STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967962	R 02/23/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITION CARE ASSISTED LIVING FACILITY	**1613 SW MERIDIAN AVE PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

An unannounced revisit to the licensure survey was conducted on at Transition Care Assisted Living Facility (license #11948). The facility had uncorrected deficiencies and a new deficiency at the time of the visit.

Uncorrected: A0052; A0054; A0081; A0083; Z814; Z816
New: A0056

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review it was determined the facility failed to ensure unlicensed staff providing assistance with the self administration of medication did so in accordance with procedures described in Section 429.256, F.S. and this rule for 2 of 2 sampled residents observed for medications (Resident #2 & Resident #3).

The Findings included:

1) During observation of Staff A (unlicensed direct care staff providing assistance with the self administration of medications), on beginning at approximately 8:37 AM, she was not observed to wash or sanitize her hands prior to providing assistance with the self administration of medications for Resident #2. Staff A failed to compare the MOR (Medication Observation Record to the individual medication labels. Staff A "popped" the 3 oral medications, individually, into her bare unwashed/unsanitized hands and then placed them into a medication bottle lid and provided this receptacle of pills to Resident #2. Resident #2 questioned why Staff A was giving him the Hydrochlorathiazide (HCTZ) in the morning. Staff A replied that it was OK, so Resident #2 took the medication. Staff A failed to document on the MOR after the following medications were provided to Resident #2:

50mg 2 tablets by mouth by mouth 3 times daily
20mg twice daily
HCTZ 25mg once daily; noted as 8:00 PM on MOR
15ml 3 times daily (provided after the pills)

During interview and review of MOR for Resident #2 conducted with the Administrator and Staff A, on beginning at approximately 9:05 AM, they were asked to locate an order for the Hydrochlorathiazide (HCTZ) from the physician to indicate if this medication is to be provided in the morning (8:00 AM) or in the evening (8:00 PM). As this medication was provided in the morning when

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the MOR indicated evening and the resident questioned the provision of this medication.

2) During observation of Staff A (unlicensed direct care staff providing assistance with the self administration of medications), on beginning at approximately 8:52 AM, she was not observed to wash or sanitize her hands prior to providing assistance with the self administration of medications for Resident #3. Staff A failed to compare the MOR (Medication Observation Record to the individual medication labels. Staff A "popped" the 3 oral medications, individually, into her bare unwashed/unsanitized hands and then placed them into a medication bottle lid and provided this receptacle of pills to Resident #3.

, 20mg daily; discontinued per MOR
100g twice daily; discontinued per MOR
, 0.5mg three times daily

During interview and review of , MOR for Resident #3 conducted with the Administrator and Staff A, on beginning at approximately 9:05 AM, they were asked to locate an order for , because the , 2017 MOR indicated the 20mg dose had been discontinued and the 10 mg dose was what was being provided. However, during this observation the 20mg tablet of , is what was provided to the resident (photo taken of medication packaging). Also, the , 2017 MOR indicated 100mg twice daily was discontinued. However, during this observation the 100mg tablet of was provided to the resident. At the time of this review it was noted that 24 hour twice daily was noted on the , 2017 MOR to be provided at 8:00 AM and it was not provided. Staff A then proceeded to obtain this unlabeled medication from the locked medication storage cabinet and provided it to Resident #3 after this surveyor mentioned that it was omitted. Staff A acknowledged neither the box or the bottle of was labeled with any resident's name.

During exit conference conducted with the Administrator and Staff A, on beginning at approximately 10:45 AM. They were informed of the above noted concerns and about the medication technique concerns (i.e.: not washing/sanitizing hands; handling medications with bare unsanitized/unwashed hands; not comparing the MOR to the medications prior to providing assistance; and not initialing the MOR after providing assistance). They acknowledged these concerns at this time.

Class III

This is a an uncorrected deficiency .

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

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Based on observation, interview and record review it was determined the facility failed to ensure a daily MOR (Medication Observation Record) for each resident who received assistance with the self administration of medications was maintained in an up-to-date manner, specifically related to immediately updating the record each time the medication is offered for 3 of 4 sampled residents (Resident #2, Resident #3, and Resident #4).

The Findings included:

1) Please see A0052 related to Staff A's failure to update the MOR at the time Resident #2 was provided assistance with their medications.

2) Please see A0052 related to Staff A's failure to update the MOR at the time Resident #3 was provided assistance with their medications.

3) During interview and review of Resident #4's , 2017 MOR conducted with the Administrator and Staff A, on beginning at approximately 9:05 AM, the following MOR omissions were noted:

, 20mg take one tablet by mouth daily: , 8, 14, 15, 16, 22, 2017.
4mg by mouth daily in the evening (4:00 PM): , 2017
3mg by mouth daily in the evening (4:00 PM): , 2017
5mg by mouth daily in the evening (4:00 PM): , 2017

Staff A stated the doctor had said to hold the , if Resident #4's was low. She was asked to provide that physician's order for review and was not able to locate this order. She was asked where this resident's were documented and what were the parameters for holding the medication. She stated she had noted the on a piece of paper but did not know the parameters for when to hold the medication. The only date on the piece of paper that was produced that matched with the "holding" of the was and the was noted as . Staff A and the Administrator stated the physician wanted the held due to lab work results. They were asked to provide an order from the physician to indicate when this medication is to be held and for how long. They were not able to locate this information at the time of this interview.

