STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	07/07/2017
NAME OF PROVIDER OR SUPPLIER **CITY WALK ACTIVE LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 DATURA STREET** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced relicensure survey with LNS monitoring was conducted on & at City Walk Active Living, License # 7617. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that a resident's health assessment accurately reflected the resident's status and included all health related problems and nursing services required by the resident, for 1 out of 3 (Resident #9) records reviewed.

The findings included:

Resident # 9 was originally admitted to the facility on his diagnosis include and . A review of the Resident #9's current medication observation record (MOR) reveals that he is receiving Lantus injection 100 unit/ML inject 42 units twice daily, and R 100 unit/ML with sliding scale every morning. A review of the Facility's diet list reveals that Resident #9 is on a no concentrated sugar diet. A review of the Facility's log of residents receiving home health services reveals that Resident #9 is receiving nursing services of administration two times a day.

A review of Resident #9's most current AHCA form 1823 dated reveals under "Medical history and diagnosis" that is omitted. And under the section "Nursing/treatment/ requirements" the nursing service of administration is also omitted. Further review of the form reveals that the attached medication list reveals resident was to receive R 100 unit/ML with sliding scale every morning and every evening beginning and Lantus injection 100 unit/ML inject 29 units twice daily every morning and every evening beginning .

In an interview conducted on at 2:15 PM with the Wellness Director, she acknowledged the findings

Class III

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

Based on observation and interviews, the facility failed to:
1) treat residents with consideration and respect and with due recognition of personal dignity,

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individuality, and the need for privacy for residents residing on the 2nd floor in the unsecured section, who do not have private toilets and/or showers, and for 1 female resident using 1st floor women's .

2) provide residents residing on the 2nd floor in the unsecured section the right to a decent living environment as it relates to clean, unsoiled upholstery on the dining

The findings included:

1a) During a interview with Resident #5 on at 10:35 AM, this resident stated, "I don't have privacy because there is no locks on the ."

An inspection of the shared shower revealed there was no locking mechanism on the inside of the shared or shared shower to allow residents the opportunity for privacy when using these facilities.

During interview with the Executive Director and Assistant Administrator on at approximately 3:15 PM., they stated they were unaware there were no locks on the shower in the 2nd floor unsecured unit.

1b) On at approximately 3:10 PM, this surveyor and an unidentified female resident was in the women's the 1st floor, next to small meeting . The female resident was inside one of the , with stall door slightly ajar, when a male maintenance worker came rushing into the women's , without knocking, announcing himself, and checking to see if the clear for entry. Even after seeing that the occupied, he continued to walk over to a cabinet on the opposite side of the remove what appeared to be paper towels. As he was leaving he said, "I'm sorry, excuse me."

On at approximately 3:13 PM, the Executive Director and Assistant Administrator were notified of the incident involving the maintenance staff in the women's . They acknowledged the actions of the maintenance staff were not appropriate.

2) During observational tour of the 2nd floor unsecured unit on at 10:00 AM, the cloth-covered dining were noticeably soiled/stained (photographic evidence obtained).

The condition of the 2nd floor dining was discussed with Executive Director and Assistant Administrator on at 3:15 PM.

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0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure that a missed dosage of a medication was immediately updated in the medication observation record (MOR) correctly as a missed dosage, for 1 of 5 (Resident #9) residents' MORs reviewed.

The findings included:

Record review of the facility's undated policy titled "Medication Records" revealed: for residents who receive assistance with self-administration or medication administration the facility shall maintain a daily MOR for each resident. A MOR must include a chart for recording each time the medication is taken, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.

In an observation conducted on 9:59 AM, Unlicensed Staff B was observed washing her hands, opening the MOR, take the medication packet and 3 bottles from the locked cabinet, checking the MOR against the packet and bottles ,called the resident by name; read the labels of the medications to the resident, opening the packet of the residents medications, when doing so the 500 Mg tab onto the medication cart. Staff B told the resident that she dropped a 500 MG tab and that he would not be receiving it today. She then gave the resident the other medications watched the resident take the medication and documented the MOR.

