STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967891	**09/14/2016**
NAME OF PROVIDER OR SUPPLIER **BIRD'S EYE RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 50TH AVENUE MARGATE, FL 33068**	

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

0000 Initial Comments

An unannounced Abbreviated relicensure survey was conducted on 09/14/16 at Bird's Eye Residence Assisted Living Center, license number: 11882. The facility had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on observation, interview and record review the Assisted Living Facility (ALF) failed to record the result of a significant change in the residents examination on the Agency Health Care Administration (AHCA) form. 1823 to determine if the resident was appropriate for continued residency in the facility for 1 of 3 residents observed in the facility (Resident # 1).

The findings included:

On at 10:00 AM, a tour of the facility was conducted. An observation of Resident # 1 was conducted. She was observed sitting on the couch making gestures to stand up on her feet by rocking back and forth.

A review of the resident's medical chart revealed that her initial health assessment form 1823 was missing from the file. The resident's date of admission was . The most recent health assessment form 1823 dated states the resident can walk and eat independently. The Surveyor observed the resident in a wheelchair and being fed by the facility staff during the lunch meal.

On an interview was conducted with Staff A at 12:02 PM, revealed the resident is unable to perform her activities of daily living (ADL's). She requires assistance with bathing, , dressing, toileting,walking, and eating.

On at 04:00 PM, an interview was conducted with the Administrator. She confirmed that she could not locate the initial health assessment (AHCA form 1823) from the admission date. She also confirmed that the resident's condition had declined and she needed assistance with all of her ADL's.

Class III

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0026 Resident Care - Social & Leisure Activities

Based on observations, interviews and record review, the facility failed to post the activities calendar in a common area where residents normally congregate. The facility also failed to update the calendar to reflect current activities conducted.

The findings included:

On / at 10:00 AM, a tour of the facility revealed that the activities calendar was posted on the wall in an area the residents do not congregate. The Residents were observed from 09:15 AM - 05:00 PM, either in the Den or (family) or the dining the facility. The activities calendar was observed on the wall of the kitchen where only the Staff has access. The activities calendar indicated activities should have been conducted at 10:00 AM, the residents sat in the TV lunch was served at 12:00 PM. Staff A played 1 game of ball toss at 2:00 PM. There were no other activities conducted throughout the day.

On at 05:00 PM, the Administrator was advised that the calendar was not in a common area, nor did the Staff honor a consistent activity schedule. She states they normally do more activities when the Surveyor's aren't prevent. She indicated that she will relocate the activity calendar.

CLASS III

0027 Resident Care - Arrangement for Health Care

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to arrange or assist the resident with access to health care as needed for 1 of 3 residents (Resident # 1).

The findings included:

On at 10:00 AM, a tour of the facility was conducted, Resident # 1 was observed constantly placing her right hand inside her mouth in a rubbing motion. This behavior was observed on a continuous basis throughout the survey until approximately 04:00 PM.

On a telephone interview was conducted with the Authorized Representative for Resident # 1. She stated for the past 2 weeks the resident has been experiencing pain in her mouth or gums. She stated she made the Administrator aware, but the resident has not seen a dentist. She stated the

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resident advised her that she was experiencing pain in her mouth.

On 09/14/16 at 03:30 PM, an interview was conducted with the Administrator, she stated she was aware that the resident had begun placing her hand in her mouth for the past few weeks. She says she spoke to the resident's representative and provided a phone number to a dentist, but she had never followed-up or tried to arrange for an appointment or evaluation of the resident's pain. She advised the Surveyor that she would make sure that the resident would be seen by a dentist as soon as possible.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to ensure that the residents are free of physical other than 1/2 side rails which must be ordered by a physician. for 1 of 3 residents reviewed (Resident # 1). It was also determined the facility failed to honor a resident's rights, for 1 out of 3 residents (Resident #2).

The findings included:

a) On at 12:00 PM, Resident # 1 was observed seated in a wheelchair with a seat belt strapped across her lap. She remained in the wheelchair during the lunch meal approximately one hour.

On / at 12:12 PM,an interview was conduced with Staff A. She stated the Resident is placed in the wheelchair during meals and care only because she is constantly moving. She confirmed that the resident was unable to remove the seat belt.

On / a review of the Agency Health Care Administration (AHCA) health assessment form 1823 dated / , does not reveal that the Resident has a physician order for physical . Further review of the file failed to contain a physician order for a physical .

On at 04:00 PM, an interview was conducted with the facility Administrator. She acknowledged that she did not receive a physician order for the seat belt on the wheelchair.

b) On at 12:02 PM an observation of the lunch meal was conducted. Staff A was observed feeding Resident # 1 and # 2 . She did not wear gloves at the time. She was seen touching the clothing and adjusting the residents in their seats without washing or sanitizing her hands.

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During the lunch meal Staff A was feeding Resident # 2, when Resident # 2 dropped rice from her mouth. Staff A caught the rice in her bare hand and dumped it back onto the plate in which she was feeding the Resident from. She did not sanitize or wash her hands after this was done.

On / / at 04:00 PM, the Administrator was made aware and stated as a Nurse, she is aware that this is a result of poor control.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the Assisted Living Facility, (ALF) failed to dispose of expired medication for 1 of 3 residents in the facility (Resident #1). The facility also failed to ensure that all medications are centrally stored and kept in a locked storage area at all times, for 4 of 4 medications observed (Re.

