STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967714	02/15/2017
NAME OF PROVIDER OR SUPPLIER **ROCKWELL SENIORS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **22198 ENSENADA WY** **BOCA RATON, FL 33433**	

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

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

Based on record review and interview the facility failed to maintain the employment status of all employees (Staff A, B, C and D) within the clearinghouse for initial employment status and any changes in status within 10 business days.

The findings include:

In observations conducted on Staff A/aide and Staff B/aide were observed, assisting residents in ambulation, assisting to the assisting to bed.

In an interview conducted with Staff A on at 11:15 AM she stated that she has been working at the facility for 4 years and 10 months and assists the residents with all of their activities of daily living.

In an interview conducted with Staff B on at 11:18 AM she stated that she has been working at the facility since , 2016 and assists the residents with all of their activities of daily living.

A review of Staff A's personnel record revealed that her date of hire was .

A review of Staff B's personnel record revealed that her date of hire was .

A review of the facility's staff schedule revealed that Staff C/aide works at the facility on the 7:00 PM-7 :00 AM shift alone.

A review of Staff C's personnel record revealed that her date of hire was .

A review of Staff D/ Administrator's personnel record revealed that her date of hire was .

A review of the Agency for Healthcare Administration background screening website on revealed that the facility failed to include any of their employees on the facility's employee roster.

In an interview conducted on at 1:20 PM with the Administrator she confirmed the findings.

unclassified

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2016013472,was conducted on at

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Rockwell Seniors Inc. (license # 11729) . The facility had deficiencies at the time of the investigation .

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

Based on observation, record review and interview the assisted living facility failed to ensure that care and services appropriate to the needs of residents accepted for admission to the facility were provided for 2 of 6 (Resident #3 and #4) current residents. As evidenced by only having one staff on the schedule on the evening shift in the last 15 days and only one staff on the day shift in 10 of the last 15 days.

The findings included:

A record review conducted on of the facility's staff schedule revealed the following:
a) - 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
b) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
c) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
d) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
e) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
f) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
g) - 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
h) - 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
i) - 1 staff scheduled for the 7AM-7PM shift .
j) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
k) - 1 staff scheduled for the 7 PM-7AM shift .
l) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
m) - 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
n) - 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
o) - 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.

In observations conducted on from approximately 10:45 AM- 3 PM, 2 of the 6 residents (Resident #3 and 4) were observed in bed the entire time.

A record review of Resident #3's AHCA Form 1823 dated reveals that his diagnosis includes: body ,and in right eye, his physical or sensory limitaions are documented asunable to ambulate and in right eye. He is in need of assistance in ambulation,bathing,dressing, toileting, eating, and transferring. Further review revealed his date of admission to the facility was .

A record review of Resident #4's AHCA Form 1823 dated revealed that her diagnosis included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Parkinson's, of intestine and , her physical limitaions are documented as being non-ambulatory, her nursing/ treatment requirements include a , bag and hospice care. She is in need of assistance in ambulation,bathing,dressing, toileting and transferring. Further review revealed his date of admission to the facility was .

In an interview conducted on at 1:30 PM with Staff A, she confirmed that it takes 2 persons to transfer Residents # 3 and 4.

In an interview conducted on at 1:32 PM with Staff B, she confirmed that it takes 2 persons to transfer Residents # 3 and 4.

In an interview conducted on at 2:19 PM with the Administrator, she stated that she has 2 staff on the 7a-7pm, and 1 staff from 7pm-7am and acknowledged the findings.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review the facility failed to ensure that an administrator who supervises more than 1 facility appointed a "manager" who has completed the core training requirement pursuant to Rule 58A-5.0191,F.A.C.

The findings include:

A review of the AHCA Florida Health Finder, Provider search results revealed that the Administrator is the Administrator of record at 2 assisted living facilities.

In an interview conducted on at 11:15 AM with Staff A, she stated that Staff D is the Administrator and that there is no manager at the facility other than her.

In an interview conducted on at 11:18 AM with Staff B, she stated that only manager at the facility is Staff D, the Administrator.

