STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	12/29/2016
NAME OF PROVIDER OR SUPPLIER ROYAL LIVING AT POMPANO ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 NE 19TH AVENUE POMPANO BEACH, FL 33064	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Royal Living at Pompano (License#). The facility had deficiencies at the time of the survey.

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

Based on record review and interview, the facility failed to maintain an updated Health Assessment AHCA 1823 Form that reflects the residents care needs, for 1 of 2 residents (Resident#2).

The Findings include:

During record review of Resident #2's file, a Resident Health Assessment form (the AHCA Form 1823) dated / was identified. This was the initial and only AHCA 1823 Form on file. Resident#2's diagnosis documented as , , and Hypertrophied.

The provider name is not documented on the AHCA Form 1823. Section 1 (Assistance With Activities of Daily Living) ADL's, documents Resident#2 as needing total assistance with all ADL's, and being prone to .

During observation of Resident#2, she was observed walking on her own with assistance. She was observed feeding herself, and being assisted with toileting, and transferring. An interview with the Administrator at this time, she stated Resident#2 does not require total assistance and that her AHCA form 1823 was completed when she was admitted to the facility and she intrinsically required total assist for a short time. The Administrator stated she did not notice that the facility name was not on the AHCA Form 1823. She acknowledged the findings and stated no further documentation was available 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 1 of 2 sampled direct care staff (Staff D) received the required in-service training with in 30 days of hire.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	**12/29/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On 12/29/2017 at approximately 1:00PM, during employee record review for Staff D (hire date 9/19/2016), there was no documentation contained within the employee files showing completion of the required in-service for Incident Reporting completed within 30 days of employment. There was a certificate for incident reporting in the employee file. However, it was from 2015 and it was done by another facility.

During an interview with the Administrator, she stated she thought it was ok to use the old certificate form the other facility as she owns several facilities and her employees sometimes move around. The Administrator stated she would conduct the training and acknowledged the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967965	12/29/2016
NAME OF PROVIDER OR SUPPLIER ROYAL LIVING AT POMPANO ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4200 NE 19TH AVENUE POMPANO BEACH, FL 33064	

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

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

Baaed on observation and interview, the facility failed to ensure all staff members employment status was maintained and reported to the clearinghouse.

The findings include:

On at approximately 10:00AM, the facility schedule was requested and reviewed. The schedule showed a total of 7 staff members to include the Administrator and the Manager. Further review revealed the roster had 9 staff members listed, in which only 1 staff member was on the current facility staff schedule (Staff C). All other staff members were not listed on the facility staff schedule.

During an interview with the Administrator, she stated she was not aware that each facility had to have a separate roster in the clearinghouse, and that her staff sometimes pick up extra hours at one of the sister facilities. She acknowledged the findings.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Royal Living At Pompano Alf, Inc
4200 NE 19th Avenue
Pompano Beach, FL 33064

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,

J. Wedge-Phoenix

Arlene Mayo-Davis
Field Office Manager

AMD

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