Class III

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This is a an uncorrected deficiency .

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review it was determined the facility failed to ensure that when unlicensed staff assist with the self-administration of medications that if the direction for use are "as needed" the circumstances under which it would be appropriate for the resident to request the medication and any limitation must be specified; for example, "as needed for pain, not to exceed 4 tablets per day" for 1 of 4 sampled residents (Resident #4).

The Findings included:

During interview and review of Resident #4's , 2017 MOR (Medication Observation Record) conducted with Staff A and the Administrator on beginning at approximately 9:05 AM, they were asked to locate an order that specifies the circumstances under which Resident #4 is to receive , 1mg by mouth three times daily "as needed". They were unable to locate an order that specifies this and acknowledged that the MOR did not contain this information either.

Class III

This is a an uncorrected deficiency .

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 staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8-0095, F.A.C., must receive 3 hours of inservice training within 30 days of employment that covers resident behavior and needs and providing assistance with activities of daily living for 1 of 4 2 sampled staff records reviewed (Staff B).

The Findings included:

During interview and personnel record review conducted with the Administrator on beginning at approximately 9:40 AM, she verified that this Staff B (date of hire noted as ; works 24 hour shifts and is left in sole charge of residents) did not have documentation of completion of the 3 hours of inservice training that covers resident behavior and needs and providing assistance with activities of

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daily living. The Administrator proceeded to call the training center, at this time, and had them verify that Staff B had not had this required training.

The Administrator could not provide an explanation as to why this previously cited deficient practice had not been corrected as of the time of this interview and record review.

Class III

This is a an uncorrected deficiency .

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on interview and record review it was determined the facility failed to ensure a staff member who has completed a First Aid course and holds a currently valid card documenting completion of such course was in the facility at all times for 4 of 4 sampled staff (Staff A; Staff B; Staff C; and Staff D).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 10:25 AM, she was provided the opportunity to locate currently valid First Aid card documentation for the following staff members:

a) Staff A: date of hire noted as (direct care staff that works 24 hour shifts and is in sole charge of residents during that time)
b) Staff B: date of hire noted as (direct care staff that works 24 hour shifts and is in sole charge of residents during that time)
c) Staff C: date of hire noted as (Administrator) acknowledged she had been left in sole charge of residents for short periods of time
d) Staff D: date of hire noted as (direct care staff utilized on per diem basis to cover for vacations per Administrator); she has worked 24 hour shifts and was left in sole charge of residents in 2016 and , 2017

The Administrator acknowledged that the written work schedule reflected the following staff members worked 24 hour shifts and were left in sole charge of residents, even after being informed during the relicensure survey (conducted on) that they did not have the appropriate First Aid training documentation on file:

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a) Staff A: , 7, 8, 9, 10, 13, 14, 15, 16, 17, 20, 21, 22, 23, 2017
b) Staff B: , 11, 12, 18, 19, 2017

The Administrator could not provide an explanation as to why this previously cited deficient practice had not been corrected as of the time of this interview and record review.

Class III

This is a an uncorrected deficiency .

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

Based on interview and record review it was determined the facility failed to ensure that each person subject to screening with a specified agency was registered with the clearinghouse within 10 days of hire for 3 of 4 sampled staff (Staff A, Staff C, and Staff D).

The Findings included:

During interview and review of this facility's clearinghouse roster conducted with the Administrator (Staff C), on beginning at approximately 10:30 AM, she acknowledged that the following staff members were not noted on the clearinghouse roster:

a) Staff C: date of hire noted as (Administrator)
b) Staff D: date of hire noted as (direct care staff - per diem; last utilized for vacation coverage in 2016 & , 2017)

And the Administrator acknowledged that the following staff member's name was not entered correctly:

a) Staff A: date of hire noted as (direct care staff that works 24 hours shifts)

The Administrator could not provide an explanation as to why this previously cited deficient practice had not been corrected as of the time of this interview and record review.

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This is a an uncorrected deficiency .

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

Based on interview and personnel record review it was determined the facility failed to ensure that each person subject to screening had not had a break in employment from a position that requires a level 2 screening for more than 90 days for 2 of 4 sampled staff (Staff C and Staff D).

The Findings included:

During interview and personnel record review conducted with the Administrator , on beginning at approximately 10:30 AM, she was provided the opportunity to locate documentation that the following staff members had not had a break in employment that exceeded 90 days:

a) Staff C: date of hire noted as (Administrator); most recent level 2 background screening was ; employment application did not list any previous employers; there were no reference checks on file verifying any dates of service for this staff member.

b) Staff D: date of hire noted as (direct care staff); most recent level 2 background screening was ; employment application did not list any previous employers; there were no reference checks on file verifying any date of service for this staff member.

The Administrator could not provide an explanation as to why this previously cited deficient practice had not been corrected as of the time of this interview and record review.

Unclassified

This is a an uncorrected deficiency .