STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910670	**11/22/2016**
NAME OF PROVIDER OR SUPPLIER **2065INC FORT LAUDERDALE RETIREMENT HOME ANNEX**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 SE 12TH COURT** **FORT LAUDERDALE, FL 33316**	

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

0000 - Initial Comments

An unannounced relicensure survey with Limited Mental Health was conducted on / at 2065Inc Fort Lauderdale Retirement Home Annex (License# 6633). The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, it was determined the facility failed to ensure each resident was assessed for continued residency, for 3 out of 3 sampled records reviewed (Resident # 1, #2 and #5). As evidence of the facility failure to ensure that their AHCA Form 1823 accurately reflected the type of assistance they needed for medication administration.

The findings included:

A) On / / a review was conducted of Resident #2 ' s record he was admitted to the facility on and his most current AHCA Health Assessment Form 1823 dated / revealed the Resident suffers from -Dependent ( ). Further review revealed Page 4, Section A indicates the residents current medications are as follows:
10 u, AC breakfast, lunch and dinner, route sub-q
18 u, AC dinner, route sub-q.

Page 4, Section B indicates that the resident needs help with taking his medications, but fails to identify if the resident is in need of medication administration, assistance with self -administration or if he is not in need of any assistance.
A record review of Resident #2 ' s Medication Observation Record (MOR) dated / / revealed that he is receiving inject 10 units , before each meal and inject 18 units, at bedtime.

In an interview conducted on / / at 2:25 PM with Resident #2 he stated that he tests his own glucose, and goes to the medication staff and they give him his and he injects his own , the staff double checks to make sure he is receiving the proper dose.
In an interview conducted with the administrator and the manager on / / at approximately 04:06 PM, they acknowledged the findings.

B) On / ,a review was conducted of Resident #1 who was admitted to the facility on / , and his most current AHCA Health Assessment Form 1823 dated / revealed the Resident

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suffered from Non- Dependant ( ),History of (PE), ( ), Foot , , (, History of ( ). Further review revealed Page 4 Section A indicates the residents current medications are as follows:
Flexril HCl 10mg Tab 3 times a day as needed for Spasms
SR 100mg 1 Tab by mouth twice a day.
40mg. Tab 1 tab by mouth every day for 14 days
100mg Tab 1 Tab by mouth at bedtime for 14 days
300mg Cap 1 capsule by mouth every 6 hours fro 5 days
20 mg. Tab 1 Tab by mouth twice daily fro 14 days.

Page 4 Section B indicates the resident needs help taking his medications but fails to identify if resident needs assistance with self administration of medications or if the resident needs his medications administered. In an interview with Resident#5 at approximately 9:45AM, Resident#1 acknowledged that the staff assist him with self administration of medication. Further review of Resident#1's Medication Observation Record (MOR) revealed he receives assistance with self -administration of mediations in the AM (morning) HS (hour of sleep).

Interview conducted with Adminstrator and the Manager on / at approximately 4:00PM, the acknowledged the findings.

C) On / a review of Residents #5's admitted to the facility on / , his most current AHCA Health Assessment Form 1823 dated / revealed the resident suffers from (TN), and Back Pain. Further review revealed Page 4, Section A indicates the residents current medications are as follows:
Toro XML 50 mg 1 tab daily P.O. (by mouth)
20mg 1 tab daily P.O.
Regular Strength 325mg 1 tab daily P.O
1mg 1 Tab daily P.O.
1mg 1 Tab Daily P.O.
XL 300mg 1 tab daily P.O.
800mg 1 tab 3 times a day P.O.
2mg 1 tab 3 times a day P.O.
325mg. 1 tab 3 times a day P.O.
Morphne 30mg 1 Tab 3 times a day P.O.

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0.4mg. 1 cap a day P.O.
10mg 1 Tab daily P.O.

