STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965485	07/25/2016
NAME OF PROVIDER OR SUPPLIER **PROFESSIONAL HEALTH CARE GROUP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10620 NW 32ND STREET** **SUNRISE, FL 33351**	

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 7/25/2016 at Professional Health Care Group (license#9850). The facility had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the assisted living facility (ALF) failed to have Agency for Health Care Administration (AHCA Form 1823) assessments thoroughly completed, for 2 out of 2 sampled residents records reviewed (Resident # 2 and Resident # 3).

The findings include:

A Record review of Resident # 3's AHCA 1823 form found an admission date of . Resident # 3's AHCA 1823 assessment states a diagnosis of : , , and . The AHCA 1823 assessment does not indicate whether Resident # 3 requires medication administration of assistance with self- administration of medication. Resident # 3's AHCA 1823 assessment is not dated and not signed by a physician or the ALF Administrator. Further record review found no documentation regarding missing information.

A Record review of Resident # 2 found an admission date of / . Resident # 2's AHCA 1823 assessment is dated for with a diagnosis of . Resident # 2's AHCA 1823 assessment were left blank for questions regarding her diet requirement and . Further record review found no documentation regarding missing information.

In an interview conducted on at approximately 3:15 PM, the Administrator acknowledged the findings and stated no further documentation was available for review.

Class III

0054 Medication - Records

Based on observation, interview and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for each resident in which the facility's staff provided assistance with self-administered medications, for 1 out 1 sampled residents reviewed (Resident # 4) and observed

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during the medication pass. As evidence of the facility failure to sign the MOR immediately after assisting a residents with his/her medication.

The findings include:

On 7/25/2016 observations of assistance with medications conducted by the Administrator at 1:00 PM revealed that he sanitized his hands, reviewed the MOR and obtained medications. The Administrator pre- signed Resident # 4's MOR, gave the medications to Resident # 4, and watched her swallow the medications: 400 MG, & 4 mg.

During an interview with the Administrator at 1:10 PM, the Administrator was asked why he did not sign the MOR at the time he observed Resident # 4 swallow the medications? The Administrator stated that Resident # 4 always takes her medication and he knew she would swallow them.

In an interview with the Administrator on , he acknowledged the error and stated no further information was available for review.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, it was determined the facility failed to ensure that 2 out of 2 staff members (Employee A and B), submitted an annual statement from a physician, that the person free from ( ) and that Employee B does not have a communicable .

The findings include:
During a record review of the personnel file for Employee A, it was revealed that the last statement in his file is dated for . The file did not contain current documentation of an annual statement from a physician.

During a record review of the personnel file for Employee B- (a Certified Nursing Assistant), it was revealed that there was an employment start date since 2014. The file did not contain documentation of a physician statement of no signs or symptoms of a communicable including .

On at 3 PM, the Administrator was interviewed and acknowledged the findings.

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Class III

0081 Training - Staff In-Service

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings within 30 days of hire, for 1 out of 2 sampled staff records reviewed (Staff B).

The findings include:

Record review of Staff B's personnel record revealed her date of hire was 2014. Further review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training: Resident Rights and Nutritional and Safe Food Handling

In an interview with the Assisted Living Facility Administrator on at approximately 2 PM, he acknowledged the findings. He stated no further documentation was available for review.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure that 1 out of 2 staff members (Staff B) received the initial 4-hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Include:

On a record review of Staff B's personnel file, revealed a hire date of 2014 as a certified nursing assistant. Further record review found no documentation of a 4- hour training on Assistance with Self-Administered Medication and Medication Management.

During an interview conducted on at 12 PM, the Administrator stated Staff B assists the residents with self- administration of medications. A record review of the facility's medication observation records revealed Staff B's signature indicating that she assisted the residents with their medications.

In an interview conducted on at 2 PM, the Administrator acknowledged the finding stated that he could not recall the date or locate proof of Staff B's initial 4-hour training in assisting residents with self administered medications. The Administrator stated no further documentation was available for

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review.

Class III

0090 Training -

Based on record review and interviews, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding ( ), for 1 out of 2 sampled staff records reviewed (Staff B) .

The Findings Include:

A record review conducted on revealed that Staff B, hire date 2014, had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding .

In an interview conducted on at 3 PM, the Administrator acknowledged the finding. The Administrator stated no further documentation was available for review.

Class III

0161 Records - Staff

Based on record review and interview, the assisted living facility failed ensure 1 out of 2 (Staff B) staff members personnel record reviewed contained documentation of an employment application

The findings include:

On , a record review of Staff B's file revealed a hire date of 2014. Further review of Staff B's personnel file lacked documentation of an employment application.

In an interview with the Administrator on at approximately 3 PM, the Administrator acknowledged the error and confirmed that there is no job application in the file for Staff B. The Administrator stated no further documentation was available for review.

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Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to offer a contract for execution by the resident or the resident's legal representative before or at the time of admission, for 2 out of 5 resident records reviewed.

The findings include:
a) Record review of Resident # 3's file found an admission date of . Resident # 3's medical assessment states a diagnosis of : , , and . Resident # 3's file found no resident contract.

b) Record review of Resident # 2's file found an admission date of . Resident # 2's medical assessment is dated for with a diagnosis of . Resident # 2's records found no resident contract.

On an interview with the Administrator, he acknowledged the error of not establishing resident contracts for Resident # 2 and Resident # 3 during admission. The Administrator stated that he was going to work on getting contracts signed and in files this week for Resident # 2 and Resident # 3.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Professional Health Care Group
10620 Nw 32nd Street
Sunrise, FL 33351

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 the Field Office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

Delray Beach Field Office
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