The findings included:

On at 09:50 AM, a tour of the facility was conducted with the Administrator. It was discovered that the Staff had left several bottles of medication on the top of the medication storage cabinet. It was determined that the Bayer 325 mg for Resident # 1, that she is currently receiving expired in 2015.

At the same time the following medications were also observed on top of the locked medication cabinet in the kitchen: Prunelax Ciruelax and Melatonia 50 mg-OTC,medication belonged to the Administrator. Polyethylene Powder belonged to a resident whom had recently in the facility and Bayer -325 MG OTC belonged to Resident # 1. None of the medications were labeled with the names of the owners.

At this same time, Staff A was notified and she stated that she would throw the medicine away immediately and notify the Resident's Authorized Representative that a new bottle would be required.

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0057 Medication - Over The Counter (OTC) Products

Based on observation, interview and record review, the facility failed to label with the name and the direction's of use or health care providers direction for use for all Over The Counter (OTC) medications. The facility also failed to obtain a Physician order for the (OTC) medications when the medications are provided by staff through medication assistance, for 1 of 4 medications observed (Resident #1).

The findings included:

On / at 10:00 AM, a tour was conducted of the facility. There were medications observed on the top of the medication storage cabinet. without a physician order as well as no name or instructions for use on a bottle: of , Sienna and Bayer for Resident # 1.
On at 05:00 PM, in an interview with the Administrator, she confirmed that the medications should be labeled and prescribed by the physician and listed on the MOR.

Class III

0079 Staffing Standards - Levels

Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide an accurate daily staffing schedule that reflected only those staff on the job in the facility on the day of the survey, for 3 of 4 Staff members.

The findings included:

On / upon entry into the facility only Staff A was present in the facility. A daily staffing schedule was reviewed by the Surveyor. It was determined that the schedule entitled Bird's Eye Residence, LLC work schedule indicated on /, 3 Staff members were to be present at the time. Based on observation Staff A was present on the 7:00 AM - 7:00 PM shift. It was observed that Staff members A, B, and C were noted on the schedule to work on / / . The Administrator arrived at the facility approximately 10:15 AM.
Staff member D, identified as the Assistant Administrator was present during this shift providing resident care and the name was not listed on the schedule. He arrived at approximately 10:30 AM on .
Also, Staff member E was observed in the facility at approximately 11:10 AM, and her name was not entered on the schedule for the 7:00 AM - 7:00 PM schedule for / / .

In an interview conducted with the Administrator on at 03:30 PM, she stated that she would have to update the schedule to reflect the accurate staffing schedule.

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CLASS III

0081 Training - Staff In-Service

Based on interview and record review the Assisted Living Facility (ALF) failed to provide the Emergency preparedness and Elopement training in-service training for 2 of 3 Staff records reviewed.

The findings included:

On / a review of the employee records for Staff A and C reveal that the facility did not provide the Elopement training-Emergency preparedness training from an internal Staff member of the facility. The certificate reviewed for Staff A dated and the certificate reviewed for Staff C dated were conducted by outside agencies.
On / at 05:00 PM, the Administrator was advised that the Staff must be trained by an internal Staff member on the facility's specific policy's and procedures of these topics. She stated she was unaware that she was able to provide in-service herself and she would conduct these training's immediately.

Class III

0090 Training -

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure that the facility direct care staff received one hour of training in the facility's policies and procedures regarding ( ) within the 30 days of the effective date of hire for 2 of 3 Staff records reviewed Staff A and C.

On / / a review of the employee records was conducted. It was determined that Staff members A received one hour training from an outside agency on /. The certificate reviewed for Staff C reveals she received training on / from an external agency as well.

On / at 05:00 PM, an exit interview was conducted with the Administrator. She was advised that the Staff must receive training from the facility regarding their specific policy. The Surveyor advised the Administrator she is capable of providing the training. She responded that she was not aware of this regulation and indicated that she would provide the training to the Staff immediately.

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CLASS III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the Assisted Living Facility (ALF) failed to provide a safe living environment to ensure resident's safety for 1 of 3 residents residing in the facility (Resident # 2).

The findings included:

On / at 10:12 AM, a tour was conducted of the facility with Staff A. An observation of the # for Resident # 2 revealed that it did not contain a lamp nor a ceiling light. The contained a night light.

In an interview with Staff A during the tour, confirmed that the Resident did have a lamp in the , but the Administrator had it removed.

On the same day at 03:30 PM, the Administrator was informed and agreed that the resident did indeed require a light in the safety and assured the Surveyor that she would obtain a new lamp.

Class III

0181 Emergency Plan Approval

Based on interview and record review the Assisted Living Facility (ALF) failed to provide the annual Emergency Management Approval Plan from the local agency.

The findings included:

On at 04:30 PM, an interview was conducted with the facility Administrator. She stated after searching through her paperwork since the Surveyor requested the documentation at approximately 10:00 AM; she was unable to locate her copy of the facility -(CEMP) comprehensive emergency management plan approval letter from local authorities. She stated she would contact the Department of Health to obtain the appropriate form.

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Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Bird's Eye Residence, LLC
840 SW 50th Avenue
Margate, FL 33068

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 30, 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
Enclosure

XG90

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