Page 4 Section B does not indicate the resident needs help taking his medications and fails to identify if the resident needs assistance with self administration of medications or if the resident needs his medications administered. In an interview with Resident#5 at approximately 11:00AM, Resident#5 acknowledged that the staff assist him with self administration of medication. Further review of Resident#5's MOR revealed the staff assist with self administration of medications in the AM (Morning) and Noon, and HS (hour of sleep).

Interview with the Administrator and Manager on / at approximately 4:00PM, they acknowledged the findings.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self-administration of medication, for 2 of 2 residents (Resident#1 and Resident#8) observed during medication pass. As evidenced of the facility failing to bring the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident, read the medication label, remove the prescribed amount of the medication and then hand it to the resident.

The findings include:

a) Observation on / at 9:320AM, found Resident#1 receiving the following medications (as documented on the Medication Observation Review (MOR) for 2016:
10mg. , SR 100mg AM/HS, HBR 40mg. AM, 20mg. AM.
Observations during assistance with self-administration of medication reveal Staff C (unlicensed staff) assisted Resident #1 with self -administration of medications. Staff C removed Resident#1's medications from the locked medication cart, placed the medication from the previously dispensed container, placed it into a cup, took to resident who was sitting in a chair in front of the medication cart, handed the resident his medication and turned and documented in the MOR. Staff C didn't identify the medications to the resident.

B) Observation on / at 12:30 PM, found Resident#8 receiving the following medications (as

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documented on the Medication Observation Review (MORA) for 2016: Carb/ Cholecal 600mg./400Unit PO Tab, Suralfate 1gm. PO Tab, Thera-M PO Tab. Observations during assistance with self-administration of medication reveal Staff C (unlicensed staff) assisted Resident #8 with self -administration of medications. Staff C removed Resident#8's medications from the locked medication cart, placed the medication from the previously dispensed container, placed it into a cup, took to resident who was sitting at the dining across from the medication cart, handed the resident her medications and documented in the MOR. Staff C didn't identify the medications to the resident.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain an accurate and updated Medication Observation Records (MOR), for 1 of 2 sampled residents. (Resident#1).

The findings include:

On / at 9:20AM, the 2016 MOR for Resident#1 was reviewed and listed: Flexeril 10mg Tab Take 1 by mouth 3 times a day as needed for Spasms. The Flexeril was listed on the front of Resident#1's MOR as PRN. There was no signatures on the front of the MOR. Further review of the MOR revealed (on the back of the MOR in the notes section): Date: / Time: 7A, Initial:PR /Dose (Line through box), Route (Line through Box), Results or Response (line through box), Noted: 8AM, Nurses Signature: PR.

During an interview with Resident#1 on / at 9:15AM confirmed he had not received any morning medication due to having his dressing changed in his Home Health Nurse, and was late coming to receive his medications.

During an interview with Staff C (unlicensed staff) revealed the Flexeril had been signed as if it were given to Resident#1 at 7AM. Staff C stated Resident#1 requested the medication and stated he had not received any medications this morning. Staff C stated she attempted to contact the night shift staff via phone but was unable to make contact. Staff C assisted Resident #1 with taking the medication and stated she would follow-up with the Administrator as to how to correct and document on the MOR to reflect the medication was not given at the time it was initially signed for.

Further review of Resident #1's MOR at 12:00PM revealed Staff C had not signed for giving the morning

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(Flexeril 10mg), and the signature for medication given at 7AM had not been changed or corrected.

During an interview with the Administrator and Manager at on / at approximately 4:10PM, they stated they were not sure what happened but they acknowledged the findings and stated they would continue to look into it.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain documentation of a current and First Aid Card for 1 of 3 sampled staff (Staff B).

The findings Include:

A review of Staff B's employment records revealed, Staff B's and First AID expired of 2016. Further record review revealed no current or First Aid Card was found in Staff B's file. Review of the staffing schedule revealed Staff B works 11 PM- 7AM and is the only staff member in the Annex facility on that shift.