In an interview conducted with the Administrator on at 1:20 PM she confirmed that she does not have an appointed manager at the facility that is not a manager or Administrator at another facility.

Class III

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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, the facility failed to provide care and services appropriate to the scheduled and unscheduled needs of the residents accepted for admission to the facility as evidenced by lack of appropriate staffing . The facility also failed to maintain a written work schedule that reflects it's 24 hour staffing pattern..

The findings include:

A record review conducted on of the facility's staff schedule revealed the following:
- 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
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- 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 2 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.
- 1 staff scheduled for the 7AM-7PM shift and 1 staff for the 7 PM-7 AM shift.

In observations conducted on from approximately 10:45 AM- 3 PM, 2 of the 6 residents (Resident #3 and 4) were observed in bed the entire time.

A record review of Resident #3's AHCA Form 1823 dated revealed that his diagnosis included: body ,and in right eye, his physical or sensory limitaions are documented asunable to ambulate and in right eye. He is in need of assistance in ambulation,bathing,dressing, toileting, eating, and transferring.

A record review of Resident #4's AHCA Form 1823 dated revealed that her diagnosis included: Parkinson's, of intestine and , her physical limitaions are documented as being non-ambulatory, her nursing/ treatment requirements include a bag and hospice care. She is in need of assistance in ambulation,bathing,dressing, toileting and transferring.

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In an interview conducted on at 1:30 PM with Staff A, she confirmed that it takes 2 persons to transfer Residents # 3 and 4.

In an interview conducted on at 1:32 PM with Staff B, she confirmed that it takes 2 persons to transfer Residents # 3 and 4.

In an interview conducted on at 2:19 PM with the Administrator, she stated that she has 2 staff on the 7a-7pm, and 1 staff from 7pm-7am and acknowledged the findings.

Class III

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

Based on record review and interview the assisted living facility failed to maintain personnel records which contain a a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable for 1 out of 4 (Staff C) current staff members. The facility also failed to maintain documentation of compliance with level 2 background screening for 1 out of 4 (Staff D) current staff members.

The findings include:

A review of Staff C's personnel record revealed that her date of hire was .

A review of the staff schedule for the month of , 2017 revealed that Staff C/aide began work on . Further review of the , 2017 and , 2017 schedules reveals that Staff C works at the facility on the 7:00 PM- 7:00 AM.

Areview of Staff D/ Administrator's personnel record revealed that her date of hire was , further review revealed that the file lacked documentation of compliance with level 2 background screening.

In an interview conducted on at 02:40 PM with the Administrator she confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure that 2 of 2 (Resident #1 and #2) resident contracts reviewed conformed to Section 429.24(3), F.S. As evidenced by the contract failing to

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provide a refund policy that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. The termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings.

The findings included:

A review of Resident #1's record revealed she was admitted to the facility on and discharged due to on . Further review of the facility contract dated reveals VIII- Section C. ; This agreement shall terminate automatically upon your . The full rate will be charged for the entire calendar month regardless of what portion of the month your unit is occupied, except as provided below in Section VIII (D) below; which reads if your unit is vacated prior to the 15th of the month you or your estate is entitled to 1/2 of the monthly rate; if you vacate after the 15th of the month, you are not entitled to any refund.

In an interview conducted on at 10:33 AM with a representative for Resident #1 ,she stated that the residents belongings were removed from the facility on the day of the residents , except for a recliner and a small refrigerator, she further stated that on they removed the recliner and refrigerator. She also stated that the administrator told her that the refund was at her discretion.

In an interview conducted with the Administrator on at 1:20 PM she confirmed that she did not give a prorated refund to Resident #1's representative; because her furniture was at the facility until the 17th of the month. She further stated that the contract reads " if you vacate after the 15th of the month, you are not entitled to any refund". The administrator was read the statute related to the refund policy that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. The termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings and she acknowledged the findings.

Resident #1's representative is entitled to a refund in the amount of $ 1170.00, which is $2700 (amount paid by Resident #1) / divided by 30 days in the month = $ 90 daily, multiplied by 17 = $1530 (17 days which is the termination date, the day residents personal belongings were removed from the facility), $2700-$1530= $1170.

Class III