STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968337	08/23/2016
NAME OF PROVIDER OR SUPPLIER **SELA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4080 NORTH 35TH AVENUE** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced Relicensure with Extended Congregate Care (ECC) survey was conducted on 23, 2016 at Sela ALF, Inc. (License #12237). The facility had a deficiencies at the time of the visit.

0054 Medication - Records

Based on observation, record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was up-to-date and accurate, for 2 out of 2 sampled residents (Residents #1 and #2).

The findings included:

a) On at 9:45 AM, Resident #1 was observed receiving assistance with self-administration of her morning medication by Staff A. She received the following medications:

1. 10mg
2. S tablet
3. / 10mg

Review of the resident's 2016 MOR listed the resident's morning medications to be given at 8:00 AM. During interview with the Administrator and Staff A at 11:30 AM on / , they acknowledged that the resident routinely received her morning medication later than the 2 hour window allotted for assisting with her medication (7:00 AM-9:00 AM), and that the time listed on the MOR was incorrect.

Additionally, the resident received 10mg tablet as indicated on the medication bottle label. During interview with Staff A and the Administrator at 11:30 AM on , they confirmed that the MOR inaccurately documented that the resident was receiving 20mg tablet every day since the new order changed to 10mg on . The newest and current order dated / for , was reviewed and documented that the resident was to receive the 10 mg tablets. The MOR was inaccurate as it listed the received was 20 mg tablets, one a day.

b) During review of Resident #1's 2016 MOR, a treatment order was listed for the resident to receive "triple ointment apply to left twice a week and as needed". The MOR also listed to times each day for this treatment, 8:00 AM and 5:00 PM. Staff intials were documented for each day, twice a day, as "R" from / through .

During interview with Staff A and the Administrator at 11:30 AM on / , Staff A stated the "R" was

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documented for the resident's refusal of the treatment. However, the Administrator and Staff A acknowledged that the facility staff did not offer or complete this treatment for the resident. They confirmed that the hospice nurse was responsible for this treatment, and acknowledged that the MOR was erroneously documented twice a day that the resident was "refusing". Furthermore, the current order for this treatment dated / showed the resident was to receive the treatment only once a week and as needed. The MOR had not been changed to show the current orders for this treatment, and was inaccurately documented as the resident refusing the treatment by the facility staff.

c) On at 11:20 AM, Resident #2 was observed receiving assistance with self-administration of her morning medication by Staff A. She received the following medications:

1. 50mg
2. 325mg, 2 tablets

Review of the resident's 2016 MOR listed the resident's morning medications to be given at 8:00 AM. During interview with the Administrator and Staff A at 11:30 AM on / , they acknowledged that the resident routinely received her morning medication later than the 2 hour window allotted for assisting with her medication (7:00 AM-9:00 AM), and that the time listed on the MOR was incorrect.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sela Alf, Inc
4080 North 35th Avenue
Hollywood, FL 33021

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 the call field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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