RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Open Retirement Home, Inc
342 Sw 34 Terace
Deerfield Beach, FL 33442

Dear Administrator:

This letter reports the findings of a state relicensure 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 the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	10/12/2016
NAME OF PROVIDER OR SUPPLIER OPEN RETIREMENT HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 342 SW 34 TERACE DEERFIELD BEACH, FL 33442	

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

0000 Initial Comments

An unannounced re-licensure survey was conducted on 10/12/2016 at Open Retirement, (License# 10899). The facility had deficiencies at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Bases on observation, interview and record review, it was determined the facility failed to encourage residents to participate in activities and provide an ongoing activities program for a census of 6 residents (Resident #1-#6).

The findings include:

There was no activity calendar posted for resident reference. The activity calendars provided by staff were dated , , and 2016. Activities are conducted on Wednesdays and Fridays. Review of the calendar revealed the following.

Wednesday (No times specified)

Music
Values
Craft Activity
Clarification (Alternate Wednesday Physical Movement replaces Clarification)

Friday (No times specified)

Music
Expressive Arts
Expressive Arts (Alternate Friday Stimulation replaces Expressive Arts)

An additional calendar was provided that had no month, date, or year listed. The calendar revealed 4-6 hours of activities listed per week.

Sunday- Devotion 11AM-12PM
Monday- Fresh Air Club (No time specified)
Tuesday- Music (2:30PM)
Wednesday-Nature Walk 10:00AM-11:00AM
Thursday- Games 1:00PM- 1:30PM

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Friday- Music 5:00PM - 5:30PM
Saturday-Bingo 2:00PM-3:00PM

There were no activities observed as being provided by the facility on 10/12/2016 from 8:00AM- 3:30 PM, during the survey. During interview with Staff B, conducted on 10/12/2016 at approximately 10:00AM, he stated they have a company who comes in 1 time a week for 2-3 hours and conducts activities with the residents.

During an interview with Resident #2 conducted on at approximately 9:20 AM, she stated "it is boring" because they do not offer any activities. During interview conducted on at approximately 10:38 AM with Resident#5, she stated there use to be a person who came to conduct activities. She stated she has not seen that person in weeks. There are no activities offered at the facility.

During a family interview conducted on at approximately 9:07 AM, it was revealed that there are no activities offered at the facility. During an additional family interview conducted on at approximately 9:55 AM, it was stated there are no activities offered at the facility.

In an interview with the Administrator on at 3:20 PM, she stated they take walks or go outside, but no specific activities were conducted.

Class III

0031 Resident Care - Third Partv Services

Based on record review and interview, the facility failed to establish a policy regarding delivery of third party services in the facility for all contract services .

The Findings include:

Review of the facility's policies and procedures it was revealed that the facility did not have a Third Party Services Policy. On at approximately 1:00PM, surveyor requested a copy of the facilities Third Party Services Policy from the Administrator. The Administrator was not able to provide a copy of the Third Party Services Policy. During interview on at approximately 3: 30PM with the Administrator, she acknowledged the facility does not have a Third Party Services Policy.

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Class III

0054 Medication - Records

Based on observation and interview, the facility failed to sign the Medication Observation Record (MOR) after assisting a resident with their medications, for 3 out of 3 sampled residents (Residents #1, Resident#2 and Resident#5).

The Findings Included:

a) Observation on at 8:00AM, found medications being prepared for Resident #2 for 8AM medications (as documented on MOR for at 8:00AM). Staff D was observed removing the medications from the med cart, comparing the medication to the MOR's, then signing the MOR's prior to giving the medication to the resident.

b) Observation on / at 8:13AM , found medications being prepared for Resident #1 for 8:00AM medications (as documented on MOR for / at 8:00AM). Staff D was observed removing the medication form the med cart, comparing the medication to the MOR's, then signing the MOR's prior to giving the medication to the resident.

c) Observation on / at 11:45AM, found medications being prepared for Resident #5 for 12PM medications (as documented on MOR for at 12:00PM). Staff D was observed removing the medication form the med cart, comparing the medication to the MOR's, then signing the MOR's prior to giving the medication to the resident.

These findings were discussed with Staff D and the Administrator, they both acknowledged the MOR's being signed for Resident#1, Resident#2, and Resident#5 prior to the residents's receiving the medications and the staff physically observing the resident take the medication.

ClassIII

0081 Training - Staff In-Service

Based on employee record staff interview, the facility failed to ensure 2 of 5 direct care staff (Staff B

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and Staff E) received the required in-service training for within 30 days of hire.

The Findings include:

a) During employee record review for Staff B (hire date 8/13/2008). There was no documentation contained within the employee's file, or provided by the Administrator, showing completion of the regulatory required in-service training regarding ADL's and Behavioral Needs Training within 30 days of employment.

b) During employee record review for Staff E (hire date). There are no documentation contained within the employee's file, or provided by the Administrator , showing completion of the regulatory required in-service training regarding Recognizing / Reporting , Neglect, and Training within 30 days of employment.

During interview conducted with Administrator on / at approximately 3:25PM, she acknowledges the absence of documentation confirming completion of these training's for Staff B and Staff E. She confirmed that Staff B and E provide direct care and services to the current 6 residents living at the facility.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a safe living environment for 1 of 1 sampled residents (Resident#4).

The Findings included:

On , a tour was conducted at approximately 8:40AM. In # Bed B (Resident#4) revealed an Hospice bed with remote control attached to a spiral cord that was on the lower right side of the bed. The spiral cord casing that covers the wires was stripped leaving the wires exposed (photo included).

During an interview with Staff B at 8:45AM, he acknowledged the exposed remote wires and stated he would have Hospice deliver another bed. These findings were also discussed at 3:30PM on with the Administrator.

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Class III