| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964724 | 02/23/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**LOURDES PAVILION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**311 SOUTH FLAGLER DRIVE**<br>**WEST PALM BEACH, FL 33401** | |

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

**0000 Initial Comments**

An unannounced abbreviated biennial relicensure survey was conducted on 2/22/16 and 2/23/16 at Lourdes Pavilion. Lourdes Pavilion had deficiencies at the time of the visit.

**0055 Medication - Storage and Disposal**

Based on observation, record review and interviews, it was determined that the facility failed to ensure that a resident that requires assistance with self-administered medications have all of their medications secured at all times by the facility, for 1 of 9 sampled residents (Resident #2) .
Findings include:
On at 942 AM, the surveyor conducted an observation and interview with Resident # 2 in her apartment, accompanied by the Wellness Director. The surveyor observed a small plastic bin positioned on the chair next to two recliner chairs in plain view which contained the following medications: 1 bottle of liquid (over the counter), 1 bottle of extra strength 500 mg , inhaler (no label), Homeopathic ear relief drops (no label) and a bottle of Alerex 0.2 % eye drops (prescribed on / / ). The surveyor asked the resident how long the medications had been in her apartment. The resident stated, "My kids cleaned out my house and brought them several years ago." The Surveyor asked the resident why the medications were not locked up with her other medications. The resident stated , "they're over the counter; my kids brought them for me." The Wellness Director informed the resident that all medications, including over the counter medications, needed to be secured and administered by facility staff. The Wellness Director confirmed the resident did not have physician orders for the identified medications and that the facility failed to secure the medications.
During a review of Resident #2 Health Assessment form (AHCA 1823 form) dated showed the resident required assistance with self administration of medications. Further review of the resident's file and the AHCA 1823 and Physician Orders (dated to present) revealed no orders for aforementioned medications .

Class III

**0081 Training - Staff In-Service**

Based on employee record review and staff interview, the facility failed to ensure staff who served food received a minimum of 1-hour-in-service training in safe food handling practices, for 3 of 3 employees whose records were reviewed (Employees A, B, and C).

The findings include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964724 | 02/23/2016 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| LOURDES PAVILION | 311 SOUTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 |

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

During review of staff in-service documentation for Employees A, B, and C, it was noted the safe food handling in-service training given by the food service company to new employees did not meet the minimum 1 hour training requirement, as required. Review of the New Staff General Orientation Agenda documents the topics included in the 15 minute in-service training by the food service company: Resident Nutrition & Hydration, Diet Communication, Weight Loss & Gain Monitoring, and Staff Food Services. In addition, there was no specific indication of "safe food handling" topics included in the topics discussed.

During interview with the Administrator on at 1:30 PM, she acknowledged the safe food handling in-service training did not meet the 1 hour regulatory requirement.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on employee record review and staff interview, the facility failed to ensure 1 of 2 staff (Employee E) who provide assistance with self-administered medications, and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

The findings include:

Employee E, whose hire date is / / , received the initial 6 hour Assisting with Self-Administered Medication Training on / . During review of Employee E's personnel file, revealed no documentation could be found showing completion of the 2 hour annual continuing education training for 2014 or 2015. There were Validation Certificates found in the Employee's file acknowledging observation of proper oral and techniques in assisting with medications for 2014 and 2015. During an interview with the Human Resource (HR) Representative on / at 11:15 AM, a discussion was had as to the difference between a validation certificate and an annual continuing education training certificate. An opportunity was given to HR Representative to provide additional documentation showing completion of the annual 2 hour medication training; no additional documentation was provided.

On / at approximately 11:20AM, an interview was conducted with the Administrator, she was apprised of the missing 2014 and 2015 Assisting with Self-Administered Medication continuing education training certificates for Employee E. No further documentation was provided before the completion of the survey.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964724 | 02/23/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**LOURDES PAVILION** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**311 SOUTH FLAGLER DRIVE**<br>**WEST PALM BEACH, FL 33401** | |

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

Class III

**0090 Training -**

Based on employee record review and staff interview, the facility failed to ensure 3 of 3 staff who provide direct care to residents, and whose records were reviewed, received at least 1 hour of training in the facility's policy and procedures regarding ( ). The required training is to consist of the information included in Rule 58A-5.0186, F.A.C.

The findings include:

During review of staff in-service documentation for Employees A, B, and C, it was noted the in-service training given by the facility's Social Worker to new employees did not meet the minimum 1 hour training requirement , as required.
Review of the New Staff General Orientation Agenda documents the topics included in the 60 minute in-service training were: Resident Rights; HIPAA; Elder Justice Act; Hotline for AHCA [Agency for Health Care Administration], DCF [Department of Children and Families], Ombudsman; , Neglect & ; Grievance Procedure; Resident Personal Items; Trust Accounts; Advanced Directives and . Review of the agenda topics included within the 60 minute time-frame, staff could not have received the required 1 hour in-service training directly related to the facility's policy and procedures regarding .

During interview with the Administrator on / at 1:30 PM, she acknowledged the in-service training did not meet the 1 hour regulatory requirement. The Administrator was unable to provide additional information for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lourdes Pavilion
311 South Flagler Drive
West Palm Beach, FL 33401

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,

Arlene Mayo-Davis
Field Office Manager

AMD/ b

XG90

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