STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966606	05/12/2016
NAME OF PROVIDER OR SUPPLIER **PARAH INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 SW TULIP BLVD** **FORT PIERCE, FL 34953**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016001703, was conducted on and at Parah, Inc. The facility had unrelated deficiencies at the time of the investigation.

0010 Admissions - Continued Residency

Based on record review and staff interview, the facility failed to ensure a resident's updated health assessment (AHCA Form 1823) accurately reflected the health status for 1 of 3 residents, and the information was used to make a determination as to the appropriateness of the individual for continued residency (Resident #1). It was also determined the facility
failed to ensure a new health assessment (AHCA Form 1823), for 1 of 3 sampled residents (Resident #2) was completed to determine the appropriateness of the resident's re-admission into the facility and that the facility could met the care needs of the resident .

The findings include:

A) Resident #1 was admitted to the facility on / and discharged to hospital on . The resident did not return to this assisted living facility upon discharge form the hospital.

On , during review of the health record for Resident #1, the health assessment (ACHA Form 1823), dated , it is noted that Section 1, part D documents resident's individual needs cannot be met in an assisted living facility. It is also documented in Section 2-B, part B that Resident #1 needs "medication administration." Furthermore, Section 3 (Services Offered or Arranged by the Facility for the Resident) was not completed by the Administrator/Designee.

At the time of interview with the Administrator on at 1:30 PM, she states she is the person who assists the residents with the medications, she confirms she is not a licensed nurse so she cannot administer medication.

The administrator acknowledged she should have reviewed the Health Assessment for accuracy, as this would affect the resident's appropriateness for residency.

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B) On 5/06/16 at 9:30 AM, Resident #2 was observed sleeping in her hospital bed in private room. During interview with the Administrator on 5/06/16 at 10:30 AM, she confirmed this resident is currently on Hospice, but is not bed-bound, as she is gotten out of bed twice daily.

A review of Resident #2's medical record reveals resident was discharged from the facility to a nursing home on due to , . Resident was re-admitted to the facility on with Hospice services.

The most current health assessment (AHCA Form 1823) contained in the resident's health record was dated , which was completed prior to resident's discharge to nursing home and re-admission to the ALF. It does not specify any special diet orders, and it indicates Resident #2 requires "medication administration."

There was no health assessment completed by a licensed health care provider to reflect the current health status of the resident at the time of re-admission on , with documentation of the resident now receiving Hospice services.

At the time of interview with the Administrator on at 1:30 PM, she states she is the person who assists the residents with the medications, and that she is not a licensed nurse.

The administrator acknowledges Resident #2 should have had a new Health Assessment completed on when she was readmitted to facility with Hospice Care.

Class III

0056 Medication - Labeling and Orders

Based on resident record review and staff interview, the facility failed to contact a resident's health care provider to request revised instructions for medications to be crushed "as appropriate", for 1 of 3 sampled residents (Resident #2).

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The findings include:

During record review for Resident #2 on 5/06/16, a physician order, dated 1/03/14, instructs staff to "crush all medications as appropriate." The medication order is written in a manner that requires unlicensed staff to make a judgement as to what is or is not "appropriate". During an interview with the Administrator at 11 AM on , she stated the facility did not contact the physician to revise the instructions to include each specific medication which may be crushed, and to include any limitations that may exist.
On at 11:30 AM, the Administrator acknowledged the need for a revised order for crushed medications for Resident #2.

Class III

0162 Records - Resident

Based on observation, record review and staff interview, the facility failed to maintain resident records which include required documentation related to physician order for 1/2 bed rails and Interdisciplinary Care Plan, for 1 of 3 residents (Resident #2).

The findings include:

On at 9:30 AM, Resident #2 was observed sleeping in her hospital-type, adjustable bed with 1/2 rails in up position. During interview with the Administrator at 10:30 AM, she confirmed the resident was currently on Hospice Care.

On , during record review for Resident #2, Resident progress notes document Resident was re-admitted to the facility on with Hospice Care. At the time of record review, the following documentation could not be located within the resident's record:

a) Physician Order for 1/2 bed rails
b) Hospice Interdisciplinary/Integrated Plan of Care signed by Hospice and the Assisted Living Facility.

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A request was made to the Administrator for production of these documents on 5/06/16 at 11:30 AM, but they could not be produced. The Administrator confirmed the documents were not in the resident 's record or in the Hospice notebook.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Parah Inc.
701 SW Tulip Blvd
Fort Pierce, FL 34953

RE: CCR #2016001703

Dear Administrator:

This letter reports the findings of a complaint 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

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