STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	**02/13/2017**
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

An unannounced Change of Ownership Survey was conducted on at The Peninsula Assisted Living and Memory Care (License#9196). The facility had deficiencies identified at the time of the survey.

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

Based on observations and interviews, the facility failed to post the local advocacy poster and Dining Menu in full view and in a common area accessible to all residents. The requirement is not met as evidenced by a tour conducted in the secured facility Memory Care Unit.

The findings included:

On at 10:50 AM, a tour was conducted of the Garden Center, secured Memory Care Unit. It was revealed that the local advocacy poster was not posted at all in the entire unit.

On at 12:30 PM, an interview was conducted with the Associate Executive Director and the Administrator. They confirmed that they did not have the poster in the Memory Care Unit. They indicated that they had the poster hung on the wall outside of the locked unit in the main hallway. They agreed that those Residents and Visitors need to have access to this poster.

On at 01:11 PM, a tour was conducted in the Garden Center Memory Care Unit with the Associate Executive Director. It was determined that the dining menu was not posted anywhere on the unit.

On the same day at , an interview was conducted with the Food Service Manager. He stated that he kept the dining menu in the kitchen. He confirmed that the Residents did not have access to this area. The Associate Executive Director requested that the Food Service Manager post the menu in the dining area. She confirmed that it should be in full view of the Residents.

Class III

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

Based on record review and interview, the facility failed to maintain accurate and updated Medication Observation Records (MOR), for 3 out of 7 sampled residents (Resident# 18, Resident #23,

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Resident#24)

The findings included:

a) On at approximately 11:40AM, the , 2017 MOR for Resident#18 was reviewed and listed the following; Clonazepram 0.5mg - 1 tablet by mouth 3 times a day 8AM, 12PM, and 5PM. The MOR revealed no signature for the 8AM dose. The findings were discussed with Staff A at this time, Staff A stated the medication was given but she forgot to sign the MOR.

b) On at approximately 12:05PM, the , 2017 MOR for Resident#24 was reviewed and listed the following; , ( ) 40mg - 1 tab daily, 8AM. The MOR revealed no signature. The findings were discussed with Staff A and Staff A stated the medication was given but she forgot to sign the MOR.

c) On at approximately 12:16PM, the , 2917 MOR for Resident#23 was reviewed and listed the following; .1mg -1 by mouth 2 times a day 8AM and 12PM. The MOR revealed no signature for the 8AM dose. Findings were discussed with Staff A, she stated the medication was given but she forgot to sign the MOR.

These findings were discussed with the Administrator and the Resident Care Coordinator at approximately 4:35PM, at this time they acknowledged the findings and provided no additional information for review.

Class III

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

Based upon record review and interview, it was determined the facility failed to register all employees with the clearinghouse and maintain the employment status of all employees with the clearinghouse for 2 of 10 sampled employees, (Staff E and Staff F).

The findings included:

Review of the facilities clearinghouse roster conducted on revealed that 2 of 10 terminated staff records reviewed (Staff E and Staff F), indicated that the facility had not registered the 2 employees in the facility's employee roster within the clearinghouse, and there is no record in the rosters of Staff E and Staff F's hire date or end date. A review of the facilities employee list revealed the following:

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SUMMARY STATEMENT OF DEFICIENCIES
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1) Staff E had a hire date of 11/ and end date of and was employed as the Resident Care Manager
2) Staff F had a hire date of and end date of , Staff F was employed as the Marketing Director.

In an interview conducted on at approximately 4:30 PM with Administrator and the Resident Care Coordinator, the Administrator stated she is not sure why Staff E and Staff F were not added to the clearinghouse roster. The Human Resources Manager was not available. The Administrator acknowledged the findings and provided no additional information for review.

Unclassified