STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on and at RSC West Palm Beach, License # 12676. The facility had deficiencies at the time of the visit.

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

Based on observation, interview and record review , it was determined the facility failed to ensure that all systems implemented to ensure supervision and assistance to the resident was functioning and operational at all times for a census of 20 residents.

The findings included:

During an interview with Resident #3 in his/her , it was revealed he/she has a pendent (provided by the facility) in which he/she wears or keeps close to the bed. The surveyor asked the Resident if we could test the pendant to ensure it was working, the resident agreed. The pendant was pushed by Resident #3 at 9:36 am the red light began to flash on the pendant. The red light stop flashing at 9:40AM. The surveyor asked the resident to push the button again at 9:40AM and the button began to flash. At 9:42AM, the red light stop flashing. At 9:45AM, the button was pushed again and the red light began to flash. The button was pushed three times and no staff member responded to the resident's . The surveyor departed from Resident #3 9:55 AM and observed no staff in enroute to assist the resident. At 9:57AM, the surveyor reported directly to the nurse's station five doors down from the resident's inquired about the call system and if any current call in the queue . Staff A and Staff C was present in the nurse's station at the time of paging, both stated no current calls. The surveyor requested the location of Staff A pager, it was observed on top of the med cart (not on the staff member as required), inside of the office. The pager did not indicate that an alert was previously made to the beeper. Staff C beeper was also away from the at the time of observation. When AHCA requested to see the beeper, the device had no power. There were no beeps or an indication of a missed alert on Staff C beeper. Further observations with the Nurse present revealed both beepers . Staff C stated at the time of questioning that there is also a secondary system in place on the computer system. The computer system that was mentioned was observed logged off. Staff C logged onto the Emergency Call System and there was no evidence of a previous alert from Resident #3 nor any other . AHCA immediately notified both the Administrator and Nursing Consultant of concerns, surveyors informed they would look into the problem immediately. At the conclusion of the survey on , it was determined that the system was not functioning properly and they would have to contact the company of the system.

During confidential interviews with residents on and between 9 AM and 3 PM, it was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

revealed that the system was not working and had not been working for a while. It was also revealed that the staff members told them not to use the system as it was not working.

Random record review of residents residing at the facility revealed all required some form of assistance and/or supervision with their Activities of Daily Living.

During an interview with the Administrator on , the concerns were identified ; no further information was provided.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review, interview and observations, it was determined the facility failed to ensure activities were provided for the Assisted Living Facility residents within the facility's license premise.

The findings include:

During confidential interviews with residents on and between 9 AM and 3 PM, it was revealed that the facility does not have activities for the Assisted Living Facility (ALF) residents. It was revealed that the facility only offers activities to the Independent Living residents in the Club house building and that the residents are rowdy; and many don't feel comfortable engaging in those activities. The residents voiced concerns of boredom and request for their own activities daily.

During a tour of the facility an activity calendar was posted, indicating numerous activities throughout the week. During an interview with the Administrator on at 1:30 PM, he confirmed that the activities are conducted in the club house of the Independent Living Facility by a volunteer. The surveyor immediately, discussed the importance and the regulatory statue regarding the required activities and the hours per week for the ALF residents. He agreed that the ALF residents needed their own activities.

On at 1:30 PM, the surveyor observed bingo being conducted in the club house, by the volunteer. However, no ALF residents were observed attending this activity.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

Class III

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

Based on observation, interview and record review, the facility failed to ensure that licensed staff perform the duty of glucose checks and administration, for 1 of 3 residents who suffer from Type II (Resident #5).

The findings included:

On at 11:45 AM, an observation of assistance with medication was conducted. Staff A, who is unlicensed staff member was observed checking the glucose level of Resident # 5 in her . Staff A advised Resident # 5, who suffered from type II that her glucose level was 182 at that time. Staff A checked the Medication Observation Record (MOR) and the Physician Order, which indicated that the resident required 5 units of . She was observed injecting the 5 units of into the abdomen of Resident # 5.

On at 11:58 AM, an interview was conducted with Staff A. She stated that she performs this practice on a daily basis. A review of the Employee Record for Staff A revealed that she did not have a license to provide glucose checks and inject to a resident in the facility.

On at 2:00 PM, an interview was conducted with the Nursing Consultant and the facility Nurse. They were informed that the unlicensed staff was providing glucose checks and injections for 1 of the Residents in the facility. The Nurse stated she was not aware. The Nursing Consultant acknowledged that Staff A was working outside of her scope.

