review, it was determined the facility failed to maintain copies of training certificates upon successful completion of trainings for 1 of 3 sampled staff records reviewed (Staff A). The Findings included:

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During interview and staff record review conducted with the Facility Manager on 01/07/2016 beginning at approximately 10:15 AM, she was provided the opportunity to locate documentation for Staff A (direct care staff with a date of hire noted as /) that she had received in-service training regarding the following topics within thirty (30) days of employment:

a) Emergency Response and Preparedness training
b) Adverse Incident and Major Incidents
c) Recognizing and Reporting , Neglect, and

The Facility Manager was not able to locate this documentation. She did provide sign-in sheets for trainings in these topics, however, no copies of training certificates were located in Staff A's personnel file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
B P Assisted Living Facility II
1174 Wynnewood Dr
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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