STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966923	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **I & G ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6560 HARBOUR ROAD** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

A Relicensure survey was conducted on to at I & G Assisted Living Facility (license 11032) . The facility had deficiencies identified during the survey .

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review, observation and interview, the facility failed to adequately manage 1 out of 5 residents' (resident #4) financial affairs as per section 429.27 Florida Statute.

The findings are:

In an interview with resident #4 on at 10:25am, he stated that he did not have nor was he offered common items he needed like a magnifying glass, since he was legally , aftershave, spray deodorant and quality shaving razor blades. He stated that the razor blades the facility provided to him were disposable razor blades, which he had to reuse for several weeks because the facility did not replace the disposable razor blades, and it caused substantial irritation to his facial skin. He stated that the administrator managed his financial affairs but he was not given any spending money by the administrator since he moved in the facility on . He stated that his monthly benefits income was more than what was owed to the facility, but was not sure how much more and he felt uncomfortable having to ask the administrator about it. He stated that he felt that he will be marginalized and demeaned if he were to inquire or protest about his monthly income and the amount of money he deserved so he could buy personal items or a "candy bar once in a while".

In an interview with the administrator on at 11:20am, she stated that the facility was resident #4's representative payee for purposes of receiving his monthly income payments. She stated that she received 2 sources of monthly income for resident #4, the one from social security benefits was about $950.00 and the one from the long term care waiver program was $1200.00. She stated that the monthly amount of $2050.00 as written on the resident agreement dated on , was an error and the resident was not informed of this error.

Review of resident #4's agreement with the facility dated on indicated that the resident was responsible to pay the facility $2050.00 per month to live in the facility and received its related assisted living services. Review of the resident's health assessment dated on indicated that the resident needed assistance with his personal and financial affairs, and this assistance was to be provided by the facility staff.

In an interview with the administrator on at 12:55pm, she stated that she did not mind the

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contractual amount written in resident #4's agreement dated on , because she felt that the facility deserved to receive the full amount of his monthly income, which was around $2150.00. She stated that the she did not provide resident #4 any income or spending money since he was admitted to the facility.

Review of the facility's bank statements dated from , 2017 to present, indicated that the facility received a total of $2146.00 per month from resident #4, comprised of $946.00 per month from resident's social security benefit and $1200.00 from the resident's long term care waiver program.

In an observation on at 4:45pm, resident #4 did not have a new shaving razors, after shave lotion, mouth wash, spray deodorant and shaving cream. In an interview with resident #4 at this time, he stated that if he was given personal spending money every month, he could purchase for himself his needed personal supplies.

Class III

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

Based on observation, interview and record review, the facility failed to provide adequate assistance with self-administration of medications for 1 out of 2 residents (resident #2).

The findings are:

In an observation on at 5:00pm the administrator assisted resident #2 with the self-administration of the resident's following oral medications: one , 400mg capsule, one 500mg tablet and one , 50mcg tablet. In an observation at this time, the administrator read to the resident each medication that he was being assisted with before the resident took these medications orally.

Review of resident #2's , 2017 medication observation record (MOR) indicated that he was prescribed one , 400mg capsule twice daily at 8am and 5pm, one 500mg tablet once daily at 8am and one , 50mcg tablet once daily at 8am. Further review of this MOR indicated that the resident received one 500mg tablet at 8am and one , 50mcg tablet at 8am on .

In an interview with the administrator on at 5:10pm, she stated that she was not aware that resident #2 did not need to take his and , medications at 5pm because she did not read that the resident received these medications earlier that day at 8am. In an interview with the caregiver on at 5:15pm, she stated that she assisted resident #2 with his self-administration of

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his and medications on at 8am.

In an interview with resident #2's physician extender on at 11:00am, she stated that she was informed by the facility that the resident received an additional dosage of his and medications on at 5pm and that this medication error was not immediately hazardous to the resident unless the resident developed adverse symptoms. She stated that the facility did not report to her any adverse symptoms for this resident after .

Class III

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review, observation and interview, the facility failed to adequately manage 1 out of 5 residents' (resident #4) financial affairs and did not provide for this resident's safekeeping for his funds as per section 429.27 Florida Statute.