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 the Administrator maintained the required documents on the premises.

The findings included:

On a review of the Administrator's employee record did not include the following documents which are required to maintain on the premises: A copy of the Administrator's employment application, High School Diploma and verification of personal references.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

Also, a review of the Administrator's employee record revealed that following certificates specifically pertaining to this facility: (NERO), (1 hour), Elopement training, (1 hour), Recognizing/Reporting , Neglect and , training, (1 hour), along with Emergency Preparedness and Evacuation Training, (1 hour).

On at 3:15 PM, an interview was conducted with the Administrator and the Nursing Consultant. They both agreed that he had the papers, but that these documents are not on-site.

Class III

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

Based on record review and interview it was determined the facility failed to ensure that 2 of 4 sampled employees (Staff C and D) obtained evidence of a negative ( ) examination documented on an annual basis and a statement regarding the employee is free of signs or symptoms of communicable by a licensed health care practioner as required.

The findings included:

1) During a record review of Staff C's employee file hired on , there was documentation that the last test was on .The file did not contain documentation of a negative examination on an annual basis by a licensed health care practioner as required, specifically for 2017.
2) During a record review of Staff D's employee file, hired on , there was no evidence that a test was originally conducted and no record of current results on an annual basis by a licensed health care practioner as required, specifically for 2016. Staff D does not have any documentation in the employee file a signed letter from a licensed health care practioner as required that states the employee is free of signs or symptoms of communicable .

During an interview on at 2:00pm with the Administrator and Consultant, the findings were acknowledged and confirmed.

Class III

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

Based on employee record review and interview, the facility failed to ensure 2 of 2 sampled direct care

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

staff (Staff C and D) received the required in-service trainings within 30 days of hire.

The findings include:

During employee record reviews for Staff C (hire date) and D (hire date), there was no documentation contained within these employee files, or provided by administration, showing completion of the following regulatory required in-service trainings completed within 30 days of employment:

a) Nutrition and Safe Food Handling

During interview conducted with the Administrator and Consultant on , it was confirmed and acknowledged that these employees did not complete these required staff trainings.

Class III

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

Based on employee record review, staffing schedule, and interview, the facility failed to ensure 2 of 2 staff members has a completed course in First Aid and holds a currently valid card documenting completion of such courses (Staff C and D).

The findings include:

During employee record review for Staff C (hire date works 11-7am shift) and D ((hire date works 7-3pm shift), there was no documentation contained within the employee's file, or provided by the Designee, showing Staff C and D completed an approved course in First Aid and hold a currently valid certification card.

Review of the facility's staffing schedule for Staff C and D revealed they both work various shifts and neither hold a valid certification card for First Aid and . Staff C and D are not a licensed nurse or an Emergency Medical Technician/Paramedic.

During interview conducted with Administrator and Consultant on at 2:00pm, she acknowledges the absence of documentation confirming completion of the First Aid and training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

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 C and D) who provided assistance with self-administration of medication had a minimum of 2 hours in continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

a) The personnel file for Staff C was reviewed for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was documentation of the initial 4 -hour training conducted by the facility's Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents dated . There was no documentation of the required annual 2- hour continuing education training certificate on file.
b) The personnel file for Staff D was reviewed for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was documentation of the initial 4- hour training conducted by a Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents dated . There was no documentation of the required annual 2 -hour continuing education training certificate on file.

The Administrator was interviewed at this time and confirmed Staff C and D provided assistance with self-administration of medication for residents and that the documentation of the required training was not present and available for review.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on employee record review and staff interview, the facility failed to ensure 2 of 2 sampled direct care staff (Staff C and D) received the required one hour in-service training in the facility's policies and procedures regarding ( ) within 30 days of hire.

The findings include:

During employee record reviews for Staff C (hire date) and D (hire date), there was no documentation contained within these employee files, or provided by administration, showing completion

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

of the required in-service training regarding the facility's , which is to be completed within 30 days of employment.

During interview conducted with the Administrator and Consultant on at 2:00pm, they acknowledged the absence of documentation for both employees confirming their completion of this required staff training.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation during lunch hours (12:00pm - 1:30pm), the facility failed to ensure resident were served meals within a reasonable time frame and that all staff had received the required trainings.

