STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968785	03/06/2017
NAME OF PROVIDER OR SUPPLIER **KOZIE KOTTAGE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12576 54TH ST N** **WEST PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Kozie Kottage, LLC (License #12633). The facility had deficiencies at the time of the visit.

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

Based on observation, interview and record review, it was determined that the facility failed to ensure that unlicensed staff follow appropriate procedures for assisting residents with their self -administered medications in accordance with the procedures described in Section 429.256, F.S. , for 3 of 5 sampled residents observed (Resident #1; Resident #2; and Resident #4).

The Findings included:

During initial observation of the kitchen and dining conducted with Staff A (unlicensed staff), there was 2 small plastic white cups of pills sitting on the dining , next to residents (with their first name and AM noted for Residents #2 and #4). There was 1 small plastic white cup of pills sitting on the kitchen counter (with the first name of a residents and AM noted for Resident #1). Photographic Evidence was obtained at this time. Staff A was asked when she prepared these medications. She replied she had prepared the medications earlier this morning before the residents got up. She was asked if this was her usual routine, she replied that it was her routine. It was explained to Staff A that medications are to be prepared in front of each residents and that the label of each medication is to be read to each resident. Staff A stated she was not aware of this.

1) Review of Resident #1's 2017 MOR (Medication Observation Record) noted the following medication were to be provided at 8:00 AM:
a) 81mg daily
b) Clopidrogel 75mg daily
c) Doc-Q-Lace 100mg daily
d) Ferrex 150 capsule three times daily
e) 150mcg daily in the morning
f) 25mg twice daily
g) Oxybutin CL ER 5mg daily
h) 50mg daily
i) Sucralfate 1gm twice daily before meals

2) Review of Resident #2's 2017 MOR (Medication Observation Record) noted the following

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medication were to be provided at 8:00 AM:
a) Clopidrogel 75mg daily
b) , 20mg daily
c) 40mg daily
d) , 88mcg daily
e) CL ER 20meq one tablet in morning and one tablet in evening

3) Review of Resident #4's 2017 MOR (Medication Observation Record) noted the following medication were to be provided at 8:00 AM:
a) , , 5mg daily
b) 20mg daily
c) 100mg daily
d) 7.5mg daily with food
e) 20mg daily

During breakfast observations conducted with Staff A, on beginning at approximately 8:15 AM, Resident #2 and Resident #4 took their pre-poured medications with their breakfast without any further assistance from Staff A. However Staff D (licensed practical nurse that arrived on at approximately 9:00 AM) fed Resident #1 her medications in applesauce after Staff A had fed her hot cereal for breakfast. Staff A had previously prepared the medications (please see above).

(please see A0053 - for additional information regarding Resident #1)

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interviews and record review, it was determined the facility failed to ensure that only licensed staff administered medications for the residents of this facility, for 1 of 3 sampled residents reviewed (Resident #1).

The Findings included:

During initial observation of the kitchen and dining conducted with Staff A (unlicensed staff), there was 2 small plastic white cups of pills sitting on the dining , next to residents (with their first name and AM noted for Residents #2 and #4). There was 1 small plastic white cup of pills sitting on the kitchen counter (with the first name of a residents and AM noted for Resident #1). Photographic Evidence was obtained at this time. Staff A was asked when she prepared these medications. She

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replied she had prepared the medications earlier this morning before the residents got up. She was asked if this was her usual routine. She replied that it was her routine. It was explained to Staff A that medications are to be prepared in front of each residents and that the label of each medication is to be read to each resident. Staff A stated she was not aware of this.

1) Review of Resident #1's 2017 MOR (Medication Observation Record) noted the following medication were to be provided at 8:00 AM:
a) , 81mg daily
b) Clopidrogel 75mg daily
c) Doc-Q-Lace 100mg daily
d) Ferrex 150 capsule three times daily
e) , 150mcg daily in the morning
f) , 25mg twice daily
g) Oxybutin CL ER 5mg daily
h) , 50mg daily
i) Sucralfate 1gm twice daily before meals

During breakfast observations conducted with Staff A, on beginning at approximately 8:15 AM, Resident #2 and Resident #4 took their pre-poured medications with their breakfast without any further assistance from staff. However Staff D (licensed practical nurse that arrived on at approximately 9:00 AM) fed Resident #1 her medications in applesauce after Staff A had fed her hot cereal for breakfast. Staff A had previously prepared the medications (please see above).

However, during staff interviews (noted below) they acknowledged that they spoon-feed Resident #1 her pills that have been mixed with applesauce or yogurt, without Resident #1 providing any assistance with this process.

2) During interview with Staff A (unlicensed staff that works 24 hours shifts independently), conducted on beginning at approximately 10:00 AM, she stated I spoon feed Resident #1 her pills in applesauce. Staff A further stated, Resident #1 does not help with this, she cannot feed herself. We have to feed her food and the applesauce with pills. Sometimes we put pills in her oatmeal. She still sometimes manages to spit out her pills.

3) During interview with Staff B (unlicensed staff that works 24 hours shifts independently), conducted on beginning at approximately 11:55 AM, she stated yes, I assist with self-administration of medications on my shifts. Applesauce or yogurt for Resident #1 with her pills, I spoon feed her the medications. I first start out with the smaller pills and then the bigger pills. I work 24 hours shifts by

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myself.

Class III

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

Based on interview and record review, it was determined this facility failed to maintain documentation of a statement from a health care provider documenting the staff member does not have any signs or symptoms of communicable , within 30 days after beginning employment for 1 of 5 sampled staff (Staff B). In addition, based on interview and record review it was determined this facility failed to maintain documentation of a negative examination on an annual basis for 1 of 5 sampled staff (Staff D).

