STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	07/07/2017
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4652 BELVEDERE ROAD** **WEST PALM BEACH, FL 33415**	

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

0000 - Initial Comments

An unannounced relicesnure survey was conducted on at Open Arms ALF (License#9967). 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 interviews, the facility failed to ensure a new health assessment (AHCA Form 1823) was completed when a significant change occurred, to include admission to Hospice, for 2 out of 2 sampled residents (Resident #4 & Resident#5).

The findings included:

a) Review of Resident #4's admission health assessment (AHCA Form 1823) dated listed diagnosis: High , , and . Resident is imbalanced and requires a walker for ambulation. The assessment also documented that the resident required assistance with bathing and dressing, she also requires supervision with ambulation, self-care, tilting and transferring. The resident is independent with eating. The resident is on a diet and requires assistance with self-administration of medications.

During the tour on at 8:30AM, the resident was observed with wool boots and bandages on both feet. Interview with the Administrator at this time revealed the resident is on Hospice care and she developed , when she was in the hospital. Resident#4 returned to facility from hospital on with the wounds dressed. A follow-up appointment was to be scheduled in 1 week. During this time the son refused any additional treatment and resident was admitted to Hospice on and assessment completed. Review of the Hospice assessment dated documents resident has , on her Right and left heels and on her Right Foot- Mid Outer Area. Upon Resident#4's return to the facility from the hospital, there was not a new AHCA Form 1823 completed to reflect the residents , , and no documentation on AHCA Form 1823 that reflects admission to Hospice.

During an interview on 3:59PM with Case Manager Nurse, revealed the resident had when admitted to Hospice. The are there but has not progressed to a staged number. The Lt Heel is almost healed and the . Heel is improving well. The . Outer foot was moving towards a and is improving slowly. Hospice is providing the care and the wounds have shown improvement in the last 30 days.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	07/07/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS ALF	**4652 BELVEDERE ROAD WEST PALM BEACH, FL 33415**

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

b) Review of Resident #5's admission health assessment (AHCA Form 1823) dated had diagnoses listed: with Chronic Kidney III, , History of . The assessment also documented that the resident required assistance with all ADL's. During further review of Resident #5's record, it showed Resident#5 is a risk and elopement risk. Section D of the AHCA Form 1823 reveals Resident#5 need's cannot be met in a assisted living facility, which is not a medical, nursing, or facility. Further review reveled the facility name listed on the AHCA Form 1823 was not Open Arm ALF and documented the prior facility name and information.

On at 9:00AM, Resident #5 was observed walking around the facility with no assistance. She was observed tilting and eating without assistance. The current AHCA Form 1823 is not reflective of the residents need as it states Resident#5 requires assistance with all ADL's and was not accurate and reflective of the resident's current status. No other health assessments were found in the resident's record at this time.

During an interview with the Administrator at approximately 4:00PM, the Administrator acknowledged Resident#4 and Resident#5 has not received updated AHCA Form's since admission to the facility. The Administrator provided no additional documentation for review.

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 the initial employment status.

The Findings Included:

A review of the facility staffing schedule for - , 2017 revealed that Staff A is the Administrator and lives at the facility. Staff B is scheduled to work 7AM-7PM Monday through Friday, and Staff C (Housekeeper /Cook) is scheduled to work Monday through Friday as needed.

In an interview conducted with Staff B on at 12:30AM, she stated she has worked a the facility since and she assist resident's with activities of daily living and medications.

A review of the Agency for Healthcare Administration background screening website revealed that the facility did not have Staff A, Staff B or Staff C listed on their employee roster.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965602	**07/07/2017**
NAME OF PROVIDER OR SUPPLIER **OPEN ARMS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4652 BELVEDERE ROAD** **WEST PALM BEACH, FL 33415**	

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

During an interview conducted on [redacted] at approximately 4:05PM, the Administrator state she was not aware the clearinghouse roster had to be created. The Administrator acknowledged the findings and provided no additional documentation for review.

Unclassified.