STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965874	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **MANGROVE BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 MANGROVE BAY WAY** **JUPITER, FL 33477**	

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

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member had evidence of a negative . . . . . examination on an annual basis, for 2 of 4 sampled staff (Staff A and Staff B).

The Findings included:

1) During interview and personnel record review for Staff A (date of hire noted as) conducted with the BOM (Business Office Manager), on beginning at approximately 10:20 AM, she was provided the opportunity to locate evidence of a negative examination for 2015. The BOM was unable to locate this documentation.

2) During interview and personnel record review for Staff B (date of hire noted as . . . .) conducted with the BOM (Business Office Manager), on beginning at approximately 11:05 AM, she was provided the opportunity to locate evidence of a negative . . . . . examination for 2015. The BOM was unable to locate this documentation.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member that serves food, who have not taken the assisted living core training, had received a minimum of 1 hour of inservice training within 30 days of employment in safe food handling practices for 1 of 3 sampled staff (Staff B). It was also determined that the facility failed to ensure all direct care staff had received the required in-service training within 30 days of hire, for 1 out of 3 sampled staff (Staff C)

The Findings included:

a) During interview and personnel record review for Staff B (date of hire noted as) conducted with the BOM (Business Office Manager), on . . . . . beginning at approximately 11:05 AM, she was provided the opportunity to locate documentation of 1 hour of inservice training within 30 days of employment in safe food handling practices. The BOM was unable to locate this documentation. The BOM acknowledged that this staff member works in the memory care unit and assists with serving of food on that unit.

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NAME OF PROVIDER OR SUPPLIER **MANGROVE BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 MANGROVE BAY WAY JUPITER, FL 33477**	

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

b) Staff C was hired on . During employee record review, there was no training certificate found showing completion of the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Interview conducted with Assited Living Director and Business Office Manager on at approximately 1:15 PM confirmed there was no further documentation showing Staff C completed the Elopemnt training within the regulatory timeframe.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on interview and record review it was determined the facility failed to ensure that each staff member that provides direct care to resident's with ADRD had received the initial total of 4 hours of and Related Level 1 training for 2 of 3 sampled staff (Staff A and Staff B); and failed to ensure that each staff member that provides direct care to residents with ADRD had received 4 hours of continuing education annually as required under Section 429.178, F.S. for 2 of 3 sampled staff (Staff A and Staff B).

The Findings included:

1) During interview and personnel record review for Staff A (date of hire noted as) conducted with the BOM (Business Office Manager), on beginning at approximately 10:20 AM, she was provided the opportunity to locate her initial 4 hours of ADRD training Level 1 and her 2015 and 2016 annual 4 hours of training in ADRD. The BOM was unable to locate this documentation.

2) During interview and personnel record review for Staff B (date of hire noted as) conducted with the BOM (Business Office Manager), on beginning at approximately 11:05 AM, she was provided the opportunity to locate her initial 4 hours of ADRD training Level 1 and her 2016 annual 4 hours of training in ADRD. The BOM was unable to locate this documentation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965874	02/02/2017
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Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on employee record review and staff interview, 1 of 3 staff did not have certificate showing completion of 1 hour training in the facility's policy and procedures regarding ( ) within 30 days after employement (Staff C).

The findings include:

Staff C was hired on . During employee record review, a document was found stating Staff C recieved the facility's policy and procedures for Advanced Directives, which was dated (44 days after date of hire). There was no training certificate found, which included the regulatory required information, pertaining to training received for within 30 days of hire.

Interview conducted with Assited Living Director and Business Office Manager on at approximately 1:15 PM confirmed there was no further documentation showing Staff C completed the Training within the regulatory timeframe.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview it was determined the facility failed to conspicuously post the weekly menu or have them easily available to residents on the memory care unit.

