STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967962	12/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITION CARE ASSISTED LIVING FACILITY	1613 SW MERIDIAN AVE PORT SAINT LUCIE, FL 34953

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on , 2016 at Transition Care Assisted Living Facility (License #11948). The facility had deficiencies identified at the time of the visit.

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

Based on observation, record review and an interview, the facility failed to ensure the proper procedures for assisting residents with self-administration of medication were followed, for 1 out of 5 sampled residents (Resident #5).

The findings included:

On at 12:10 PM, Resident #5 was observed eating lunch with other residents at the dining . Resident #5 yelled at Resident #3, stating "Stop telling me what to do".

The Administrator (unlicensed staff member) stated to this surveyor that Resident #5 "needed to take her medicine because she gets like this". She removed a labeled bubble pack of " 1 mg (anti- medication), to be given as needed" for Resident #5 from centrally stored medication. She mixed the tablet in a cup of coffee for Resident #5, then handed the coffee to the resident. She stated, "Here, drink your coffee". She did not tell the resident what the medication was, or let the resident know there was medication in her coffee. She did not read the medication label to the resident while opening the bubble pack with the pill.

Additionally, the label to be given "as needed" did not indicate when the medication could be given to a competent resident as requested. The label was not written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. The Administrator made independent judgement as to when the resident was to take the medication.

These findings were discussed with the Administrator during interview on at 12:30 PM. The facility provided no additional information at this time.

Class III

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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 5 out of 5 residents (Residents #1-#5).

The findings included:

A) Review of the 2016 MORs for Residents #1-#5 revealed no times documented for any of the medications that were provided by unlicensed staff. The documented times on the MORs were "morning", "evening" and "bedtime". It could not be determined when residents received medication by the lack of specific times listed on the MORs.

B) During review of the 2016 MORs for Residents #1-#5 on at 10:00 AM, the following omissions and errors were noted:

1) The following medications were not initialed as given for Resident #1:

a) 20 mg- "morning" dose ("bedtime" dose was erroneously initialed before given)
b) 25 mg- "morning" dose
c) 50 mg (2 tablets)- "evening" and bedtime doses
d) 10 mg- "evening" dose

2) The following medications were not initialed as given for Resident #2:

a) 24 hour 20 mg- "bedtime" dose
b) 10 mg- / / , , - , / - "evening" doses
c) 10 mg- "evening" dose erroneously initialed before given
d) .5 mg- "morning" dose ("evening" dose was erroneously initialed before given)
e) Doculace 100 mg- "morning" dose ("bedtime" dose was erroneously initialed before given)
f) D 50,000 u (weekly)-erroneously initialed as given "morning" dose (weekly dose not due to be given until)

3) The following medications were not initialed as given for Resident #3:

a) 300 mg (three times a day)- "morning" dose; / - "evening" doses; and, / - "bedtime" doses
*a duplicate 2016 MOR noted 1:00 PM and 8:00 PM doses as given from / - /
b) 50 mg- / "bedtime" dose

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c) Sucralfate 1 GM- "bedtime" dose
d) 15 mg- / - doses
e) Propanolol 10 mg- / - doses
f) 25 mg- / - doses
g) 100 mg- - "bedtime or 8:00 PM" dose
h) 550 mg (twice a day)- - doses

4) The following medications were not initialed as given for Resident #4:

a) 40 mg- / "bedtime" dose; "bedtime" dose was erroneously initialed as given
b) 5 mg- "morning" dose; "evening" dose was erroneously initaled as given
c) 10 mg- "evening/bedtime" dose erroneously initialed as given

During interview with the Administrator on at 11:30 AM she acknowledged that medications should have been documented as given. She stated that she was "redoing all of the MORs" and acknowledged that the documentation was inaccurate. The facility provided no additional information was presented at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) who provides direct care to residents had received in-service training within 30 days of employment that covers the following subjects:

The findings included:

Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of in-service training in Neglect and (part of 1 hour) or Activities of Daily Living (3 hours) dated within 30 days of employment. Staff B was hired on / .

The Administrator was interviewed at 12:30 PM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation of the required training for this staff member was presented at this time.

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Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings included:

Review of the personnel file for Staff A who worked 24 hour shifts, in sole charge of residents at times, revealed no current training with a valid card in First Aid or .

Review of the personnel file for Staff B who worked 24 hour shifts, in sole charge of residents at times, revealed no current training with a valid card in First Aid.

The Administrator was interviewed at 11:30 AM on and confirmed that the documentation was not present and available for review for these staff members. She acknowledged that these staff members were left in sole charge of residents at times. There was no written work schedule available to show the staffing pattern. Staff A was observed in sole charge of residents on at 8:00 AM. No additional documentation of the required training was presented at this time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled unlicensed staff members (Staff A and B) who provided assistance with self-administered medications had successfully completed a minimum of 4 hours initial training and 2 hours of annual continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF, and conducted by a qualified trainor.

The findings included:

a) The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed resident aide who provided assistance with self-administration of medication for residents. The last documented training was a 4 hour course completed on . The Administrator

was interviewed at 11:30 AM on and confirmed that the documentation of annual continuuing education was not present and available for review.

b) The personnel file for Staff B was reviewed for documentation of training on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training from a Registered Nurse (RN) or Pharmacist for this unlicensed resident aide who provided assistance with self-administration of medication to residents. The only certificate of training for 4 hours in "assisting with self medications" and 2 hours in "prevention of medical errors" was signed by the "Director" of a company. This director was interviewed on / at 3:30 PM and stated she is not a licensed nurse or pharmacist. The Administrator was interviewed at 11:30 AM on and confirmed that the documentation was not present and available for review.

Review of the 2016 MORs (Medication Observation Records) for Residents #1-#5 was conducted with the Administrator at 12:00 PM on . She identified the initials of Staff B on the residents' MORs and stated that both staff provided medication to residents. The Administrator and Staff A stated during interview at this time that Staff A provided medication to Residents #1-#5 on during the evening while the Administrator supervised. The Administrator stated she initialed the MORs for Staff A. No additional training documentation was presented at the time of the survey.

Class III

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

Based on record review and an interview, the facility failed to maintain a written work schedule.

The findings included:

The facility's staffing schedule was requested from the Administrator at 11:00 AM on . There was no written work schedule available for review. The Administrator stated that Staff A, B and C were currently scheduled to work various 24 hour shifts. Staff A was present working at the facility on this date. The facility provided no additonal documentation was presented at this time.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on a search of the Background Screening Clearinghouse website, and a staff interview, the facility failed to maintain a current employee roster listing all employees of the facility.

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The findings included:

On , a search was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, three (3) current employees (Staff A, B and C) were not listed on the roster. There were no employees listed on the provider's employee roster.

The facility's staffing schedule was requested from the Administrator at 11:00 AM on . There was no written work schedule available for review. The Administrator stated that the aforementioned employees were currently scheduled to work. Staff A was present working at the facility on this date. She confirmed she had not completed the Clearinghouse Employee Roster, including the addition of Staff A, B and C.

Unclassified

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 3 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 A).

The findings included:

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

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

An interview was conducted with the Administrator and Staff A on at 12:30 PM. At this time, neither the Administrator or Staff A could provide any documentation or information showing Staff A 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. No additional documentation was presented at this time.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Transition Care Assisted Living Facility
1613 SW Meridian Ave
Port Saint Lucie, FL 34953

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 , 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida