STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966287	03/10/2016
NAME OF PROVIDER OR SUPPLIER **INN AT LA POSADA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 MASTERPIECE WAY** **WEST PALM BEACH, FL 33410**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 3/09/16 and 3/10/16 at Inn at La Posada. The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record review and staff interview, the facility failed to ensure initial assessment (AHCA Form 1823) was completed in its entirety for 1 of 2 residents whose records were reviewed (Resident #7)

The findings include:

The health assessment (AHCA Form 1823) dated / for Resident #7 did not indicate what type of diet was to be provided for this resident. The area of the form where the health care provider was to mark whether the resident was to receive a therapeutic diet or regular diet was blank.

These findings were acknowledged by the Administrator during interview on / / at 2:30 PM. No additional documentation was presented at this time.

Class

0052 Medication - Assistance with Self-Admin

Based on observation, staff interview and resident record review, facility staff failed to assist residents with self-administered medications in accordance with proper state regulatory procedures, for 5 out of 9 sampled residents (Resident #1, #2, #3, #4 and #8); and, follow universal hand hygiene precautions as outlined in mandatory training for assistance with self-administered medication, for 2 out of 9 sampled residents (Resident #1 and #2).

The findings included:

1) On between 9:30 AM and 10:40 AM, Staff A was observed assisting Residents #1, #2, #3 and #4 with self-administration of medication. She stated during interview at 9:30 AM that she initials the medications on the Medication Observation Administration Record (MOR) when taking the medications out of the medication cart before giving the medications to the residents. She also stated she will circle her initials upon return, after giving the residents the medications, if the resident does not take the medication. She was observed pre-signing all medications on the MORs during the morning medication

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pass for Residents #1, #2, #3 and #4.

On 3/10/15 at 11:00 AM, the Licensed Practical Nurse (LPN) was observed administering medication to Resident #8. She returned to the MOR for this resident where the resident's medication was already initialed as given. During interview with the LPN and Staff A at this time, they stated this is how they document medication assistance and administration at the facility. They pre-sign the MORs before giving the residents their medications.

2) On at 9:30 AM, Staff A was observed assisting Resident #1 with self-administration of medication. Staff A returned to the medication cart and prepared eye drops for Resident #2 without sanitizing or washing her hands. She donned gloves and assisted Resident #2 by dropping eye drops in her eyes. Staff A returned to the medication cart, removed her gloves, and prepared the remainder of Resident #1's medications. She did not sanitize or wash her hands before putting a new pair of gloves on. Staff A assisted Resident #1 with the remainder of her medications.

Even though Staff B had disposable gloves on her hands, the staff member did not wash or sanitize her hands before applying new gloves between resident contact and medication passes.

The above findings were acknowledged by the Administrator and Director of Nursing (DON) during interview at 2:30 PM on /.

Class III

0054 Medication - Records

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date for 4 out of 9 sampled residents (Resident #1, #3, #10 and #15).

The findings included:

1) On at 9:30 AM, Staff A was observed assisting Resident #1 with self-administration of her medications. Review of the 2016 MOR revealed the resident's was to be given at 8:00 AM. During interview with the Director of Nursing (DON) at 2:30 PM on , she confirmed that the documented time on the MOR for the medication to be given should be 9:00 AM, as the remainder of the resident's medications were.

2) On at 10:07 AM, Staff A was observed assisting Resident #3 with self-administration of her medications. Review of the 2016 MOR revealed the resident's D, , and S

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medications were to be given at 8:00 AM. During interview with the Director of Nursing (DON) at 2:30 PM on 3/10/16, she confirmed that the documented time on the MOR for the medication to be given should be changed as the resident did not want to take her medication until later than 9:00 AM.

3) Review of the 2016 MOR for Resident #10 revealed 25 mg, to be given twice daily ( ), was not documented as given at 1:00 PM on . This finding was acknowledged during interview with the Administrator at 2:30 PM on .

4) Review of the 2016 MOR for Resident #15 revealed compression stockings, to be assisted with putting them on daily in the morning, was not documented as done at 8:00 AM on . This finding was acknowledged during interview with the Administrator at 2:30 PM on .

Class III

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and C) had freedom from ( ) documented by a health care provider on an annual basis.

The findings included:

The files for Staff A and C were 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 these staff members.

a) Staff A (hired)-last documented freedom from was dated / /
b) Staff C (hired / /)-last documented freedom from was dated

The Administrator was interviewed at 2:30 PM on and acknowledged that the documentation was not present and available for review. No additional documentation by a health care provider was presented at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Inn At La Posada
3600 Masterpiece Way
West Palm Beach, FL 33410

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

XG90

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