STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **PLAZA OF HALLANDALE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3535 SW 52ND AVENUE** **PEMBROKE PARK, FL 33023**	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on & at Plaza Of Hallandale Beach (License#5120). There were deficiencies during the time of the survey.

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

Based on resident record review and interview, the facility failed to a completed Resident Health Assessment (AHCA Form 1823) for 1 of 2 sample residents (Resident#13).

The Findings Included:

Resident#13's AHCA Form 1823 was reviewed and documented the following. DOB: Diagnosis: , , , , Gait Disturbance, Physical Sensory Limitations: Wears Glasses, Hard of Hearing, Transports with wheelchair with / without assistance, / Behavioral: at Times, Nursing: Hospice, Memory Care. Further review revealed the AHCA Form 1823's Date of Examination was not documented.

During an interview with the Administrator and Director of Nursing, they stated they were unaware that the examination date was not documented on the form. They acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation, record review, and interview, the facility failed to obtain a physician order for 1/2 beds rails use, for 1 of 2 sampled residents (Resident #10).

The Findings Included:

During the observation tour on at 12:08 PM, 1/2 bed rails were observed on Resident#10's bed. An resident interview was conducted with the resident and he was asked if he can operate the bed rails. The resident stated "NO" , they make me feel like I'm in jail.

During an interview with the Administrator at this time, she confirmed that Resident#10 sleeps in his bed nightly, and the bed rails are used. The resident cannot operate the bed rails on his own. At this time the Administrator was given an opportunity to locate the physician order.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **PLAZA OF HALLANDALE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3535 SW 52ND AVENUE** **PEMBROKE PARK, FL 33023**	

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

During an interview with the Administrator, the DON, and the Area , , the findings were acknowledged and no additional documentation was submitted fro review.

Class III

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

Based on Observation and Interview, the facility failed to follow the proper procedure for providing administration of medications for (Resident#5, Resident#8), observed during medication pass.

The Findings Included:

a) Observation on 10:00AM, found Resident#8 receiving the following medications (as documented on the MOR for , 2017: , 20mg 1 Tab once daily, Oyster Shell - 1 Tablet daily, 100mg 1 tab once daily, , 50mg. 1 tab three times a day, , 81mg 1 tab daily. Staff A sanitized her hands and removed medications and compared medication with the Medication Observation Record (MOR) for Resident#5, crushed medication that could be crushed and placed in applesauce. Staff A placed additional medications in a cup. Staff A signed the MOR's prior to administering the medications to the resident. Staff A administered the medication and watched Resident#8 swallow the medications.

b) Observation on 10:05AM, found Resident#5 receiving the following medications (as documented on the MOR for , 2017: , 100mg1 daily, 100mg 1 tab daily, , ER 90mg. 1 tab daily, Cardopa- , 1 tab three times a day. Staff A sanitized her hands and removed medications and compared medication with the Medication Observation Record (MOR) for Resident#5 Staff A placed medications in a cup. Staff A signed the MOR's prior to administering the medications to the resident. Staff A administered the medication and watched Resident#5 swallow the medications.

In an interview conducted on at approximately 2:15PM, with the Administrator, Director of Nursing, and the area , , the findings were acknowledged and no additional input was provided.

Class III

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

Based on employee record review and interview, the facility failed to ensure each staff member submit a yearly statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable to include , for 1 of 3 sampled staff (Staff A).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	07/27/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA OF HALLANDALE BEACH	3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023

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

The Findings Included:

Record review was conducted for Staff A whose hire date was . During the record review it was discovered that the last communicable statement on file for Staff A was completed on .

During an interview with the Administrator on at approximately 2:15PM, the Administrator acknowledged the findings, and at this time no additional documentation was provided for review.

Class III

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

Based on observation, and interview, the facility failed to provide a safe living environment and ensure that the facility was maintained and free of hazards for 4 of 4 sampled residents. And to ensure that all existing mechanical systems were maintained in good working order and emergency exits were free and clear of debris for 79 of 79 residents.

The Findings Included:

A) On between the hours of 9:30AM-11:00AM, a tour was conducted in the Memory Care Unit and it revealed the following:

1) # underneath the (where resident belongings are kept), the shelf has water damage and is in disrepair.

2) # and #, inside the resident the back of the toilet, the baseboards are in disrepair and detaching from the wall.

3) # the toilet seat has brown rust on several areas of the toilet seat frame.

These findings were discussed with the Administrator, DON, and the Area on at approximately 2:15PM, they acknowledged the findings.

B) During the observational tour conducted on at 10:55 AM, accompanied by the Director of Nursing, the following observations were noted:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **PLAZA OF HALLANDALE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3535 SW 52ND AVENUE** **PEMBROKE PARK, FL 33023**	

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

1) The north first floor emergency stairwell exit door was blocked by a large cabinet which was stored on the floor.

2) The first floor exit door (closest to the nurses station) had a sign which stated the door should remain locked at all times for safety reasons. The door was observed unlocked, and further observation revealed the door did not have a working lock, and could not be locked.

In an interview conducted on at 11:38 am after the tour, the Administrator and Maintenance was immediately advised of the findings and stated they will look into it.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on employee record review and interview, the facility failed to ensure that the Extended Congregate Care (ECC) Supervisor maintained the adequate training for ECC.

The Findings Included:

On at approximately 12:15PM, during a interview with the Administrator, Staff D was identified as the ECC supervisor. A review of Staff D's employee record revealed Staff D completed her initial 4 hour ECC training on . Further review revealed no documentation for 4hr update that is required every 2 years. During this time, the Administrator was given an opportunity to locate the documentation.

During an interview with the Administrator, DON and Area , on at approximately 2:15PM, the findings were acknowledged, and no additional documentation was provided fro review.

Class III