The Findings included:

1) During personnel record review and interview conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate documentation from a health care provided indicating Staff B (direct care staff with a date of hire noted as) does not have any signs or symptoms or communicable . At the time of this interview, the Administrator asked Staff B to provide an explanation as to why she had not obtained this documentation. Staff B stated she had checked on the cost with her primary care physician and just could not afford it at this time.

2) During personnel record review and interview conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate documentation that Staff D (Administrator and direct care staff with a date of hire noted as) had annual documentation in 2015 of a negative examination. She could not provide an explanation as to why this was not done.

Class III

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

Based on interview and record review, it was determined this facility failed to ensure a staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses is in the facility at all times, for 1 of 3 sampled direct care staff left in sole charge of residents (Staff B).

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The Findings included:

During interview and personnel record review conducted with the Administrator, on . . . . beginning at approximately 11:15 AM, she was provided the opportunity to locate currently valid cards documenting completion of First Aid and for Staff B. Record review and interview confirmed the employee is a direct care staff left in sole charge of residents with a date of hire noted as . . . . . . The Administrator was not able to locate this documentation for Staff B at the time of this review.

During interview conducted with Staff B, on beginning at approximately 11:55 AM, she acknowledged that she works 24 hours shifts as the sole caregiver for the residents of this facility.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, it was determined this facility failed to ensure that each unlicensed staff that provide assistance with the self administration of medications met the training requirements pursuant to Section 429.52(5), F. S. prior to assuming the responsibility, specifically related to the required training being provided by a Registered Nurse or licensed Pharmacist, for 1 of 3 sampled unlicensed staff that provides assistance with the self administration of medications (Staff B).

The Findings included:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate documentation of completion of the required medication trainings for Staff B (unlicensed staff that provides assistance with the self administration of medications with a date of hire noted as . . . . .). The following documentation was located:

a) 4 hours medication training, dated , provided by a licensed practical nurse (the Administrator of this facility)
b) 2 hour update medication training, dated , provided by a licensed practical nurse (the Administrator of this facility)

During interview conducted with Staff B, on . . . . . beginning at approximately 11:55 AM, she acknowledged that she works 24 hours shifts as the sole caregiver for the residents of this facility and that she provides assistance with the self administration of medications.

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Class III

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

Based on observation, interview, and record review it was determined the facility failed to conspicuously post the menu or make them easily available to the residents for 5 of 5 current residents (Resident #1; Resident #2; Resident #3; Resident #4; and Resident #5). Based on interview and record review it was determined the facility failed to maintain documentation of food substitutions and the facility failed to ensure that substitutions were of comparative nutritive value for 5 of 5 current residents (Resident #1; Resident #2; Resident #3; Resident #4; and Resident #5).

The Findings included:

1) During initial observation of the dining conducted on beginning at approximately 8:15 AM, the previous week's menu was posted (dated -) and the "wipe off board" noted the daily menu for Sunday, . Staff A (the only staff member on duty at this time) was asked why the current weekly menu was not posted. She replied that she did not know where the menus were kept. She stated she had to make ups something for Sunday, , and write that on the "wipe off board".

2) During lunch observation, conducted with Staff B and the Administrator on beginning at approximately 12:10 PM, the current weekly menu was posted and it reflected the following items were to be served on for lunch meal:

2 oz. egg salad sandwich
4 oz. steamed potatoes with olive oil
4 oz. beets
4 oz. ice cream (or sugar free ice cream - pending on dietary requirements)
8 oz. milk or beverage
6 oz. coffee/tea

The "wipe off board" noted the following items were to be served on for lunch meal:

soup
cheese sandwich
chips
cookies

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coffee/tea/beverage

Observation of the lunch meal that was served the 3 residents present at the dining , on beginning at approximately 12:10 PM, revealed the following items were served to these residents (Resident #3; Resident #4; and Resident #5):

bowl of cream of
cheese sandwich
2 cookies
glass of milk

The Administrator was asked, on beginning at approximately 12:35 PM, where the 4 oz. of steamed potatoes (or chips); and the 4 oz. of beets; and 6 oz. of coffee or tea were for the residents that had been served lunch. The Administrator stated she must have looked at the wrong day when she wrote the menu items on the "wipe off board". Review of the current week's menu did not reveal any day that noted the items served to the residents during lunch meal. The Administrator acknowledged that the potatoes and beets (no an appropriate nutritive value substitute) was not prepared or offered to the 5 current residents of this facility for the lunch meal observed.

The Administrator was asked to provide menu substitution records for the past 6 months, on beginning at approximately 12:35 PM. She stated she was not aware of this regulatory requirement and acknowledged that these records are not currently maintained.

Class III

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

Based on interview and record review it was determined this facility failed to maintain documentation of current compliance with level 2 background screening requirements for staff that provides direct care to the residents of this facility for 1 of 5 sampled staff (Staff C).

The Findings included:

During interview and staff record review conducted with the Administrator, on beginning at approximately 11:15 AM, Staff C's (direct care staff with date of re-hire noted as) file only contained documentation of a level 2 background screening that was dated (eligible). The Administrator was asked if a current background screening had been conducted for Staff C, as this one had expired. The Administrator stated she was sure one had been conducted, however, she

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acknowledged that the documentation was not contained in Staff C's file at the time of this review. Review of the Employee Roster form, noted that a level 2 background screening had been conducted on . However, documentation of the actual level 2 background screening results was not contained in Staff C's personnel file. The Administrator was asked to clarify Staff C's work schedule. She stated that Staff C works for 2-3 hours, every Tuesday evening, to assist with residents and that she also covers for other staff vacations.

Class