STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943030	03/27/2017
NAME OF PROVIDER OR SUPPLIER **TREEMONT ON THE PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **3881 NE 3RD AVENUE** **OAKLAND PARK, FL 33334**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Treemont on the Park (License#8336). There were deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview, the facility to ensure that all residents were reassessed after significant changes and the the Resident Health Assessment (AHCA 1823 Form) was accurate and reflective of the resident's care needs for 1 of 2 sampled residents (Resident#10).

The findings included:

Observation of Resident #10 on between the hours of 9:00 AM and 2:00 PM, revealed she required assistance with all ADL's (Activities of Daily Living). During an interview with Staff B at approximately 9:05 AM it was revealed that the resident requires assistance with all ADL's and is currently receiving Hospice care and services.

Resident #10's most recent Resident Health Assessment AHCA Form 1823, dated documented the resident's diagnosis as , Dyslipidemis, , and Dysmobility. Physical Sensory Limitations: , Gait, or behavioral status: , Cognition Nursing / Treatment / , / service requirements: Medication Management, Special instructions: None. Activities of Daily Living (ADL's) - the assisted section is marked through with a straight line and had no specific instructions. On page 5 (Service Offered) Hospice is written with the date: . No other Hospice care and services were documented on AHCA Form 1823.

During a review of Resident#10's Hospice notes and progress notes revealed there was a Hospice referral made on , the referral was closed out on due to the inability to get the consent signed by the the Power of Attorney. The resident was not enrolled to receive Hospice care and services until . There was no evidence of a new Resident Health Assessment AHCA Form 1823 completed at this time.

During an interview with the Administrator on at approximately 2:00 PM, the discrepancies with the Resident Health Assessment AHCA Form 1823 was discussed. He acknowledged the findings and confirmed the discrepancy in the Hospice enrollment dates.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, it was determined the facility failed to ensure all employee records contain a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of . . . . . for 1 of 3 sampled staff records (Staff C) reviewed.

The findings included:

Review of Staff C's employee record revealed the file did not contain evidence of a current negative examination statement, from a health care provider. Further record review revealed that the last written statement from a health care provider documenting evidence of a negative . . . . . examination statement was dated .

During an interview with the Administrator at approximately 1:00 PM, he acknowledged the findings and provided no further information for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined the facility failed to ensure that all existing appurtenances are maintained, specially related to the maintenance of the recliner and couch in the living . . the building identified as Area 5; . . . . maintained, repaired or replaced in the building identified as Area 4; and tiles broken in the entrance of the dining , which could cause potential . . /hazards.

The findings included:

1) During observation on the initial tour and throughout the day (9 am-4:00 pm) on , in the living . . the building known as Area 5, it was noted that the recliner had rips, exposing the padding with the footrest which was in disrepair; and the couch had deep rips and tears, also exposing the padding. (Photographic evidence obtained).

2) During observation on the initial tour and throughout the day (9 am-4:00 pm) on . . . , the /shower (shared by 4 residents) located in the building identified as Area 4, the following was noted, a heavily rusted and corroded shower chair in the shower; and a missing toilet paper holder. A second , in Area 4 had a missing showerhead and missing towel rack holder. (Photographic evidence obtained).

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3) During observation on the initial tour and at noon during lunch in the dining , it was noted that the tiles were broken in the entrance, which posed a potential for accidents, , and/or hazards. Many residents observed use their walkers, wheelchair and self- ambulate in and out of the the area (Photographic evidence obtained).

During interview with the Administrator at 3:30 pm on , the above stated items were acknowledged.

Class III

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

Based on interview and record review, the facility failed to ensure that 10 of 16 sampled staff members (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K and Staff L) employment status was not maintained and reported to the clearinghouse.

The findings included:

On at 10:30 AM, the facility staffing schedule was requested and reviewed. The current staffing schedule showed a total of 16 staff members on the schedule.

On at approximately 1:30 PM, the AHCA Background Screening Clearinghouse Roster was reviewed. I was noted that 10 out of the 16 employees listed on the current staffing schedule (Staff C, Staff D, Staff E, Staff F, Staff G, Staff H, Staff I, Staff J, Staff K, Staff L) were not listed. During a review of the 10 employee records, the following was noted regarding their position and employment status:

1. Staff C-CNA (Certified Nurses Aide), hire date:
2. Staff D -Housekeeping, hire date:
3. Staff E -No longer employed for over 1 year, termination date unknown
4. Staff F-CNA, hire date:
5. Staff G-CNA, hire date:
6. Staff H-CNA, hire date:
7. Staff I-Cook, hire date:
8. Staff J-HHA (Home Health Aide), hire date:
9. Staff K-CNA, hire date:
10. Staff L-CNA, hire date:

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During an interview with the Administrator at approximately 2:00 PM on [redacted], he stated he is responsible for maintaining the employee roster for the employees and he acknowledged the findings. No additional information was provided for review.

Unclassified