STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968809	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **ROSE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 SW MOSELLE AVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced Re-Licensure with Limited Nursing Services (LNS) survey was conducted on 23, 2017 at Rose Assisted Living Facility LLC (License #12659). The facility had deficiencies identified at the time of the survey.

Note: The LNS portion of the survey was conducted on a separate date.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was completed within 30 days of admission for 2 out of 2 sampled residents (Residents #1 and #2); and, failed to ensure the assessment was accurate for 2 out of 2 sampled residents (Residents #1 and #2).

The findings included:

a) Resident #1 was admitted to the facility on . The completed health assessment (AHCA Form 1823) was dated , more than 30 days after admission. The assessment documented the resident required "administration" of medication rather than "assistance". During interview with the Administrator at 11:00 AM on and with the resident on at 9:20 AM, the requirement for "administration" of medication was denied. The assessment was incorrect.

b) Resident #2 was admitted to the facility on . The completed health assessment (AHCA Form 1823) was dated , more than 30 days after admission. This assessment failed to document whether or not the resident had a communicable (blank inquiry on page 2). A subsequent health assessment was completed on . This assessment documented the resident was to receive a "mechanical soft" diet. During interview with the Administrator at 11:00 AM on , and during interview with the resident's representative on at 10:00 AM, it was revealed that the resident was to receive a regular consistency diet. The assessment was erroneously documented.

These findings were acknowledged by the Administrator during interview on at 11:00 AM. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure the Medication Observation Record

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(MOR) was up-to-date for 2 out of 2 sampled residents (Residents #1 and #2).

The findings included:

1) Review of Resident #1's medications listed on the 2017 MOR revealed the following omissions on at 9:30 AM:

a. Health Probiotic (not intialed as given in the "AM" on)
b. 10mg (not intialed as given in the "AM" on)
c. D3 2000 IU (not intialed as given in the "AM" on)
d. 1mg (not initialed as given on in the "PM"; not intialed as given in the "AM" on)
e. 50mg (not intialed as given in the "AM" on or)
f. (not intialed as given in the "AM" on or)
g. .5mg (not intialed as given in the "PM" on)

2) Review of Resident #2's medications listed on the 2017 MOR revealed the following omissions on at 9:30 AM:

a. 10mg (not intialed as given in the "AM" on)
b. 5mg (not intialed as given in the "AM" on)
c. 20mg (not intialed as given in the "AM" on)
d. 200mg/2 tablets PRN/as needed (documented as given every day in the "PM" - with no explanation documented to show the resident's request for this "as needed" medication)
e. 500mg/2 tablets PRN/as needed (documented as given every day in the "AM" - with no explanation documented to show the resident's request for this "as needed" medication)
f. 81mg (not intialed as given on in the "AM" on)
g. Refresh Tears eye drops (no documentation of which eye or how many drops per eye; not intialed as given in the "AM" on ; not intialed as given in the "PM" on)

Review of the 2017 MORs for these residents revealed none of their medications were scheduled at a specific time. Only "PM" or "AM" was noted as the time for medications to be provided. The lack of documented times on the MORs allowed for untimely assistance to be provided for self-administration of medication.

During interview with the Administrator on at 11:00 AM, she acknowledged the missed

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documentation of medications as noted above. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 1 out of 2 sampled residents (Resident #2), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

The findings included:

Review of Resident #2's medications listed on the 2017 MOR revealed the following PRN (as needed) medication with no specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

a. , 200mg/2 tablets PRN/as needed (documented as given every day in the "PM" - with no explanation documented to show the resident's request for this "as needed" medication)
b. , 500mg/2 tablets PRN/as needed (documented as given every day in the "AM" - with no explanation documented to show the resident's request for this "as needed" medication)

During interview with the Administrator on at 11:00 AM, she acknowledged the medications as noted above did not have "as needed" for what reason and specific instructions when the resident was to receive the medications. The facility provided no additional documentation for review at this time.

Class

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

Based on staff record review and interview, the facility failed to ensure 1 out of 3 sampled employees (Staff A) had submitted a written statement from a health care provider documenting that the employee is free from ( ) on an annual basis.

The findings included:

During record review for Staff A (hired), a signed statement by a health care provider verifying

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this employee was free from , dated within the previous year, could not be found. A request was made to the Administrator for the documentation, but the Administrator was unable to locate this documentation at the time of survey.