During an interview with the Administrator and Manager on / at approximately 4:15PM revealed Staff B is the only staff member in the Annex on the 11PM-7AM shift. Administrator and Manager stated they were unaware that her and First Aid had expired. They acknowledged the findings and no additional information was provided for review.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff members who are not core trained received the required in-service training's within 30 days of employment, for 2 out of 5 sampled employees' records reviewed (Staff A and Staff C)

The Findings Include:

1) A personnel record review conducted on / revealed that Staff A / direct care aide with a hire date of , lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :

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a) Resident rights in an assisted living facility
b) Reporting major and adverse incidents
c) Facility emergency procedures including chain of command and staff roles to emergency evacuation

2) A personnel record review conducted on / revealed that Staff C / direct care aide with a hire date of / , lacked documentation indicating the employee received the required in-service training's within 30 days of hire covering :
a)) Facility emergency procedures including chain of command and staff roles to emergency evacuation

In observations conducted on / / from 9:00 AM- 5:00 PM, Staff C was observed assisting residents with self -administration of medications, and Staff A was observed conducting various direct care activities throughout the day.
In an interview conducted on / at 4:06 PM with the Administrator she reviewed the files and acknowledged the findings.

Class

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe and sanitary living environment free of hazards and homelike in appearance.

The findings included:

An environmental tour was conducted at the facility on / from 10:00 AM to 11:00 AM accompanied by the Manager. The following issues were observed:

1) At the entrance of the facility, there were pavers missing and improperly set , creating a tripping hazard.
2) In there were 3 of 4 light bulbs not operational in the .
3) In the paint on the ceiling was peeling and the plaster was flaking; the air conditioning vents contained Black like stains and were grossly dirty.
4) In # there were black spots on the ceiling of the , and the floor was in disrepair. The walkway outside of the pavers that were loose and creating a safety hazard.
5) In the was observed to have the paint peeling from the wall and the shower floor was in disrepair.
6) In the pavers were in disrepair outside the entrance, creating a safety hazard..

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7) There was old furniture and debris outside in the yard, behind the storage shed.
8) There was broken floor tiles in the lounge/ activity area.

In an interview conducted with the administrator and the manager on / at approximately 4:06 PM, they acknowledged the findings.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observations, record review and interview the assisted living facility with a licensed capacity of 17 or more residents failed to maintain personnel records which contain a job description, for 2 out of 5 (Staff B and C) current staff members.

The findings include:

A review of Staff B's personnel record revealed that her date of hire was /, Staff C's personnel record revealed that her date of hire was /. Further review of the files revealed that both files lacked a job description.

In observations conducted on / Staff C/aide was observed, assisting residents with self -administration of medications. A review of the staff schedule for the month of revealed that Staff B/aide works alone at the facility from Tuesday - Friday from 4:00 PM- 12:30 AM.

In an interview conducted on / at 04:06 PM with the Administrator, she confirmed the findings.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review, and interview, the facility failed to ensure that all staff that have direct contact with mental health residents in a licensed limited mental health facility received specialized training in working with individuals with mental health diagnoses within 6 months of employment in a limited mental health facility in 3 of 5 staff records reviewed (Staff A, B and C).

The findings include:

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In observations conducted on / , Staff A/aide was observed conducting various direct care activities throughout the day. In observations conducted on / , Staff C/aide was observed, assisting residents with self -administration of medications.
A review of the staff schedule for the month of revealed that Staff B/aide works alone at the facility from Tuesday - Friday from 4:00 PM- 12:30 AM.

A review of Staff A's personnel record revealed that her date of hire was / ; Staff B's personnel record revealed that her date of hire was / , Staff C's personnel record revealed that her date of hire was / . Further review of the files revealed that all three lacked documentation of completion of the required specialized training in working with individuals with mental health diagnoses.

In an interview conducted on / at 04:06 PM with the Administrator, she confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
2065Inc Fort Lauderdale Retirement Home Annex
420 SE 12th Court
Fort Lauderdale, FL 33316

RE: State Licensure

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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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