STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967650	07/06/2016
NAME OF PROVIDER OR SUPPLIER SERENITY AT MONET, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 11191 MONET WOODS RD PALM BEACH GARDENS, FL 33410	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2016003806, was conducted on 07/06/2016 at Serenity at Monet, LLC (License #11665). The facility had deficiencies at the time of the investigation.

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that within 30 days after beginning employment, newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 3 of 6 staff reviewed (Staff D, Staff E, and Staff F). Based on interview and record review it was determined the facility failed to ensure evidence of a negative examination was documented on an annual basis for 1 of 6 staff reviewed (Staff F).

The Findings included:

1) During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of freedom from communicable from a health care provider:

a) Staff D: Direct Care Staff (3-11 shift) with a date of hire noted as /
b) Staff E: Direct Care Staff (7-3 shift) with a date of hire noted as /
c) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as

The Administrator Designee was not able to locate this documentation.

2) During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review the following staff member's file for annual documentation of a negative examination.

a) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as

The Administrator Designee was not able to locate this documentation.

Class III

0081 Training - Staff In-Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967650	**07/06/2016**
NAME OF PROVIDER OR SUPPLIER **SERENITY AT MONET, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11191 MONET WOODS RD PALM BEACH GARDENS, FL 33410**	

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member had received the required in-service trainings within 30 days of date of hire, for 3 out of 6 sampled staff files reviewed (Staff D, Staff E, and Staff F).

The Findings included:

1) During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of the required in-service trainings:

a) Staff D: Direct Care Staff (3-11 shift) with a date of hire noted as / : was missing assistance with the activities of daily living; elopement; emergency preparedness and evacuation; incident and adverse incident reporting; resident rights in an assisted living facility; recognizing and reporting , neglect, and ; ; and nutrition and safe food handling.

b) Staff E: Direct Care Staff (7-3 shift) with a date of hire noted as / : was missing elopement; emergency preparedness and evacuation; incident and adverse incident reporting; resident rights in an assisted living facility; recognizing and reporting , neglect, and ; ; and nutrition and safe food handling.

f) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as : was missing elopement; emergency preparedness and evacuation; incident and adverse incident reporting; resident rights in an assisted living facility; recognizing and reporting , neglect, and ; ; and nutrition and safe food handling.

The Administrator Designee was not able to locate this documentation.

Class III

0082 Training - / :

Based on interview and record review, it was determined the facility failed to ensure that each staff member received within 30 days of employment, a one-time education course on and for 2 of 6 staff reviewed (Staff E and Staff F).

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

The Findings included:

During employee record review and interview conducted with the Administrator Designee, on 07/06/2016 beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of / training within 30 days of hire:

a) Staff E: Direct Care Staff (7-3 shift) with a date of hire noted as /
b) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as

The Administrator Designee was not able to locate this documentation.

Class III

0083 Training - First Aid and

Based on interview and record review, it was determined the facility failed to ensure each staff member had documentation of completion of courses in First Aid and and holds currently valid cards documenting completion of such courses is in the facility at all times, for 4 of 6 sampled staff reviewed (Staff C, Staff D, Staff E, and Staff F).

The Findings included:

During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of completion of First Aid and (valid cards or copies of):

a) Staff C: Direct Care Staff (11-7 shift) with a date of hire noted as / ; First Aid card indicated expired on

b) Staff D: Direct Care Staff (3-11 shift) with a date of hire noted as / ; no documentation present related to First Aid

c) Staff E: Direct Care Staff (7-3 shift) with a date of hire noted as / ; no documentation

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

present related to First Aid; card indicated expired . 2016

d) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as ; no documentation present related to First Aid; card indicated expired . 2015

Review of the facility's staffing schedule revealed each of the above employees work alone at various times in the facility.

The Administrator Designee was not able to locate this documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review it was determined the facility failed to ensure that each staff member that provides assistance with the self administration of medications met the requirements pursuant to Section 429.52(5), F.S. prior to assuming this responsibility for 1 of 6 sampled staff the provide assistance with the self administration of medications (Staff E). In addition, based on interview and record review it was determined the facility failed to ensure that each staff member that provides assistance with the self administration of medications obtained annually a minimum of 2 hours of continuing education on providing assistance with self administered medication and safe medication practices in an assisted living facility (provided only by Registered Nurse or Licensed Pharmacist) for 4 of 6 sampled staff reviewed (Staff A, Staff B, Staff C, and Staff F).

The Findings included:

1) During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of the initial 4 hours medication training:

a) Staff E: Direct Care Staff (7-3 shift) with a date of hire noted as /

The Administrator Designee was not able to locate this documentation.

2) During employee record review and interview conducted with the Administrator Designee, on beginning at approximately 11:00 AM; she was provided the opportunity to review each staff member's (noted below) file for documentation of an annual 2 hour medication training update:

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

a) Staff A: Administrator with a date of hire noted as 06/01/2009; last 2 hour medication update was documented as 08/27/2013

b) Staff B: Direct Care Staff (7-3 shift) with a date of hire noted as ; last 2 hour medication update was documented as

c) Staff C: Direct Care Staff (11-7 shift) with a date of hire noted as ; last 2 hour medication update was documented as

d) Staff F: Direct Care Staff (3-11 shift) with a date of hire noted as ; last medication update (initial 4 hour) was documented as

The Administrator Designee was not able to locate this documentation. It was confirmed that the above employees assist residents in the facility with their self-administered medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Serenity At Monet, LLC
11191 Monet Woods Rd
Palm Beach Gardens, FL 33410

RE: CCR #2016003806

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 6, 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/dso
Enclosure
XG90

Delray Beach Field Office
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Delray Beach, FL
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