STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942965	07/21/2016
NAME OF PROVIDER OR SUPPLIER **LIGHTHOUSE INN SOUTH (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3305 SE 5TH STREET** **POMPANO BEACH, FL 33062**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on- 7/21-22/2016 at Lighthouse Inn South. (License #7127). The facility had deficiencies identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, Employee A failed to follow regulations and procedures while providing assistance with self-administration of medications to 4 out of 5 sampled residents (Resident #1, #6, #7, & #9).

The findings include:
On / from 12:10 PM to 12:36 PM, during medication pass observation it was noted that the employee who performed the task, Employee A, a medical technician, failed to follow the process of assisting residents with self-administer their medications.
a) At 12:05 PM, the Medical Technician was observed looking into the Medication Observation Record (MOR) for the resident #6 ' s name to whom she would bring the medications. After finding out the medications Resident #6 was supposed to take she signed the (MOR). She then put the medication into a soufflé cup while touching the medication. She approached the resident and put the medication in front of him without talking to him or even calling his name and then she returned to the medication cart without observing Resident #6 take the medication. She did not tell the resident what medication she gave him.
b) At 12:25 PM the Med Tech looked for Resident #1 ' s name and signed the MOR; she put the med in the soufflé cup touching the med. She approached the resident and put the medication in front of her without talking to her or even calling her name and then she turned away from the resident.
c) At 12:30 PM Employee A was observed retrieving the medications from the med/cart, inserting her finger into the bottle to retrieve the medication and pouring some in the palm of her left hand (she touched all the meds). She signed the MOR before giving the medications to Resident #7. She did not tell the residents about the name of the medications nor what they were for. She did not observe the resident take the medications.
d) She looked for the resident's name and signed the MOR at 12:35 PM she put the med in the soufflé cup touching the med. She approached Resident #9 and put the medication in front of him without talking to him or even calling his name and then she turned away from the resident. She did not watch him take the medication.
During an interview with Resident #9 at 12:44 PM, she said that she did not know what medications she was given. She said " I believe it is for Parkinson's ".
Review of the Health Assessment records for all five Residents revealed that they all needed assistance with self-administration of medications.

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Class III

0054 Medication - Records

Based on observation, record review and interview, it was determined the facility failed to maintain accurate and complete Medication Observation Observation (MORs), for 5 out 7 sampled residents (Resident #1, #2, #6, #7, #9).
The findings include:
On / from 12:10 PM to 12:36 PM, during medication pass observation it was noted that the employee who performed the task, Employee A, a medical technician, failed to follow the process while assisting the Resident to self-administer their medications.
At 12:20 PM, the Medical Technician was observed looking into the Medication Observation Record (MOR) for the resident's name to whom she would bring the medications. After finding out the medications Resident #6 was supposed to take she signed the (MOR). She then put the medication into a soufflé cup while touching the med. She approached the resident and put the medication in front of him without talking to him or even calling his name and then she turned away from the resident. She did not observe him take the medication. Did not tell her what medication she gave him.
The Med Tech was observed repeating the same process (signed the MOR prior to administering the medication) five times. She signed the MOR before giving the medications to Resident #1, 2, 3 6, 7 and #9).
Review of the Health Assessment records for all five Residents revealed that they all needed assistance with self-administration of medications.
Class III

0078 Staffing Standards - Staff

Based on record review and interview, it was indicated that 3 out 4 employees (Employee A, B, & C) failed to have verification of being free from communicable and .
The findings include:
During employee record review on , it was noted that Employee A hired on / , and Employee B hired on / , and Employee C with a hire date of / did not have evidence in their records of having been determined to be free from all communicable annually. There was no document in their files. Employee B and C however respectively completed their testing on / and on . Additionally, Employee C did not have proof of having obtained negative testing within 60 days of employment.

Class III

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0081 Trainina - Staff In-Service

Based on records review and interview, 1 out 4 sampled employees (Employee C) failed to complete all mandatory and required training within 30 days of employment.
The findings include:
During review of the employees' records on , it was noted that employee C hired in , 15 2016 did not have proof of having completed training in Control, elopement, Emergency Preparedness and evacuation, recognizing, reporting , neglect and .
An interview with the Manager on / at 3:05 PM confirmed that Employee C did not complete the aforementioned trainings and provided no additional information.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interviews, the facility failed to ensure that 2 out 4 sampled employees (Employees B & C) completed the required initial medication training and annual update.
The findings include:
Record review on revealed that employee (B) hired on / as a certified nursing assistant (CNA) completed 4 hours of medication training on and a 2 hour- medication training update on . However there was no update obtained in 2016.
Employee C hired on / completed only 2 hours initial medication training on / during the review date of . Employee C had no documentation indicating completion of the required 4 hour intial training.
During an interview with the Manager on at around 3:00 PM, she was unable to provide evidence to support that the identified employees had completed the medication training requirement.

Class III

0090 Trainina -

Based on record review and interview, it was noted that 1 out of 4 employees (Employees C) did not complete the required training regarding Policy and Procedure on ( ).
The findings include:
During employee record review on , it was noted that Employee C hired in , 2016 had no proof of having completed the training.
An interview with Employee C conducted / at 11:53 revealed that he knew the procedures regarding the Order.

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During a follow-up interview with the Manager on 7/22/2016 at around 3:05 PM, she indicated that she will make sure that all required training is completed by Employee C as soon as possible.
Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times and that therapeutic diets were served as ordered for 1 of 1 (Resident #8) residents ordered a therapeutic diet .

The findings include:

A review of Resident #8's record revealed a physician order dated / for a puree diet.

A review conducted on / at 12:00 PM ,of the facility's posted dietician approved lunch menu for / revealed the menu to be :open faced turkey on 1 slice of bread (3 oz) sweet potatoes(1/2 cup) , pickled beets (1/2 cup) , chocolate pudding (1/2 cup) and beverage/water, coffee (8 oz.)

In an observation conducted on / at 12:30 PM of the facility's lunch meal served to the resident #8 in the dining , the resident was only served 1/2 cup of sweet potatoes and 1/2 cup of pickled beets, with a beverage.

In an interview conducted with the Staff G, the cook on / at 12:47 PM, she confirmed the findings and stated unfortunately the blender is not working, she pureed the vegetables by hand.
In an interview conducted on / at 1:02 PM, with the Manager she acknowledged the findings.
A review conducted on at 12:00 PM ,of the facility's posted dietician approved lunch menu for revealed the menu to be :tuna salad plate(3 oz) 1 slice of bread, potatoes salad (1/2 cup) ,lettuce,tomatoes and green pepper (1 cup) , fresh fruit (1/2 cup) and beverage/water, coffee (8 oz.)
In an observation conducted on / at 12:30 PM Resident #8 was observed being served and eating a regular diet .
In an interview conducted on / at 12:30 PM with Staff H,the cook on / , he confirmed that he served Resident #8 a regular diet.
In an interview conducted on at 12:39 PM with the manager she confirmed the findings.
Photographic evidence was obtained.

Class III

0152 Physical Plant - Safe Living Environ/Other

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Based on observation, and interviews, the facility failed to maintain an environment that was safe and homelike in 5 out 10 sampled Suite or rooms (Suite 1, rooms #3, #4, #18, and Suite 12).
The findings include:
Observation in Suite 1 revealed that it was cleaned and nicely maintained. However, the outlet in the closet was not covered; the outlet ' s cover was missing exposing internal electrical wires.
had missing blinds, no hot water in the , and no cover on the AC vent, exposing a black insulation interior of the vent and the ceiling was stained. Additionally, the sliding door could not fully close, and there were peeling paint on the ceiling. The door frame cover was partially attached to the door. During an interview with the Resident #1, on / at 10:23 AM, she said that she has not had hot water for two months. The resident said that she does not use the shower because of lack of hot water. She added that she receive sponge baths.
Observation conducted in # revealed that the outlet cover was broken.
The cable coming from the wall in # was not securely attached and the interior of the wall was exposed..
Observation made in Suite 12 indicated that the ' s door was off the hinges, loosely attached.
During an interview with the med tech, 0n at 11:00 AM, she said that the door frame was off since Saturday. But, the Maintenance Director confirmed thereafter that the frame was like that for a while. However, he has not been able to find the screws.
Class III

0161 Records - Staff

Based on record review and interview, it was determined that 2 out 4 sampled employees (Employees (A & C) did not have a job description in their employee records.
The findings include:
During employees record review it was noted that Employee A hired on and designated as Manager at the facility did not have a job description in her file.
Also, employee Certified Nurse ' s Aide (CNA) hired on / did not have a job description of his duties on file as required.
During an interview with the Manager, on , at around 12:00 PM, she was unable to provide the records.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that all resident records included a

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weight record that was initiated upon admission and recorded semi-annually for a resident that required assistance with activities of daily living and an interdisciplinary care plan for a resident receiving hospice services for 1 of 2 (Resident #8) resident records reviewed.

The findings include:

Resident #8 was originally admitted to the facility on , a review of his most recent AHCA form 1823 dated / reveals some of his diagnosis include : decline in function, , , Osteopenia, , and .He needs total assistance with his activities of daily living and is currently ordered a puree diet. The form lacked a weight for the resident.

A review of Resident #8's record revealed that the resident's record lacked the any weights other than a weight on the only other AHCA form 1823 located in the record dated .

In an interview conducted on at 2:45 PM with Staff A/ Manager, she states there are no weights in the file for this resident because they cannot weigh him due to his .

Further review of the record revealed a physician order dated / / for a hospice consult order, and a Hospice Certification on / . The record lacked a hospice interdisciplinary plan of care.
In an interview conducted with the hospice nurse on at 10:00 AM , she stated she would fax one over right away.
A review of the faxed copy of the interdisciplinary plan of care dated , revealed that the facility did not sign the form.

In an interview conducted on / at 10:15 AM with the Assistant Administrator she stated was unaware of the regulation, and could not provide the interdisciplinary plan of care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Lighthouse Inn South (the)
3305 Se 5th Street
Pompano Beach, FL 33062

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 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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