The Findings included:

An observational tour of the Memory Care Unit was conducted with the Assisted Living Director , on beginning at approximately 8:45 AM. She was asked where the weekly menu was posted or how they were easily available. She acknowledged that the weekly menu was not posted or available to residents on the Memory Care Unit.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965874	02/02/2017
NAME OF PROVIDER OR SUPPLIER **MANGROVE BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 MANGROVE BAY WAY** **JUPITER, FL 33477**	

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

Based on interview and record review it was determined the facility failed to register and/or maintain the employment status of all employees within the clearinghouse within 10 business days for 3 of 7 staff reviewed related to registration with the clearinghouse (Staff G; Staff H; and Staff I).

The Findings included:

During interview and review of the facility's Background Screening Employee Roster conducted with the BOM (Business Office Manager), on beginning at approximately 12:30 PM, she was provided the opportunity to to locate the following staff members:

1) Staff G (Licensed Practical Nurse): date of hire noted as and termination date noted as ; her termination date was not noted on the Background Screening Employee Roster at the time of this review; this was acknowledged by the BOM
2) Staff H (Certified Nursing Assistant): date of hire noted as and termination date noted as ; she was not entered on the Background Screening Employee Roster at the time of this review related to date of hire or date of termination; this was acknowledged by the BOM
3) Staff I (Licensed Practical Nurse): date of hire noted as and termination date noted as ; this staff member was not entered on the Background Screening Employee Roster at the time of this review related to date of hire or date of termination; this was acknowledged by the BOM

Unclassified

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

Based on interview and record review it was determined the facility failed to ensure that each staff member that is subject to a background screening has not had a break in employment/service from a position that requires a Level 2 screening for more that 90 days for 2 of 4 sampled staff reviewed (Staff A and Staff B).

The Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965874	02/02/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANGROVE BAY	**120 MANGROVE BAY WAY JUPITER, FL 33477**

SUMMARY STATEMENT OF DEFICIENCIES
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1) During interview and personnel record review conducted with the BOM (Business Office Manger), on beginning at approximately 10:20 AM, she was provided the opportunity to locate documentation that Staff A (with a date of hire noted as) had not had a break in employment/service since her last background screening was conducted on . The BOM acknowledged that the last documentation of employment/service, for Staff A, ended in 2011 and that there was no documentation on file to verify that there was no a break in employment that exceeded 90 days. The BOM acknowledged she was not aware of this requirement to verify that there had not been a break in employment that exceeded 90 days when the facility accepted a previous background screening for a staff member.

2) During interview and personnel record review conducted with the BOM (Business Office Manger), on beginning at approximately 11:05 AM, she was provided the opportunity to locate documentation that Staff B (with a date of hire noted as) had not had a break in employment/service since her last background screening was conducted on . The BOM acknowledged that the last documentation of employment/service, for Staff B, ended in , 2014 and that there was no documentation on file to verify that there was no a break in employment that exceeded 90 days. The BOM acknowledged she was not aware of this requirement to verify that there had not been a break in employment that exceeded 90 days when the facility accepted a previous background screening for a staff member.

Unclassified

0000 - Initial Comments

An unannounced relicensure survey was conducted on & at Mangrove Bay (License #10191). The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, resident record review and staff interview, the facility failed to ensure 1 of 2 residents had a face-to-face medical examination by a health care provider after a significant change. The current Health Assessment does not reflect complete, accurate and current health status and needs, for 1 of 2 residents whose medical records were reviewed (Resident #1).

The findings include:

During a review of Resident #1's current Health Assessment, dated , the diagnoses listed included , Hypothyrodism, , , Lung , , and Left , . All Activities of Daily Living (ADLs), except eating, required "hands on assistance of 1".

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Eating required "cue, set up." Resident was noted as a " risk."

A review of the Hospice IDG Comprehensive Assessment and Plan of Care Update Report, dated , documents: "Nonverbal [related to] severe ...Needs 2 persons [for] all transfers, total incontinence, total dependence all ADLs except eating after set up with supervision and occasional assist as [resident] asleep even during meals, mechanical soft diet [regarding] ."

