STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966997	08/07/2017
NAME OF PROVIDER OR SUPPLIER **A & L HEALTH CARE, CORP #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **8208 NW 14TH STREET** **CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted at A & L Health Care, Corp #2, Assisted Living Facility (#license #11141) from to . A & L Health Care, Corp #2 had deficiencies identified at the time of the survey.

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

Based on observation, interview and record review, the assisted living facility failed to determine the continued appropriateness of residence of an individual in the facility for 1 of 5 sampled residents (Resident # 1). Specifically, the assisted living facility retained Resident #1, who required the care of an unstageable pressure .

Findings included:

During a tour of the facility on at 11:30 AM, Resident #1 was observed lying in a hospital bed with a dressing on the left foot. Resident #1's foot was not off-loaded at this time.

A review of Resident #1 health assessment, dated , documented that Resident #1 did not have any pressure sores.

A review of Resident #1's health assessment, dated and signed by the hospice doctor, documented that Resident #1 had a pressure and was receiving hospice care services and care.

In an interview with the Hospice Nurse, on at 3:30PM, she stated that Resident #1 had an unstageable on his left heel upon admission to hospice on . The Hospice Nurse stated that the was and that she could not see the bed. She stated that Resident #1's has not completely healed and that it is currently pink/red, with no tissue, no and the had . The Hospice Nurse stated that care was provided three times a week, on Mondays, Wednesdays, and Fridays for two weeks after Resident #1 was admitted to Hospice, and then the was being watched for two additional weeks. The nurse stated that at this time, the got a little worse, with and pocking of in one area of the , and the care frequency was changed to every other day.

In an interview, with the Home Health Agency on at 3:00 PM, the Manager stated that according to nursing notes, Resident #1 started receiving home health services on for physical . She stated that on , the home health staff noticed Resident #1 developed a

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on the sacrum, and Resident #1's health care professional provided an order for care. The Manager stated that on , Resident #1 had a second on the left heel ( ), a third on his right foot ( ) and that the sacral was still open. The Manager stated that on , the sacral had closed and that Resident #1 was discharged from home health and referred to hospice since hospice was already ordered. At the time of the home health discharge, the Manager stated that Resident #1 had a on the left great toe, an unstageable on the left heel and the right lateral foot had closed.

In an interview, with Resident #1's health care provider on at 3:10 PM, he stated that when he signed Resident #1's health assessment on . The resident did not have any wounds. The health care provider stated that on , the resident developed a small , on the left medial foot. He stated that the facility was off-loading, but Resident #1 kept moving the foot and was not compliant. The health care provider stated that Resident #1's left was unstageable on and that he could not access the depth of the . He stated that the healing of Resident #1's had been delayed due to this non-compliance because he did not off-load and still does not off-load.

In an interview with Residents #1's family member, on at 2:00 PM, she stated that Resident #1 has a on his heel and that the Hospice Nurse comes to the facility three times a week to provide care. She stated that Resident #1 was hospitalized in early , 2017. The family member stated that while Resident #1 was in the hospital, the Administrator of the assisted living facility told her that Resident #1 required more care and should be placed on hospice. If Resident #1 was not on hospice, Resident #1 could no longer live at the facility. The family member stated that Resident #1 did not have a when they were in the hospital and that Resident #1 had pinkness on his , but no other redness on the body. The family member stated that the Hospice Nurse told her that Resident #1 had a on the left heel that was black and then became pink, and at one point, the began again when Resident #1 hit his foot.

A review of hospice's initial comprehensive assessment for Resident #1, dated , documented that Resident #1 had a healing on the left arm (0.5 centimeters by 0.5 centimeters), redness to sacrum, a healing on the right arm (2 centimeters by 0.5 centimeters) and an unstageable , on the left heal with 30 percent tissue, measuring 6 centimeters by 4 centimeters.

A review of hospice's nursing-updated comprehensive assessment for Resident #1, dated , documented Resident #1's left heel was healing, with 100% with minimal and measuring 1.8 centimeters by 1.8 centimeters.

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Class III

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

Based on interview and record review, the assisted living facility failed to maintain the employment status of all employees within the clearinghouse and failed to report changes in employment status within 10 business days for 3 former staff (Staff C, D & E).

Findings included:

A review of the employee roster on documented Staff C's date of hire was , but there was no end date of employment.

A review of the employee roster on documented Staff D's date of hire was , but there was no end date of employment.

A review of the employee roster on documented Staff E's date of hire was , but there was no end date of employment.

In an interview with the Administrator, on at 3:00 PM, she stated that Staff C and Staff E stopped working at the facility last year. In an interview at this time, she stated that Staff D stopped working at the facility more than a month ago.

Unclassified

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

Based on interview and record review, the assisted living facility failed to have signed attestations for 3 of 3 sampled staff (Administrator, Staff A and B).

Findings included:

A review of employee files on for the Administrator, Staff A and B did not contain signed attestations.

In an interview with the Administrator, on at 1:55 PM, she stated that there were no attestations in the employee files.

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