STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964730	**02/07/2017**
NAME OF PROVIDER OR SUPPLIER **MAJESTIC MEMORY CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 ARTHUR STREET HOLLYWOOD, FL 33019**	

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

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

Based on observation and interview, the facility failed to post the telephone numbers for lodging complaints in full view in a common area accessible to residents to include the numbers for Rights Florida, the Agency Consumer Hotline, and the Florida Hotline. The facility also failed to ensure control was maintained while assisting residents with dining.

This findings include:

1) The telephone available for use by residents is located on a desk near the main entrance. There are no postings or list of telephone numbers in close proximity to a telephone. During the initial and subsequent tours of the facility, all common areas and random resident were observed and found to lack the required postings listed above.

During an interview at 9:00 AM on , Staff B confirmed that the residents use the phone located in the lobby and a cordless phone kept by the receptionist.

During an interview on at 9:15 AM with Staff A, he said that the numbers are posted by the time clock. During a subsequent tour with Staff A, the postings were not found. He confirmed the phone numbers were not posted. He said "I guess not, I'm not sure where to look."

2) On at 11:58 AM, a Dining observation was conducted. The Surveyor observed Staff E sitting in between 2 memory care residents of the facility feeding them . Although she used their separate eating utensils, she was observed taking her un-gloved hand and wiping the mouth of Resident # 17. She returned to feeding Resident # 18 without sanitizing her hands before she began feeding Resident # 18. Staff E was also touching the clothing of the two residents without sanitizing her hands before feeding assistance was resumed. An interview was conducted with Staff E to obtain the residents identification. She confirmed that she had performed the task of feeding two residents.

On at 12:32 PM, an observation of Staff G, revealed that the same procedure was being used for Resident # 19 and Resident # 20. Staff G was observed feeding the two residents , without sanitizing her hands. She was making adjustments to the residents clothing and cleaning their faces without sanitizing her hands.

On at 01:00 PM, an interview was conducted with the Food Service Manager. He confirmed that this practice may be considered cross-contamination. He went on to say that he does not supervise Staff E and G. He suggested that I should speak to the Nurse, since these Staff members were CNA's.

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On at 01:38 PM, an interview was conducted with Nursing Supervisor, Staff B. She confirmed the findings to be inappropriate, suggesting possible cross-contamination. She stated they were not short staffed. She stated this procedure was incorrect and she would be addressing the CNA's immediately on proper hand washing techniques.

3) On at 12:50 PM, a Dining observation was conducted. It was revealed that Staff L and Staff M, were observed adding dirty dishes from the Lunch meal onto the 3 shelf portable beverage cart. Meanwhile, it was noted that the Staff continued to serve beverages to the remaining residents in the dining . At this time an interview was conducted with Staff L. She indicated that they did have a separate cart to load the dirty dishes, but it had been broken and never replaced.

On at 01:00 PM, an interview was conducted with the Food Service Manager. He confirmed that the kitchen staff did have a third cart for dirty dishes, but the facility never replaced the cart. He confirmed that this was an unsanitary practice. He indicated that he would notify the Administrator.

Class III

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

Based on record review and interview, it was determined the facility failed to ensure that 1 of 4 (Staff A) obtain evidence of a negative ( ) examination and documented on an annual basis by a licensed health care practitioner freedom of as required.

Findings include
1) During a record review on of Staff A employee file there was no documentation found of a test and results by a licensed health care practitioner as required. Staff A started employment at the facility on and there was no evidence that a was originally conducted and no record of annual basis (2015 and 2016).

2) During an interview with Staff A on at 11:45 AM, it was asked when the last examination was conducted. Staff A responded that it was completed when he was hired. The application date of hire and Staff A said yes that is when it was done. Also, asked if it has been done annually, and Staff A responded, "No, I guess I am due for it". This interview was conducted in the presence of another surveyor.

Class III

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	AL11964730	02/07/2017

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MAJESTIC MEMORY CARE CENTER	**1200 ARTHUR STREET HOLLYWOOD, FL 33019**

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

Based on observation and interviews, the facility failed to provide a safe living environment and ensure that the facility maintained a facility free of hazards for 45 of 45 sampled memory care residents.

The Findings included:

On between the hours of 1:00 PM and 3:00 PM, a tour was conducted of unoccupied 39 through 64. The tour revealed, the following:

On at approximately 2:00 PM, several residents were observed walking up and down the hallway and turning knobs on the empty . A tour of the area was conducted at this time and random doors were cheeked and were observed locked. Further observation revealed # was unlocked and being used as a storage . The observed and was cluttered with items such as, mattresses, bed frames and rails, walkers, lamps, and other miscellaneous items that pose a physical hazard to the residents.

These findings were discussed with the Administrator on at approximately 4:10 PM, he acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to update the facility roster for 2 of 4 (Staff B and Staff D)facility employee files reviewed. The requirement is not met as evidenced by the following:

The findings included:

On at 03:00 PM, a review of the Employee Background Screening Clearing House system revealed that Staff B, who was hired by the facility on had not been added to the facility Staff Roster. On at the same time, a review of the Background Clearinghouse on-line system , revealed Staff D, who was hired by the facility on , was not added to the facility Staff Roster.

On at 03:30 PM, an interview was conducted with the Human Resources Manager along with the facility Administrator. They were informed of the findings of the Employee Roster review. They both confirmed that these two were omitted from the Roster as an oversight. They stated the employees will be added to the roster

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Class III