STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964615	04/21/2016
NAME OF PROVIDER OR SUPPLIER **THE BROADMOOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 DIXIELAND DRIVE** **FORT PIERCE, FL 34982**	

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

0000 Initial Comments

An unannounced Change Of Ownership (CHOW) survey was conducted on 20-21, 2016 at The Broadmoor ALF. The facility had deficiencies at the time of the survey.

0054 Medication - Records

Based on record review and interviews, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications updated medication observation records (MORs) immediately after the Residents (6, 7 and 8) were assisted, for 3 out of 3 sampled residents; and, failed to accurately document the MORs when a Resident (6) was out of the facility and missed a medication dose for 1 out of 3 sampled residents.

The findings included:

Review of residents' 2016 MORs was conducted at 12:10 PM the following omissions were identified:

1. Review of Resident 7's medical examination (AHCA Form 1823) dated documented he required assistance with self-administration of medications. A written health care provider (HCP) order dated documented he was to receive eye drops, instill one drop into left eye six times daily. Review of his 2016 MOR listed the daily dosing schedule as 6:00 AM, 10:00 AM, 2:00 PM, 6:00 PM, 10:00 PM, and 2:00 AM. Further review of his MOR revealed the following scheduled doses were not initialed by staff to show the resident received the medications, or contained documentation that he did not receive the doses.
a. On / 6:00 PM.
b. The 2:00 PM doses for / / through / / , and
c. The 10:00 PM doses for / / through / / , and through / / .
d. The 2:00 AM doses for / through / / .

2. Review of Resident 8's medical examination (AHCA Form 1823) dated documented he required assistance with self-administration of medications. A written HCP order dated / documented he was to receive respite inhaler, inhale one puff four times daily. Review of his 2016 MOR listed the daily dosing schedule as 9:00 AM, 12:00 PM, 5:00 PM and 9:00 PM. Further review of his MOR revealed the following omissions:
a. Scheduled doses were not initialed by staff to show the resident received the medications, or had documentation that he did not receive the doses scheduled for 5:00 PM on / /

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04/07/16, 04/08/16, 04/18/16 and 04/19/16.
b. At 1:10 PM on 4/20/16, the MOR was reviewed again and revealed the / 12:00 PM dose had not yet been documented. In an interview conducted on / at 1:26 PM, Employee F, an unlicensed staff member who assisted with medication, stated the resident was out of the building and did not receive the 12:00 PM dose. She then initialed the 12:00 PM dose. The MOR was reviewed with the facility's Resident Care Coordinator on at 1:44 PM. She acknowledged the aforementioned missing documentation and stated Employee F should have written a "C" in the box for the 12:00 PM dose on this date, and written an explanation on the reverse side of the MOR.

3. Review of Resident 6's medical examination (AHCA Form 1823) documented she required assistance with self-administration of medications. A written HCP order dated / / documented Refresh eye drops, instill one drop in each eye six times daily. Review of her 2016 MOR listed the daily dosing schedule as 7:00 AM, 9:00 AM, 12:00 PM, 3:00 PM, 6:00 PM and 9:00 PM. Further review of her MOR revealed scheduled doses were not initialed by staff to show the resident received the medication, or had documentation that she did not receive the doses on at 12:00 PM and at 3:00 PM.

This was discussed with and acknowledged by the Resident Care Coordinator on / at 2:50 PM whom stated she believed the residents received the doses but staff did not document them on the MOR as required.

Class III

0055 Medication - Storage and Disposal

Based on observations, interview and record review, the facility failed to ensure a medication for 1 out of 50 residents who requires assistance with self-administration of medications (Resident 1) was centrally stored in a secured method.

The findings included:

During inspection of Resident 1's apartment conducted at 10:45 AM, a partially used tube of 40% was observed on the in Resident 1's . Resident 2, Resident 1's , was present at the time and stated it belonged to Resident 1.

Review of Resident 1's medical examination (ACHA Form 1823) dated / documented that the resident was to receive assistance with self-administration of medication. There were no health care providers' orders to indicate the resident was able to self-administer this medication without assistance.

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This information was brought to the facility's Administrator on at 10:54 AM. She subsequently removed the medication from the resident's room and confirmed during interview that there was no order allowing the resident to store the medication in her apartment or to self-administer without supervision.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Broadmoor ALF
200 Dixieland Drive
Fort Pierce, FL 34982

RE: CHOW (Change of Ownership)

Dear Administrator:

This letter reports the findings of a CHOW state licensure survey that was conducted on 21, 2016 by representatives 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/dso
Enclosure: State 5000-3547
XG90

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