AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910608	09/30/2016
NAME OF PROVIDER OR SUPPLIER **PEMBROOK PLACE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1623 ROBINHOOD LANE** **CLEARWATER, FL 33764**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On / a biennial re-licensure survey with extended congregate care (ECC) was conducted at Pembrook Place II. Deficient practice was identified during the survey.

(License #7581)

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that a fully completed Resident Health Assessment for Assisted Living Facilities Form (AHCA Form 1823) was completed for one (Resident #6) of two residents reviewed.

Findings included:

A record review for Resident #6 on / revealed that Resident #6 had an admission date of . The record review revealed an AHCA Form 1823 for Resident #6, the date of the examination had been left blank and there was no documentation of the date of the examination anywhere on the AHCA Form 1823. Additionally, the height and weight section of the AHCA Form 1823 for Resident #6 had been left blank. Additionally, Box B under section 2-B had been left blank, there was nothing checked on the AHCA Form 1823 as to whether Resident #6 required assistance with medications or what level of assistance was required.

In an interview on / at 2:00 PM, the Administrator confirmed that all of the above stated information was omitted from the AHCA Form 1823 of Resident #6. The Administrator stated that she normally reviews the residents ' AHCA Form 1823, but that she had not reviewed Resident #6 ' s form and was not aware that it was incomplete.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations, record review and interview, the facility failed to provide scheduled activities for ten out of ten residents at the facility.

Findings Included:

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At 9:45 AM on / , six (6) residents of the ten (10) residents at the facility were observed seated in the family . Music was playing on the TV and all 6 residents were quietly sitting there. No activity was going on. A review of the activity calendar, posted on the refrigerator, revealed that the day ' s activities were to be " morning walk and sit down exercises " from 9:30 AM to 11:30 AM and later " bible study and outdoor activity " from 1:30 PM to 5:00 PM. Throughout the morning, from 9:40 AM to 11:30 AM, it was observed that there were no activities happening in the facility, no sit down exercises and no morning walk. The residents sat in the family the TV during that time period. Throughout the day of the survey, it was noted that most of facility residents were gathered in the family the TV and no one took them outside, led any exercise class or had a bible study as was scheduled on the activity schedule.

In an interview with the Administrator at 12:30 PM on , she stated that there were no activities that day because they needed to call Brighthouse and that they were not able to have the exercise classes because their Brighthouse service was not working. She stated that they would not be going outside until about 7:00 PM when they would go for an evening walk. Surveyors left the premises at 3:50 PM. There were no directed activities for any of the residents the entire time surveyors were on the premises, from 9:00 AM until 3:50 PM.

Class III

0050 Medication - Self Administered Medications

Based on interview and record review, the facility failed to ensure that residents who self-administer their medications were capable of self-administering their medications without assistance for one (Resident #6) of two residents reviewed.

Findings included:

In an interview on / at 9:05 AM, the Administrator stated that Resident #6 self-administers her without assistance.

A record review for Resident #6 on revealed that Resident #6 had an admission date of . The record review revealed an AHCA Form 1823 for Resident #6, the date of the examination had been left blank and there was no documentation of the date of the examination anywhere on the form. Additionally, Box B under section 2-B had been left blank, there was nothing checked on the AHCA Form 1823 as to whether Resident #6 required assistance with medications or was capable of self-administering medications. On the AHCA Form 1823 for Resident #6, " Section 3: Services offered

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or arranged by the facility for the resident, " indicated that beginning on the facility staff would provide Resident #6 with assistance with medications three times a day. The record review for Resident #6 did not reveal any documentation indicating that Resident #6 was capable of the self-administration of her .

In an interview on at 2:00 PM, the Administrator confirmed that there was no documentation on Resident #6 ' s AHCA Form 1823 that Resident #6 was capable of self-administration of her . The Administrator also confirmed there were no other documents contained in the resident ' s chart indicating that. The Administrator stated that Resident #6 had told her that she administers her to herself and that is why Resident #6 was self-administering her without assistance.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that a resident keeping medications in his/her his/her when the resident was absent or in a secure place within the is out of sight of other residents for one (Resident #6) of ten residents in the facility.

Findings included:

On at 9:45 AM Resident #6 ' s observed by the surveyor. Resident #6 ' s observed to have the door open and unlocked at that time. There was an open, non-locking basket on top of a dresser in the contained a box of Flex-Pens and a box of Flex-Touch Pens. Additionally, there was another open, non-locking basket on top of the dresser containing a box of Flex-Touch Pens. Photographic evidence was obtained.

In an interview on at 2:00 PM, the Administrator confirmed that Resident #6 ' s medications were on top of a dresser in the resident ' s that this was not a secure location out of sight of other residents. The Administrator also confirmed that the resident ' s door was open and unlocked.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to ensure that the posted menu was followed for the observed lunch meal.

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Findings included:

During the lunch meal observation on at 11:30 AM, the surveyor observed that the following was served for lunch: fish, mixed vegetables, mashed potatoes, fruit medley, and iced tea. The posted lunch menu for was observed at this time and the following was on the menu: baked fish, potatoes, spinach, peaches, corn bread with margarine, and water or iced tea. The surveyor observed that the corn bread with margarine had not been served with the lunch meal.

In an interview on at 11:50 AM, Staff A confirmed that he had not served the corn bread with margarine at lunch even though it was on the menu. Staff A stated that he forgot to serve the cornbread with margarine with the meal. Staff A confirmed that nothing was substituted in place of the cornbread with margarine.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that residents receiving assistance with the activities of daily living had their weight recorded semi-annually for one (Resident #7) of two residents reviewed.

Findings included:

A record review of Resident #7 ' s chart on revealed a resident weight sheet listing Resident #7 ' s weight and the date that the weight was recorded. The most recent entry on the resident weight sheet was . The record review also revealed a Resident Health Assessment for Assisted Living Facilities Form (AHCA Form 1823) dated that indicated that Resident #7 required assistance with ambulation, bathing, dressing, eating, , toileting, and transferring.

In an interview on at 3:00 PM. the Administrator confirmed that no weight had been taken or recorded for Resident #7 since / because the resident was unable to stand on the scale at the facility. The Administrator confirmed that Resident #7 received assistance with the activities of daily living.

Class III

E210 ECC - Training

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Based on record review and interview, the facility failed to ensure that that the administrator and extended congregate care (ECC) supervisor completed a minimum of four hours of continuing education every two years for ECC for one (Administrator) of two employees reviewed.

Findings Included:

On a review of the Administrator ' s employee file revealed that she had received six hours of training in ECC in 1997. The Administrator was also the ECC Supervisor. No further continuing education credits were found in the emplovee file that would meet the required four hours every two years in topics relating to the physical, , or social needs of frail elderly and person, or persons with ' s .

At 2:30pm on , the Administrator was interviewed regarding a lack of any continuing education hours for the ECC license. She stated that she was unaware that she needed to have any further training other than the initial ECC training and that she had not heard of any " updates " from AHCA that she needed to take a class in.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Pembrook Place II
1623 Robinhood Lane
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on , 2016 by representative(s) 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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