The findings are:

In an interview with resident #4 on at 10:25am, he stated that he did not have nor was he offered common items he needed like a magnifying glass, since he was legally , aftershave, spray deodorant and quality shaving razor blades. He stated that the razor blades the facility provided to him were disposable razor blades, which he had to reuse for several weeks because the facility did not replace the disposable razor blades, and it caused substantial irritation to his facial skin. He stated that the administrator managed his financial affairs but he was not given any spending money by the administrator since he moved in the facility on . He stated that his monthly benefits income was more than what was owed to the facility, but was not sure how much more and he felt uncomfortable having to ask the administrator about it. He stated that he felt that he will be marginalized and demeaned if he were to inquire or protest about his monthly income and the amount of money he deserved so he could buy personal items or a "candy bar once in a while".

In an interview with the administrator on at 11:20am, she stated that the facility was resident #4's representative payee for purposes of receiving his monthly income payments. She stated that she received 2 sources of monthly income for resident #4, the one from social security benefits was about $950.00 and the one from the long term care waiver program was $1200.00. She stated that the monthly amount of $2050.00 as written on the resident agreement dated on , was an error and the resident was not informed of this error.

Review of resident #4's agreement with the facility dated on indicated that the resident was

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responsible to pay the facility $2050.00 per month to live in the facility and received its related assisted living services. Review of the resident's health assessment dated on indicated that the resident needed assistance with his personal and financial affairs, and this assistance was to be provided by the facility staff.

In an interview with the administrator on at 12:55pm, she stated that she did not mind the contractual amount written in resident #4's agreement dated on , because she felt that the facility deserved to receive the full amount of his monthly income, which was around $2150.00. She stated that the facility did not establish and execute a surety bond with the Agency in an amount twice the average monthly income resident #4 received, to observe the facility's responsibility as the resident's representative payee.

Review of the facility's bank statements dated from , 2017 to present, indicated that the facility received a total of $2146.00 per month from resident #4, comprised of $946.00 per month from resident's social security benefit and $1200.00 from the resident's long term care waiver program.

Class III

0163 - Records - Resident, Penalties for Alteration - 429.49 FS

Based on record review and interview, the facility altered 2 out of 2 residents (residents #4 and 5) medical records.

The findings are:

Review of resident #4's health assessment dated on indicated that the resident was diagnosed with legal and , memory. Further review of the resident's record indicated that he received a prescription dated on for hospital bed with half bed rails, with diagnosis "291.81".

In an interview with the administrator on at 2:15pm, she stated that resident #4's prescription dated on ordering a hospital bed with half bed rails was not completed by the resident's physician extender. She stated that she physically wrote the resident's name on this prescription because she felt that the resident needed a hospital bed with bed rails and the resident's physician extender gave her verbal permission to complete this prescription. She stated that she also completed the same prescription for resident #5 by writing the resident's name herself on this prescription because she felt that this resident also needed a hospital bed and the resident's physician extender gave her verbal permission to complete this prescription. She stated that resident #4 did not yet receive his hospital bed and resident #5 already received her hospital bed.

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Review of resident #5's record indicated that the resident received a prescription dated on for hospital bed with half bed rails, with diagnosis code "291.81".

In an interview with resident #4 and 5's physician extender on at 11:00am, she stated that she had previously examined and assessed residents #4 and 5 in the facility and though the residents may benefit from using hospital beds for their safety, she did not give the administrator permission to adapt or alter a previously written prescription to include residents #4 and 5's names to order them hospital beds. She stated that it was not her practice to prescribe any resident a hospital bed and include a diagnosis code of "291.81".

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility did not properly execute 1 out of 1 resident contract (resident #4) based on its monthly service and rental amount provisions.

The findings are:

Review of resident #4's agreement with the facility dated on indicated that the resident was responsible to pay the facility $2050.00 per month to live in the facility and received its related assisted living services.

In an interview with the administrator on at 11:20am, she stated that she received 2 sources of monthly income for resident #4, the one from social security benefits was about $950.00 and the one from the long term care waiver program was $1200.00. She stated that the monthly amount of $2050.00 as written on the resident agreement dated on , was an error and the resident was not informed of this error.

Review of the facility's bank statements dated from , 2017 to present, indicated that the facility received a total of $2146.00 per month from resident #4, comprised of $946.00 per month from resident's social security benefit and $1200.00 from the resident's long term care waiver program.

Class III