STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968761	10/04/2016
NAME OF PROVIDER OR SUPPLIER **MOORE CARE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1397 WEST 35TH STREET** **WEST PALM BEACH, FL 33404**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 10/04/2016 at Moore Care Assisted Living (License #12598). The facility had deficiencies at the time of the visit.

0077 Staffing Standards - Administrators

Based on interview and record review, it was determined the facility failed to appoint in writing a separate Manager for each facility when the Administrator supervises more than one facility.

The Findings included:

During interview conducted with the Administrator on at approximately 8:30 AM, she was asked if she had more than one facility that she managed. She stated she has 2 facilities that she manages and that they are less than 15 miles apart. She was asked who was appointed, in writing, as the Manager. She stated it was her understanding that she could be the Administrator of up to 3 facilities without appointing a manager for any of them. She conferred with her consultant over the telephone at this time and he confirmed this to her.

Further review of this regulation indicated she would be required to appoint a Manager for at least one of her two facilities. This was discussed on at approximately 12:45 PM with the Administrator. The Administrator provided no additional infromation for review.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, it was determined the facility failed to have a staff member who has completed First Aid and holds a currently valid card documenting completion of such course in the facility at all times, for 1 of 2 sampled staff records reviewed (Staff B).

The Findings included:

Review of the facility's staff schedule indicated Staff B works as the sole staff member present in the facility on Mondays, Tuesdays, Wednesdays, and Sundays from 7:00 PM - 7:00 AM. She is also noted to work on Fridays from 7:00 AM - 7:00 PM. During Fridays the Administrator is only noted to be scheduled from 9:00 AM - 5:00 PM (there are 4 hours during this shift that she is the sole caregiver on duty).

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SUMMARY STATEMENT OF DEFICIENCIES
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During interview and employee record review conducted with the Administrator, on 10/04/2016 beginning at approximately 10:20 AM, she was provided the opportunity to locate a copy of a currently valid card for First Aid for Staff B (with a date of hire noted as). The Administrator was unable to locate any First Aid documentation for Staff B. The Administrator acknowledged that there are times Staff B is the sole caregiver on duty and that the facility did not have documentation of current First Aid training at the time of this review.

Class III

0082 Training -

Based on interview and record review, it was determined that the facility failed to ensure that each new facility staff member obtained training within 30 days of employment and that this documentation must be maintained in their files, for 2 of 2 direct care staff records reviewed (Staff A and Staff B).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 10:45 AM, she was provided the opportunity to locate training that was conducted within 30 days of hire for the following employees:

a) Staff A with a date of hire noted as ; prior training dated was on file
b) Staff B with a date of hire noted as ; prior training dated was on file

The Administrator stated she thought that prior training could be accepted so this training was not provided as a part of orientation training within 30 days of hire for the above referenced staff.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, it was determined the facility did not have a sufficient 3-day supply of nonperishable food on hand; specifically related to protein nor did the facility have potable water sufficient for drinking and food preparation for a census of 3 residents (Residents #1, #2, #3).

The Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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During interview and review of the facility disaster menu (developed by the facility's contracted Registered Dietitian on) conducted with the Administrator, on at approximately 12:20 PM, the facility's disaster menu was compared to the non-perishable food supply on hand at this time. The disaster menu noted Ravioli, Beef Stew, and Chili Con Carne were the main entrees (protein items). The Administrator acknowledged that none of these items were on hand at this time. The Administrator was asked about potable water for drinking and food preparation. She acknowledged that she did not have any water on site at this time. She stated she had planned to go to the store as there is an impending storm (Hurricane Matthew) at this time, but had not had a chance to shop, yet.

Class III

0162 Records - Resident

Based on interview and record review it was determined the facility failed to ensure an interdisciplinary care plan, developed in conjunction with the facility and hospice, was on filed for 1 of 1 sampled residents receiving hospices services at this time (Resident #2).

The Findings included:

During interview and review of Resident #2's record conducted with the Administrator, on beginning at approximately 11:30 AM, she was provided the opportunity to locate an interdisciplinary care plan that was developed in conjunction with the facility and hospice. The Administrator could not find any interdisciplinary care plan that describes what care the facility is responsible for and what care hospice is responsible for related to Resident #2. The Administrator acknowledged she was not aware of the requirement to have an interdisciplinary care plan for residents receiving hospice services.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to register and maintain employment status of all employees within the clearinghouse, for 2 of 4 sampled employees (Staff B and Staff D).

The Findings included:

During employee record review and interview conducted with the Administrator, on beginning

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at approximately 10:35 AM, the clearing house roster that this surveyor printed from the clearinghouse website on 10/03/2016 was reviewed. It did not indicate any staff of this facility was registered. The Administrator obtained access to her clearinghouse roster website and provided a "screenshot" of the employees she had registered. The Administrator acknowledged that the following 2 currently employed staff were not noted on her "screenshot" of her clearinghouse roster:

a) Staff B with a date of hire noted as [redacted]
b) Staff D with a date of hire noted as [redacted]

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Moore Care ALF
1397 West 35th Street
West Palm Beach, FL 33404

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

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