STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on at Personal Elder Care II , License # 10658. The facility had deficiencies at the time of the visit.

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

Based on observation and interview the facility failed to provide an ongoing activities program for 4 of 4 sampled residents.

The findings include:

On between the hours 9:00 am and 2:00 pm, no activities were observed taking place at the facility. Observations of the residents revealed Resident #1 and Resident #2 in their . . . . . the hours of 9:00 am and 2:00 pm. Further observations revealed no activity calendar posted anywhere in the facility.

During an interview with the Administrator and the designee on . . . . . at 2:05 pm, concerns were addressed regarding the lack of activities being provided for the residents at the facility. The Administrator stated when they try to do activities with the residents, no one wants to participate. When asked "How do you consult with the residents when selecting and planning activities?" The administrator stated They have bored games. Sometimes they will gather the residents and try to get them to play but it is always the same two residents that participate.

An interview was conducted with the Administrator at 2:07 pm regarding no activity calendar being posted in the facility. An opportunity to locate the activity calendar was provided; no additional documentation was presented at this time.

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 staff (Staff A and Staff B) received the required in-service training's within 30 days of hire.

The Findings Included:

Employee record review for Staff A (hire date) and Staff B (hire date) was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	06/21/2017
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

conducted on . There was no documentation contained within the employee files or provided by the Administrator showing completion of the following regulatory required in-service training's completed within 30 days of employment:

Staff A
a) Emergency Preparedness
b) Incident Reporting Residents Rights
c) Recognizing and Reporting Resident , Neglect and /or ,

Staff B
a) Resident Rights Training

During an interview with the Administrator at this time, she acknowledged the absence of the documentation for both employee's confirming they did not complete the required training's.

Class III

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

Based on record review and interview, it was determined that the facility failed to ensure that all direct care staff had received training in the facility's policy and procedure regarding , for 1 out of 3 sampled employees (Staff A).

The Findings Included:

Employee record review for Staff A (hire date) revealed there was no documentation contained within the employee files or provided by the Administrator showing completion of the facility's training.

During an interview with the Administrator at this time, she acknowledged the absence of the documentation for both employee's confirming they did not complete the required training's.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	06/21/2017
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

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

Based on observation, resident interview, and staff interview the facility failed to provide a safe living environment free of hazard for 4 of 4 sampled residents.

The Findings include:

While touring the facility on with the Administrator and the designee between 9:20 am and 10:20 am the following was observed.

- Observations revealed that there were large size dents in the tile on the .

- The linen closet/area in the filled to capacity as storage with walkers and wheelchairs piled on top of one another. During an interview with the Administrator it was revealed that the used by the residents. Based on observations of this area the items stored are interfering in the use of the pose a hazard risk.

- is located in the main hallway of the facility for residents to use. Observations revealed the hot water handle on the left side of the sink is broken and loose. Further observation revealed that faucet was also leaking .

-Observations revealed a dresser stacked on top of another dresser directly by the resident bed.

Staff - Observations revealed dirt on the top of the med cart where the residents medications are stored.

Kitchen- Observations revealed dirt on the lid of the storage containers where the residents personal snacks are kept.

During an interview with the Administrator and the designee at 10:20 am on was addressed about the findings in the tour. Both the administrator and the designee acknowledge the findings. No further information was presented at this time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

Class III

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

Based on observation, interview and record review, the facility failed to ensure a physicians order was obtained prior to utilization of bedrails, for 1 of 4 sampled residents (Resident #1).

The findings include:

While touring the facility between the hours of 9:20 AM and 10:20 AM Resident #1 was observed having full bedrails on his bed. During an interview with Resident #1, the resident was asked "Are you able to move the bedrails to get in and out of the bed?" The resident responded "No".When observing Resident #1 record at 1:45 PM there was no healthcare provider's order on file documenting full bedrails are required.

During an interview with Staff A at 1:35 PM on , it was revealed the facility staff provide assistance with all activities of daily living (ADL's).

During an interview with the Administrator at 1:47 PM, she acknowledged the findings and stated that she was unaware that Resident #1 needed to have an order for the bedrails on his bed. No additional documents was presented at this time.
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 current employment status.

The Findings Included:

A review of the current staffing schedule date revealed that Staff C, Staff D, and Staff E were not listed on the current schedule. An interview conducted with the Administrator at that time she stated Staff C, Staff D, and Staff E have not worked for the facility for over a year and she does not remember there separation dates.

Review of the Agency for Healthcare Administration background screening website revealed that the facility did not remove Staff C (Hire Date-), Staff D, (hire date) and Staff E (hire date) from the clearinghouse roster within 10 days of the employee separating from the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	**06/21/2017**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

During an interview conducted with the Administrator on [redacted] at approximately 12:30 PM, she acknowledged the findings, and provided no additional documentation for review.

Unclassified