STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An unannounced abbreviated biennial Relicensure survey with Limited Mental Health (LMH) was conducted on 15, 2016 at Treasure Coast ALF Inc. The facility had deficiencies at the time of the visit.

0054 Medication - Records

Based on record review and an interview, the facility failed to ensure the MOR (medication observation record) was accurate and completed for 3 out of 4 sampled residents (Residents #1, #2 and #3).

The findings include:

1) The 2016 MOR for Resident #1 showed the following omissions:

a. D3 was not documented as given on / / at 8:00 AM.
b. was not documented as given on / at 8:00 AM.

Resident #1 stated during interview at 1:00 PM on / that he had always received all of his medication and that the staff had not missed any doses.

During interview with the administrator and Staff A at 1:15 PM on , they stated the omitted documentation was an error and that the resident had received the aforementioned medications at the correct times.

2) The 2016 MOR for Resident #2 showed the following errors:

a. The medications on page one (1) of the resident's MOR were documented as given on / at 8:00 AM. The following medications were documented as given before they had been provided by Staff A on / /

1.
2.
3.
4.
5.
6.
7.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE PORT SAINT LUCIE, FL 34953**	

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

8.
9.

3) The 2016 MOR for Resident #3 showed the following error:

a. was documented as given before it had been provided on 2/15/16 at 8:00 PM.

The above errors and omissions were acknowledged by the administrator and Staff A during interview at 1:15 PM on / . No additional documentation was presented at this time.

Class III

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) had freedom from ( ) documented by a health care provider on an annual basis.

The findings include:

The personnel file for Staff A was reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member. Staff A hired on last documented freedom from was dated .

The Administrator was interviewed at approximately 2:00 PM on / / and confirmed that the documentation was not present and available for review. The facility was unable to provide any additional documentation by a health care provider at this time.

Class III

0081 Training - Staff In-Service

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provides direct care to residents had received in-service training within 30 days of employment in all of the required subjects.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE PORT SAINT LUCIE, FL 34953**	

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

Review of the personnel file for Staff B (date of hire 10/31/14) revealed no training certificates to show completion of the following in-services within 30 days of hire:

1. The facility's emergency procedures including chain of command and staff roles relating to emergency evacuation (part of 1 hour training requirement).

2. Resident rights in an assisted living facility (part of 1 hour training requirement).

The Administrator was interviewed at 2:00 PM on and confirmed that the documentation was not present and available for review. The facility was unable to provide any additional documentation of the required training at this time.

Class

0082 Training -

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provides direct care to residents had received in-service training within 30 days of employment in all of the required subjects.

The findings include:

Review of the personnel file for Staff B (date of hire) revealed no training certificate to show completion of the following in-service within 30 days of hire:

1. and (one-time education course)

The Administrator was interviewed at 2:00 PM on and confirmed that the documentation was not present and available for review. The facility was unable to provide any additional documentation of the required training at this time.

Class

0084 Training - Assis Self-Admin Meds & Med Mgmt

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE PORT SAINT LUCIE, FL 34953**	

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff A), who provided assistance with self-administered medications, had successfully completed a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings include:

The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed resident aide who provided assistance with self-administration of medication to residents. The last documented medication training certificate for this staff member was dated / . The Administrator was interviewed at approximately 2:00 PM on / and confirmed that the documentation was not present and available for review.

During random review of the Medication Observation Records (MORs), it was revealed that Staff A provides medication assistance to the residents residing at the facility. During further interview with the Administrator, she confirmed that Staff A's job duties include providing medication assistance to the residents.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and an interview, the facility failed to ensure the environment was free of hazards by ensuring prescription or over-the-counter medications were secured or maintained by a resident safely.

The findings include:

On / at 11:00 AM, medications were observed on a table in a resident's the door ajar. The medications were identified as over-the-counter Immodium and a prescribed ProAir inhaler for Resident #1. During interview with Resident #1 at 1:00 PM on / , he stated he kept the medication in his case he needed it. During interview with the administrator at 1:15 PM on / , she

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**02/15/2016**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE** **PORT SAINT LUCIE, FL 34953**	

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

acknowledged the medications were not secured or maintained safely where other residents could not access them. She also stated the prescribed inhaler did not have an order from the resident's health care provider for the resident to self-administer without assistance or keep in his

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Treasure Coast ALF Inc
642 SW Jacoby Ave
Port Saint Lucie, FL 34953

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida