STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966281	08/18/2016
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4533 BROOK DRIVE** **WEST PALM BEACH, FL 33417**	

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

0000 Initial Comments

An unannounced relicensure survey was conducted on 08/18/2016 at Personal Elder Care (license# 10513). The facility had deficiencies identified at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed to ensure that all residents were reassessed after significant changes and that the Resident Health Assessment (AHCA 1823 Form) was accurate and reflective of the resident ' s current diagnosis and care needs to ensure the resident met the criteria for continued residency, for 1 out of 4 sampled residents (Resident #1).

The findings included:

Observation of Resident #1 on between the hours of 9:00 AM and 12:00 PM, revealed Resident #1 was self isolating himself in his lying in bed throughout the day.

A record review of Resident #1's AHCA Form 1823 dated revealed the following. The form documented Resident #1's Medical history and diagnosis listed as (Prostatic Hyperplasia) and Parkinson ' s. Physical or sensory limitations listed as none. or behavioral status listed as none. Nursing/treatment/ service requirements listed as none. No special precautions. Activities of Daily Living (ADLs) listed as independent. Under section C (status) documented all items as " no ". Section 2-B documented "See Copy of MOR". However, no copy of the MOR was attached.

Review of Resident #1's MOR (Medication Observation Record) , revealed the resident takes (10 mg tablet generic for 10 mg tablet, take one tablet by mouth daily). This is an medication to treat mental , including and .
However, this diagnosis was noted documented on Resident#1's AHCA Form 1823.

An interview was conducted at 11:30 AM on with the Administrator, regarding Resident #1's current diagnosis. She confirmed Resident #1 has a diagnosis of being and he takes medication for the diagnosis. She stated he stays in bed and he requires supervision. During this time, the Administrator acknowledged the findings and provided no further information for the review .

Class III

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0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to provide an ongoing activities program and to encourage residents to participate in activities, for 4 out of 4 sampled residents.

The findings included:

During the tour of the facility at 9:30 AM on , the activity calendar was observed posted on the bulletin board consumed by numerous papers making it very difficult to be viewed. Further review of this calendar after receiving a copy (unable to read on bulletin board). The calendar failed to document specific dates, months, and details regarding the event/activity. The scheduled listed a date range of , 2016- ,2016. A further review of the calendar revealed the following activities. (Photographic evidence obtained):

a) Sunday- Bible Study
9:00 AM - 1:30 PM
b) Monday- Discuss weekend what we did and what we like 12PM - 1:30 PM
c) Tuesday- Movie of Resident Choice
2:00 PM - 4:30 PM
d) Wednesday- Help plan menu for the week 11:00 AM - 1:30 PM
e) Thursday- Lunch Subway or China Star Restaurant
12:00 PM - 2:30 PM
f) Friday- Outing of residents ' choice with Administrator
9:00 AM - 12:00 PM
g) Saturday- Residents have a choice of whatever activities they would like to do go to the mall or go with friends or relative their choice
9:00 AM - 5:00 PM

An interview at approximately 9:45 AM with the Administrator revealed the residents do not participate in activities. She stated she takes the residents on outings sometimes. During the time of the interview these findings were discussed with the Administrator, she acknowledged the findings. The Administrator provided no further information for review.

Class III

0079 Staffing Standards - Levels

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Based on record review and interview, the facility failed to maintain a written work schedule which reflects the facility ' s 24 hour staffing pattern for a given time period.

The findings included:

On at 11:20 AM, the written work schedule was requested and reviewed. The schedule documented month of 2016 and did not indicate the hours or the time for Staff A, Staff B, Staff C, and Staff D to be worked on a given day. During an interview with the Administrator at approximately 11:30 AM on , she acknowledged and confirmed the inaccurate schedule. The Administrator provided no further information for review.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide a safe living environment and ensure that the facility maintained free of hazards. The facility failed to ensure all architectural and mechanical systems are maintained in working order for 4 out 4 sampled residents.

The findings included:

On at approximately 9:15 AM, a tour was conducted of the facility with the Administrator. The following observations were made:

1.) #
A.) The double sink vanity in the # ' s (inside resident ' s) vanity sinks are badly rusted.
B.) Underneath the cabinet is sunk in and has crumbled and rotten wood at the bottom of the cabinet. The cabinet is not securely attached to the wall and there is a gap between the wall and the cabinet.
C.) The bottom edge outside of the base of the tub is rusted, and tile behind the toilet is loose.

2.) # - Located in the hallway
1.) Hallway (Shared) Sink separating from the wall, multiple black stains throughout the wall of the shower and on the tile grout. Under the cabinet it had black stains and had evidence of water stains. The stuffy.
3.) # - Both headboards on Bed A and Bed B are loose. There are scuffs on wall throughout the facility.

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4.) Ceilings throughout the home have numerous spider webs and dust including the ceilings in bedroom, kitchen, bathrooms and living room.
5.) On several walls in the home there are bugs in casings stuck to the wall.
6.) Patio Area-
a) A motor wheelchair was sitting in the middle of the patio, causing walkway to be obstructed for residents to passively walk through the area. Residents observed sitting in the area throughout the survey , this item obstructed the walking and sitting space.
b) Left corner revealed 4 batteries for motor wheelchair on the ground, two empty boxes locate beside the batteries, an empty bucket, and a dumbbell weight .these items obstructed the walking and sitting space.

c) Right corner revealed 4 rusted gallons of paint, roofing material, weights, and a funnel

7.) Outside Area Behind the Building
a) Multiple hospital bed framses leaned against the house, unsecured. Resident have access to this area
b) Stacked chairs (4) beside the folded beds
c) A large screen door laying on the ground

An interview was conducted on at 12:30PM with the Administrator, she acknowledged the concerns and stated she will work on repairing. The Administrator did not provide any additional information for review (photographic evidence obtained).

Class III

0162 Records - Resident

Based on record review and interview, it was determined the facility failed to ensure each resident's file contained a signed copy of the written informed consent , for 4 out of 4 sampled residents.

The findings included:

On at approximately 10:00 AM, a record review was conducted for Resident #2, it revealed the written informed consent to receive assistance with self-administration of medication from unlicensed staff was unmarked. The box indicated will or will not be overseen by a licensed nurse. A further review, revealed the written informed consent box was unmarked for Resident #1, Resident #3, and Resident #4. Resident #4 ' s written informed consent also revealed signature was signed on the wrong line. The

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admission dates were obtained for each resident:

1) Resident #1 - /
2) Resident #2- /
3) Resident #3-
4) Residents #4- /

During an interview at 10:30 AM, the findings was discussed with the Administrator. She acknowledged the findings and provided no further information for review (photographic evidence obtained).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Personal Elder Care
4533 Brook Drive
West Palm Beach, FL 33417

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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/jw

XG90

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