The findings included:

During dining observations on at 12:00 PM, eight residents in total were presently waiting for meals in the dining area. Residents had actually arrived about 15 to 20 minutes prior to the 12 PM lunch meal. The residents were observed sitting idle for long periods of time. The lunch menu on consisted of hot soup that was brought out for four residents at 12:08 PM and the remainder four residents was served hot soup at 12:19 PM. The rest of the meal consisted of ham and cheese sandwiches with a side of chips, which was brought out at 12:38 PM. At 12:35 PM, two residents walked out of the dining seating area due to lunch being served so far apart.

During observations of the meal on and , it was revealed that the Direct Care Staff also performed the entire Dietary regime, including obtaining the meals from the kitchen and serving the residents. Record review of random employee files (direct care staff) revealed the staff had received the required dietary policies and procedures training, certificates located within the employee file. Further review of the record revealed that the certificates were pre-signed by the Dietician. Review of the facilities Dietary Policies folder revealed a memo note that was attached to the pre- signed certificates. The note documented the following" to give out to each employee after reading a handout signed by the Dietician. The facility was unable to provide documentation that the Dietician had actually trained the employees as required

During random confidential interviews with the residents, it was revealed that the facility serves the same meals over and over , no variety; lots of sandwiches. The residents stated they would like to see more variety with all three meals.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

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 maintain on hand at all times a 3 day emergency food supply that is based on the number of weekly meals the facility has contracted with residents to serve. The current facility's census was 20 residents. (Picture evidence was obtained)

The findings included:
During the initial tour on at 11:30am and again on at 1:30pm, it was observed that the facility had numerous expired cans of food, cans not dated, no paper supply items, and not enough quantity of food based on the resident census of 20.
1) 8 (30 oz.) cans of Peaches, 4 (30 oz.) cans of Pears, 2 (30 oz.) cans of Sliced Apple, 1 (48oz.) jar of expired Peanut Butter ( ), 6 (30 oz.) can Corn Beef Hash without dates, 2 (30oz.) can Ravioli without dates, 2 (30 oz.) can Mixed Vegetables, 2 (60 oz.) New England Clam Chowder Soup (picture evidence obtained)

2) Record Review of the facility's 3-day emergency food supply of nonperishable food list that was approved by the RD was not consistent with the food that was stored. The list consists of the following non-perishable food items designed for 24 residents:
Day 1 Breakfast 4 oz. orange juice, 4 oz. V-8 Juice, 8oz. cereal, 8oz. milk
Lunch 6 oz. potato soup, 4 T peanut butter, 6 crackers, 4oz. fruit cocktail, 4oz. milk
Dinner 8 oz Ravioli, 4 oz. carrots, 4oz. Pears, 4 oz. milk
Snack 4 oz. pudding, 4 oz. cranberry juice
Day 2 Breakfast 4 oz. orange juice, 4 oz. V-8 Juice, 8oz. cereal, 8oz. milk
Lunch 6oz. Chicken noodle soup, 4oz. tuna, 6 crackers, 4oz pineapple, 4oz. milk
Dinner 8oz. beef stew, 4oz. green beans, 4oz. peaches, 4oz. milk
Snack 2 graham crackers, 4oz. cranberry juice
Day 3 Breakfast 4 oz. orange juice, 4 oz. V-8 Juice, 8oz. cereal, 8oz. milk
Lunch 6oz. Vatable soup, 4oz. chicken, 6 crackers, 4oz. applesauce, 4 oz. milk
Dinner 8oz. chili con carne, 4oz. mixed vegetables, 4 oz. pudding, 4oz. milk
Snack 4 oz. pudding, 4 oz. cranberry juice
Food items required but not present.
Food Items Quantity

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

1) BEVERAGES	
OJ	32- 46oz. cans
V-8 juice	32- 46oz. cans
Cranberry Juice	32- 46oz. cans
Evaporated milk	60- 12oz. cans
2) SOUPS	
Potato	10 - 60 oz. cans
Chicken Noodle	10 - 60 oz. cans
Vegetable	10 - 60 oz. cans
3) PROTEIN	
Peanut Butter	4 -48oz jar
Canned Tuna	12 -30oz. can
Canned Chicken	12 -30oz. can
Canned Ravioli	12 -30oz. can
Canned Beef Stew	12 -30oz. can
Canned Chili Con Carne	12 -30oz. can
4) VEGTABLES	
Canned Carrots	12 -30oz. can
Canned Green Beans	12 -30oz. can
Canned Mixed Vegetables	12 -30oz. can
5) FRUITS	
Canned Fruit Cocktail	12 -30oz. can
Canned Pineapples	12 -30oz. can
Canned Applesauce	12 -30oz. can
Canned Peaches	12 -30oz. can
Canned Pears	12 -30oz. can
6) GRAINS	
Dry Cereal	200 IND
Saltines Crackers	1000 each
Graham Crackers	480 each
7) PUDDINGS	
Vanilla	8- 60 oz.
Chocolate	8- 60 oz.
WATER	200 gallons
PAPER SUPPLIES	
Paper plates, cups, bowls	800 each
Plastic fork, knife, spoon	800 each