On at 11:00 AM, the Administrator acknowledged the absence of the annual written negative statement for Staff A. The facility provided no additional documentation of the required statement for review at this time.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff B and C) who provide direct care to residents had received the required in-service training within 30 days of employment .

The findings included:

a) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on .

1. Facility's Emergency Procedures (part of 1 hour required)
2. Residents' Rights and , Neglect and , (1 hour)
3. Facility's / 's (1 hour)

b) Review of the personnel file for Staff C, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on .

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Residents' Rights and , Neglect and , (1 hour)
3. Facility's / 's (1 hour)
4. Control (1 hour)
5. Activities of Daily Living (3 hours)
6. Safe Food Handling (1 hour)
7. Facility's Elopement Policy and Procedure

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The Administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had completed training in / within 30 days of employment.

The findings included:

The personnel file for Staff C was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review. Staff C was hired on . The Administrator was interviewed at 11:00 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times.

The findings included:

Review of the personnel file for Staff A who works during the day shift revealed no current training with a valid card in First Aid or . Review of the personnel file for Staff C who works the night shift revealed no current training with a valid card in First Aid.

The Administrator was interviewed at 11:00 AM on and confirmed that the documented training in First Aid was not present and available for review for Staff C. She acknowledged that training in First Aid and was also not current for herself (Staff A). She stated both Staff C and she were left in sole charge of residents during the day and night shifts at various times (no written work schedule available for review). The facility provided no additional documentation of the required training for review at this time.

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Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled unlicensed staff members (Staff A and B) who provided assistance with self-administered medications had successfully completed a minimum of 2 hours of annual continuing education in providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

a) The personnel file for Staff A was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed staff member who provided assistance with self-administration of medication to residents. The last documented training was a 6 hour course completed on .

b) The personnel file for Staff B was reviewed for documentation of a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training dated within the previous year for this unlicensed staff member who provided assistance with self-administration of medication to residents. The last documented training was a 6 hour course completed on .

During interview with the Administrator on at 11:00 AM, she acknowledged both herself (Staff A) and Staff B had not completed annual inservice training in assisting with medication. The facility provided no additional documentation of the required training for review at this time.

Class III

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

Based on record review and an interview, the facility failed to maintain a written work schedule which reflects the facility's 24 hour staffing pattern for a given time period; and, failed to maintain documentation of a Level II criminal background screening for 1 out of 3 sampled staff (Staff C).

The findings included:

a) On at 10:00 AM the written work schedule was requested from the Administrator. She stated

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she had not documented a schedule showing the 24 hour pattern of staff working at the facility. There was no staffing schedule available for review.

b) On at 11:00 AM, documentation of a Level II criminal background screening for Staff C was requested from the Administrator. She stated she had not obtained a copy of the screening for this staff member. Review of the criminal background Clearinghouse website revealed an "eligible" screening dated for Staff C. No documentation of this screening was available for review at the time of the survey.

The facility provided no additional documentation of the work schedule or background screening for Staff C for review at this time.

Class

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled residents (Residents #1 and #2) who received assistance with activities of daily living (ADL's) had their weight recorded semi-annually.

The findings included:

a) The weight log for Resident #1 showed the last recorded weight of 175 pounds dated . There were no subsequent weights documented on the weight log for this resident.

b) The weight log for Resident #2 showed the last recorded weight of 108 pounds dated . There were no subsequent weights documented on the weight log for this resident.

On at 10:30 AM, the Administrator stated during interview that she had "not kept up" with the residents' weight recordings. She stated she weighed both residents yesterday ( ), and Resident #1 weighed 185 pounds and Resident #2 weighed 109 pounds. She acknowledged the weights should have been recorded. The facility provided no additional documentation of the required weights for review at this time.

Class III

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

Based on review of the Background Screening Clearinghouse and an interview, the facility failed to maintain a current employee roster for all employees of the facility.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, one (1) current employee (Staff C) was not listed on the roster. Additionally, a previous employee, Staff D, was still listed on the roster as an employee.

During interview with the Administrator on at 11:00 AM, she confirmed she had not completed the Clearinghouse Employee Roster with the addition of Staff C who she stated was hired on . Additionally, she verified Staff D's employment with the facility ended on , but she had not been removed from the roster as of the date of this survey.

Unclassified