In an observation conducted on at 10:55 AM, it was noted that Staff B had marked the MOR as having administered the 500 MG to the resident. In an interview conducted on at 10:57 AM with Staff B, she confirmed that she did not give the resident the 500 MG and should have noted the missed dosage by circling it in the MOR and making a notation on the reverse side. She further stated that she would correct it now.

In an interview conducted on at 1:30 PM with the facility's registered nurse (RN), she stated that if a staff drops a medication that her expectation is for them to give the medication from the last packet dosage of the medication packets, so that the resident gets the medication and then notify the pharmacy and discard the contaminated medication, she will follow up on this medication to make sure the resident receives it.

In an observation conducted on at 2:15 PM, the RN provided a physician's order dated

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at 1:50 PM to give the 500 MG tab now.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on interview and record review, it was determined the facility failed to maintain a signed Attestation referenced in subsection 59A-35.090(2), F.A.C. in the employee's personnel file, maintained by the provider, for 1 of 5 sampled staff (Staff C).

The findings included:

During interview and personnel record review conducted with the Assistant Administrator, on at approximately 12:20 PM, she was provided the opportunity to locate the Attestation of Compliance with Background Screening Requirements for Staff C (direct care staff with a date of hire noted as). The Assistant Administrator looked page-by-page through Staff C's personnel file and she acknowledged that the required Attestation was not on file at the time of this review.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review, it was determined the facility failed to ensure each staff member, subject to screening, is registered with the clearinghouse within 10 business days, for 1 of 5 sampled staff (Staff A).

The findings included:

During interview and review of the clearinghouse roster conducted with the Executive Director, on beginning at approximately 12:00 PM, he was provided the opportunity to locate Staff A (direct care staff with a date of hire noted as) on the clearinghouse roster. The Executive Director was not able to locate Staff A on this clearinghouse roster. He was asked if this staff member might have another last name (maiden or married). The Executive Director checked with the Assistant Administrator, at this time, and she provided a maiden name for Staff A. Staff A's maiden name was not located on the clearinghouse roster, either. The Executive Director acknowledged that Staff A was not listed on the clearinghouse roster at the time of this review.

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Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interviews and record review, it was determined the facility failed to verify if there had been a break in service that exceeded 90 days for a position that requires a level 2 screening, for 4 of 5 sampled staff (Staff A, Staff B, Staff C, and Staff E).

The findings included:

During interview and personnel record review conducted with the Assistant Administrator, on beginning at approximately 11:30 AM, she confirmed that there was no documentation verifying employment dates and ensuring that there was not a break in service that exceeded 90 days for the following staff:

1) Staff A (direct care staff with a date of hire noted as); most recent level 2 background screening was noted as ; employment dates were not verified from through , of 2016 as acknowledged by the Assistant Administrator.
2) Staff B (direct care staff with a date of hire noted as); most recent level 2 background screening was noted as ; employment application noted 2014 through current as employment at another assisted living facility; however, the Assistant Administrator acknowledged these employment dates were not verified.
3) Staff C (direct care staff with a date of hire noted as); most recent level 2 background screening was noted as ; employment application noted employment with a provider that does not require a level 2 background screening from 2014 through current; the Assistant Administrator acknowledged employment dates were not verified for an employer that requires a level 2 background screening.
4) Staff E (Executive Director with a date of hire noted as); most recent level 2 background screening was noted as ; during interview and record review conducted with the Executive Director, on beginning at approximately 11:40 AM, he acknowledged he did have a break in service that exceeded 90 days; review of his Attestation of Compliance with Background Screening Requirements noted there was a break in service that exceeded 90 days.

The Assistant Administrator could not provide an explanation as to why employment dates had not been verified in order to determined if there had been a break in service that exceeded 90 days for the above

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noted staff members.

Unclassified