Physician Notes, dated , documents Medical History as: Overactive , [ ], , , Mild , , , , Restlessness and Agitation, , PVI [, Incident], and . Many of these diagnoses are not documented on the Health Assessment contained in Resident #1's current Health Assessment (Form 1823)

The facility's Individualized Service Plan, dated , documents the following. Resident #1 requires "Total/Complete assistance for shower/bathing needs, dressing; no assistance required for eating; has no history of ; Resident verbalizes that she has experienced no ."

During an interiew was conducted with the Assisted Living Director on at 1:30 PM. She acknowledged a new health assessment should have been completed for Resident #1 due to changes in ADLs and the need for mechanical soft diet due to diagnoses of . The Assisted Living Director also acknowledged Resident #1's assessment should accurately and completely reflect the resident's current health status and ADL needs.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to contat the resident's family/power of attorney prior to providing medical treatment for 1 of 5 residents whose families were interviewed (Resident #5).

The findings include:

During family interview on at approximately 11:45 PM, the daughter of Resident #5 stated that a dermatologist had completed 3 biopsies on her mother without providing notification to either herself or her sister who was the resident's emergency contact and power of attorney.

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	AL11965874	**02/02/2017**
NAME OF PROVIDER OR SUPPLIER **MANGROVE BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 MANGROVE BAY WAY JUPITER, FL 33477**	

SUMMARY STATEMENT OF DEFICIENCIES
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On at 9:30 AM, an interview was conducted with the daughter who is listed as Emergency Contact and Power of Attorney for Resident #5. She verified that she, in fact, had not been notified of the biopsies scheduled or completed by the dermatologist that comes to the facilty. She added, "I was very upset by this, as my mother has her own dermatologist, and he had already did a on her ear. A second did not need to be completed."

During interview conducted with the Assisted Living Director on at 12:17 PM, she stated, "On was in for procedure. The protocol is that the unit clerk would call the family and notify them that the facility is putting the resident on the list to be seen ...we have no documentation showing the daughter was notified."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview it was determined the facility failed to ensure a copy of the Resident's Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area for all residents in the assisted living or memory care unit.

Based on observation and interview it was determined the facility failed to ensure the telephone number for Rights Florida, 1 (800) 342-0823 was posted in a common area accessible to all residents of the facility in the assisted living or memory care unit.

The Findings included:

An observational tour of the Memory Care Unit was conducted with the Assisted Living Director, on beginning at approximately 8:45 AM. She was asked where the resident rights is posted. She acknowledged that they were not posted on the memory care unit. She was asked were the advocacy numbers was posted. She pointed to the Ombudsman poster which contained a label with AHCA's complaint hotline number and the hotline number. She acknowledged that the Rights Florida number was not posted on the Memory Care Unit.

An observational tour of the first floor of the assisted living unit was conducted with the Assisted Living Director, on beginning at approximately 8:55 AM. She was asked where the advocacy numbers was posted. She pointed to the Ombudsman poster which contained a label with AHCA's complaint hotline number and the hotline number. She acknowledged that the Rights Florida number was not posted on the Assisted Living Unit.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **MANGROVE BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **120 MANGROVE BAY WAY** **JUPITER, FL 33477**	

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Class

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

Based on observation, interview and record review, it was determined the facility failed to ensure the MAR (Medication Administration Record) included complete instructions for use of a medication for 1 of 1 sampled residents provided with a medicated pain patch (Resident #7).

The Findings included:

During observation of Staff J providing medication administration to Resident #7, on beginning at approximately 9:05 AM, she applied a Lidocane pain patch to this resident's right shoulder. Staff J acknowledged that the MAR for , 2017 and the label on this box of Lidocane patches indicated apply to affected area every day 12 hours on 12 hours off. Staff J was asked to locate the documentation that indicated the location of "the affected area". She could not locate this documentation. She stated it is Resident #7's right shoulder and that the MAR and label should reflect that, but that they do not.

During subsequent interview and record review conducted with the ALD (Assisted Living Director), on beginning at approximately 9:50 AM, she acknowledged that the MAR and label for Resident #7's Lidocane patch does not indicate the location of the "affected area" and that they should.

Class III