| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968431 | 12/28/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**PATH OF LIFE ASSISTED LIVING OF PALM BEACH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5800 GUN CLUB ROAD**<br>**WEST PALM BEACH, FL 33415** | |

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

**0000 - Initial Comments**

An unannounced Re-Licensure survey was conducted on 28, 2016 at Path Of Life Assisted Living of Palm Beach, LLC (License #12319). The facility had deficiencies identified at the time of the visit.

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

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date, for 1 out of 4 residents (Resident #1).

The findings included:

During review of Resident #1's 2016 MOR on at 10:45 AM, the following omission was noted:

a) Probiotic (one every morning)-not documented as given on at 8:00 AM

During interview with the Administrator at this time, she acknowledged this finding. She viewed the bingo card where the resident's medication was stored and confirmed that the pill was provided by Staff A on this date. She stated, Staff A "forgot to initial" to indicate the resident was given the medication. The facility provided no additional documentation at this time.

Class III

**Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS**

Based on employee record review and a staff interview, the facility failed to obtain a new background screening for 1 out of 2 employees reviewed, who had a break in employment greater than 90 days from the date that the Level II Criminal Background Screening was completed and the employee's date of hire (Staff B).

The findings included:

On , during review of the personnel file for Staff B, it was noted that Staff B's date of hire was / / and the date of her last criminal background screening was .

A review of Staff B's employment history on her application and her last criminal background screening on the Clearinghouse website showed Staff B had a break in employment greater than 90 days between

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SUMMARY STATEMENT OF DEFICIENCIES
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the date her background screening was completed and the employee's date of hire at this facility. There was no employment history noted on the employee's application, the employee's background screening or on the Clearinghouse website from through / .

During interview with a representative with the Clearinghouse Background Screening Unit at 1:45 PM on / , they confirmed that Staff B showed more than 90 days of a break in employment from through / .

An interview was conducted with the Administrator and Staff B on at 11:30 AM. At this time, neither the Administrator or Staff B could provide any documentation or information showing Staff B did not have a break in service of more than 90 days from a previous position that required a criminal background screening by a specified agency. The facility provided no additional documentation at this time.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Path of Life Assisted Living of Palm Beach
5800 Gun Club Road
West Palm Beach, FL 33415

**RE: Relicensure survey**

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 20, 2017.** 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/dlt
Enclosure

XG90

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