STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942934	05/31/2017
NAME OF PROVIDER OR SUPPLIER **GRAND COURT ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **295 SW 4TH AVENUE** **POMPANO BEACH, FL 33060**	

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

0000 - Initial Comments

An unannounced relicensure survey with ECC and LMH was conducted on - at Grand Court ALF.(License #5464). The facility had deficiencies identified at the time of the visit.

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

Based on record review and interview, the facility failed to ensure Section C and Section D of the Health Assessment (AHCA Form 1823) was completed for 1 of 2 sampled residents (Resident#19).

The Findings Included:

On at approximately 12:30PM, The AHCA Form 1823 for Resident#19 was reviewed. The AHCA Form 1823 was dated and listed the following: Medical History and Diagnosis: / No known drug / No physical or sensory limitations / Alert and oriented with intermittent / Hospice Services / Medication Management / 1/2 side rails for mobility. ADL's: Independent with all ADL's except- Assistance with bathing. Diet: Regular.

Further review of the AHCA 1823 Form revealed, Section's C and D of the AHCA Form 1823 were left incomplete. Section C and Section D ask the following questions:

Section C:
1) A communicable , which could be transmitted to other residents or staff?
2) Bedridden?
3) Any ,3, or 4 pressure sores?
4) Pose a danger to self or others?
5) Require 24-hour nursing or care?

Section D : In your professional opinion, can this individuals needs be in an assisted living facility, which is not a medical, nursing, or facility

During an interview with the Administrator and the Assistant Administrator on at approximately 01:55PM, the findings were discussed. They acknowledged the findings and provided no additional documentation for review.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation and interview, the facility failed to ensure medications for 1of 6 sampled residents was properly labeled.

The Findings Included:

On at approximately 8:50AM, the , 2017 MOR for Resident#16 was reviewed and listed Saphris (,) Tablets 10mg, to be given by mouth or , twice a day at 9:00AM and 5:00PM. Staff E removed a unlabeled medication package form the residents slot in the medication drawer, checked the medication with the MOR, placed the medication in a cup and administered the medication the resident. The medication given matched the medication listed on the MOR, but the medication package did not have a pharmacy label with Resident#16"s label. Further review revealed the medication was in the residents slot without it's pharmacy packaging.

During an interview with Staff E at this time, she was asked if the medication was an over the counter medication and she stated no. She was also asked to locate the pharmacy packaging that the medication was delivered in that is labeled with Resident#16's label. Staff E was given an opportunity to locate the requested packaging. Staff E could not locate the packaging.

These findings were discussed with the Administrator and the Assistant Administrator on at approximately 1:55PM, they acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees (Employee A) had verification of being free from Communicable and ( ).

The findings included:

During employees' records review on , it was noted that Employee A did not have verification of being free from communicable and in file. The records revealed that Employee A was hired on and that she is scheduled to work from 11 PM to 7 AM on ; ; ; ; and ; ; ; and .

During an interview with the Assistant Administrator on at 1:00 PM, she reported that she had

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SUMMARY STATEMENT OF DEFICIENCIES
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informed Employee A that she needed to have verification of her and communicable in file by , 31. However, she stated that Employee A had not brought it in as of yet. She also acknowledged that it was her mistake for expecting to have the record completed in thirty one days instead of thirty as per regulation.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and interview, it was noted that the facility's Administrator had no verification of having completed the required 4 hours of Extended Congregate Care (ECC) training update.

The findings included:

Review of the Administrator's record on revealed that she completed the initial ECC training on a total of 4 hours. Then she completed the updated ECC training on a total of 2 hours.
During an interview with the Administrator on at 2:13 PM, the Administrator acknowledged the findings and stated that she will soon schedule an appointment to update her file.

Class III