STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967813	02/19/2016
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 BARCELONA DRIVE** **ROYAL PALM BEACH, FL 33411**	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 2/19/16 at Cassie's Castle II. The facility had deficiencies at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation, interview and record review, Employee B failed to follow physician orders for 1 of 3 residents whose assistance with self-administered medications were observed (Resident #6).

The findings include:

On at 9:15 AM, Employee B gave Resident #6 prescribed Senekot tablets during breakfast. A review of the medication label and the orders listed in the Medication Observation Record (MOR) for the Senekot tablet reveals, Senekot 8.6 mg, 1 or 2 tabs at bedtime. During an interview with Employee B at 9:25 AM on , she was asked why the Senekot was given in the AM when the order documents the medication is to be given "at bedtime." Employee B responded, "The medication works better for the resident when given in the morning."
Employee B verified she did not notify Resident #6's physician regarding effectiveness of the Senekot when given in the evening, nor was there a request for a change in the time the medication was to be given.

On at 9:18 AM, the facility administrator acknowledged medication orders were not being followed regarding medication times.

Class III

0082 Training - /

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 staff completed a one-time education course on and within 30 days of employment (Employee E).

The findings include:

Employee E was hired on / as a live-in resident care provider. During review of this employee's personnel file, no documentation could be found showing completion of the required course on

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/ within the first 30 days of employment.
During interview with facility manager on 2/19/16 at 1:45 PM, she confirmed Employee E had not yet completed the required / education course.

Class III

Z814 Background Screening Clearinghouse

Based on employee record review and staff interview, the facility failed to obtain a new Background Screening Background for 1 of 3 employees who had a break in employment greater than 90 days (Employee B).

The findings include:

The Personnel file reviewed for Employee B, whose hire date is , contained a print-out of the Background Screening Eligibility page from the AHCA Background Screening Unit's (BGS) website showing an eligibility date of /.
A review of the AHCA Background Screening Unit's website documented date of eligibility for Employee B as . A representative from the BGS Unit was contacted on at 11:26 AM, and he stated the / background screening was not retained. The current background screening , showing eligibility date, is the only valid Background Screening at this time. The employer listed at the bottom of the BGS eligibility page lists a nursing agency as a former employer for Employee B.
The application for Employee B shows no previous employment before being hired by this facility on , and Employee B stated on / at 11:20 AM that she had no previous employer before starting work at this facility.
Facility Manager and administrator acknowledged on at 1:50 PM there was a greater than 90 day lapse in employment from the date listed on either of the Background Screening eligibility results (/ and) and Employee B's date of hire ( ); and as such, a new background screening should have been conducted.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cassie's Castle II
117 Barcelona Drive
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure 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,

for Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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