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

Paper napkins 800 each

During an interview with the Administrator on 12:30pm and 2:00pm, it was acknowledged and confirmed that there was not enough food and was going to purchase it.

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 inside furnishing.

The findings included:

During observation on the initial tour and throughout the day (9:15am-3:00pm) on ,the following concerns were identified: (Photographic evidence obtained)

#
1) Observed a rusted and toaster oven on a night stand in the bed to the residents bed
2) wall had food stain splatter on it
3) Kitchen counter light had a missing bulb
4) The bottom of the particle board kitchen cabinets was not attached to the cabinet
5) Wood laminated floors are buckling in numerous places (in the , kitchen, and living) where the floor is not flat.

#
1) Particle board kitchen cabinets has chips all around the boarder

#
1) Peeling paint under the air conditioner unit in the

615
1) Observed a Huge tank (approximately 5 ft. tall) in the residents addition, to 2 other portable tank in the . Another portable tank was located in the living .
2) During tour it was noticed that there was a strong smell of cigarette smoke

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

SUMMARY STATEMENT OF DEFICIENCIES
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#

1) Lamp shade missing on the lamp on the [redacted] stand in [redacted]
) 2 kitchen counter lights had missing bulbs

(Photographic evidence obtained of each item)
During an interview with the Consultant on [redacted] at 11:15 am, the above stated items was acknowledged and confirmed.

Class III

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

Based on record review and interview, the facility failed to maintain a complete and accurate record for 1 of 7 resident records reviewed, Resident # 15.

The findings included:

On [redacted] a resident record was reviewed for Resident # 15. The Florida Health Assessment form (form 1823) did not include the following required information: Physical and Sensory limitations, Nursing treatment/ [redacted] requirements on page # 1. The 1823 form does not provide a date in which the updated form was completed by the Physician page # 4.

Upon further review of the medical chart for Resident # 15, revealed that the Demographics form which includes the following information:
1, Name
2.
3. Race
$. Date of birth
6. Place of birth (if known)
7. Medicaid and/or Medicare number \or Health Insurance provider
8. Name, address telephone number for next of kin, legal representative or individual designated by the Resident for [redacted] notification in case of emergency
9. Name address and telephone number of health care provider and case manager

On 05[redacted] at 3:00 PM, an interview was conducted with the Administrator and the Nursing Consultant. They acknowledged the findings
9. Name, address telephone number for next of kin, legal representative

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	05/04/2017
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

Random review of additional resident records (Resident #2, #3, #5, #11 #12 revealed aforementioned information also was missing

Class III

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 within the clearinghouse for initial employment status, for 15 out of 17 staff members.

The findings include:

A review of the current facility staff roster on , , 2017 revealed that 7 Employees were not registered on the Clearinghouse Background Screening. A review of the Agency for Healthcare Administration background-screening website revealed that the facility did not maintain their employee roster and that 8 staff members who are no longer employed by the facility does not have an end date of employment.

7 Current Employee Staff Members Not on the List
1-Staff E hire date
2-Staff F hire date
3-Staff G hire date
4-Staff H hire date
5-Staff B hire date
6-Staff I hire date
7-Staff J hire date

Further review of the facility's Employee Roster Clearinghouse Background Screening, revealed the following facility's staff, who were no longer employed by the facility had not been removed from current Employee Roster. The following staff members included:
1- Staff K hire date
2- Staff L hire date
3- Staff M hire date
4- Staff N hire date
5- Staff O hire date
6- Staff P hire date
7- Staff Q hire date
8- Staff R hire date

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

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

In an interview conducted on . . . . at 2:00pm with the Administrator and Consultant the findings was acknowledged and confirmed.

Unclassified