STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965694	**08/08/2017**
NAME OF PROVIDER OR SUPPLIER **NEWPORT HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 CLEVELAND STREET** **HOLLYWOOD, FL 33020**	

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

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

Based on observation, record review and interview the facility failed to ensure that a signed Attestation of Compliance with chapter 435 was in each employee's personnel file for 4 of 4 (Staff A, B, C and D) staff records reviewed.

The findings included:

Personnel record reviews conducted on revealed that Staff A/ Administrator with a hire date of , Staff B/ Assistant Administrator, with a hire date of , Staff C/ housekeeper, with a hire date of and Staff D/aide, with a hire date of lacked evidence of a signed Attestation of compliance with chapter 435, as required.

A review of the 2107 staff schedule revealed that Staff A, Staff B, and Staff D were all listed on the schedule. Staff C was not listed on the schedule.

In an observations conducted from 09:30 AM- 04:30 PM on Staff A, Staff B and Staff C were all observed in the facility in various activities assisting the residents.

In an interview and side by side review of the personnel files of Staff A, Staff B, Staff C and Staff D conducted on at 01:55 PM with the Administrator she reviewed the files and acknowledged that all the staff identified above were current staff members and confirmed the findings.

unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observations, record review and interview the facility failed to ensure that a Level II Background Screening was obtained as required in 1 of 4 staff (Staff C) records reviewed.

The findings include:

In an observation conducted on at 9:30 AM Staff C was in the kitchen cleaning up the breakfast dishes.
In a subsequent observation conducted on at 10:25 AM Staff C was observed coming out of a resident a urinal bottle in her hand, she re-entered the same 10:27 AM with the bottle empty. She then came back out of the a dirty plate. She was observed throughout the

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day from 09:30 AM- 04:30 PM entering other resident , some when the residents were not in their .

In an interview conducted on at 10:12 AM with Staff C, she stated she began helping out at the facility in 2017, and that she mainly cleans the resident , the facility common areas and does some cooking, she also stated that she empties Resident #1's urinal bottle and draws his bath.

In an interview conducted on at 11:45 AM with Resident #1, he stated that Staff C was working at the facility when he was admitted and that he has been at the facility since , 2017, and that she cleans his , empties his urinal bottle and draws his bath.

In an interview conducted on at 12:30 PM with the administrator she stated that Staff C began helping her a couple of months ago, she does not have a file for the Staff C, she was unaware that she needed to have a background screening for persons that are considered housekeeping and enter resident .

A review of the AHCA Background Screening Data base on and revealed that Staff C did not have a screening on the data base.

A review of Staff C's State of Florida identification card reveals her listed address as the facility address and was issued on .

In a subsequent interview conducted on at 01:10 PM with the Administrator she acknowledged the findings.

Unclassified

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0000 - Initial Comments

An unannounced biennial relicensure survey was conducted from at Newport Home Care, Inc., License #10047. 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 ensure that an activities calendar was posted in common areas where residents normally congregate.

The findings included:

During the observation tour of the facility conducted on at 10:30 AM, it was noted that the facility lacked an activity calendar.

In an interview conducted with the Administrator on at 01:57 PM, she confirmed that there was no activity calendar posted and stated that the other staff member has the calendar on the computer.

In observations conducted throughout the day from 09:30 AM-04:30 PM, there were no activities in the facility for residents.

In resident interviews conducted on with Residents #1, 2, 3 and 4, they all stated that there are no organized activities at the facility.

Class III

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

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 1 residents (Resident #5) observed during medication pass. As evidenced by failing to bring the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident , read the medication label , remove the prescribed amount of medication and then hand it to the resident.

The findings include:

A review of Resident #5's record revealed his admission date was and his diagnosis includes: , aphasia, , and

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A review of Resident #5's medication observation record (MOR) for the month of 2017 revealed that he is prescribed and to receive the following medications in the morning: CL ER 20 MEQ daily for a diagnosis of hypokalalemia, 1000 MCG daily for a diagnosis of deficiency,Vit D-3 2000 unit daily, 81 mg daily for a diagnosis of essential , 20 MG daily for a diagnosis of generalized , 5 GR daily for a diagnosis of , tablet daily for a diagnosis of D deficiency, 40 MG daily for a diagnosis of essential , 10 MG daily for a diagnosis of other , Omperazole 20 MG daily for a diagnosis of , without and is to receive the following at bedtime: ER 60 MG Tab XL daily for a diagnosis of essential , 40 MG daily for a diagnosis of , .

In an observation of assistance with medications conducted on at 10:27 AM, it was noted that unlicensed Staff A/ the Administrator, called the resident by name , was observed opening the MOR, pop the medication from the punch cards and place the medications into a souffle cup , marking the MAR as she punched the medications out of the card , prior to ensuring the resident took the medications, then she handed resident #5 the souffle cup and told him here are your medications and closed the MAR.

In a record review conducted on at 10:33 AM of the medications that had been given and taken by Resident #5, it was noted that he had been given the medications of Resident #1 which were the following : 125 mg MCG Tab daily used to treat an underactive (,), 100 MG Tab twice a day an anti- , medication, also called an anticonvulsant, 600 MG three times a day used to treat some types of and for postherpetic (nerve pain caused by), 40 MG daily used to treat fluid build-up and caused by , or kidney , DR 40 MG daily is already prescribed this medication, but only 20 MG, SUC 25 MG daily used to treat (chest pain) and , (high ,), 325 MG daily used to treat iron deficiency , SR 150 MG daily used to treat major , , 1 MG daily used to treat deficiency and megaloblastic and 300 MG twice a day used as a , medication.

In an interview conducted on at 10:40 AM with the administrator , she was advised of the medication error and confirmed that she had given Resident #5 the medications of Resident #1.

In a follow up interview on at 10:45 AM with the administrator she states called the residents

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physician who advised her to call 911, to have the resident evaluated.
In an observation conducted on at 10:55 AM, paramedics arrived, and reviewed the medications of both residents and informed the administrator that they needed to transport Resident #5 to the hospital for observation.
In an interview conducted on at 1:12 PM with Resident #5's physician she stated she was most concerned about Residents#5's , going up, she states that the first 20-40 minutes were of the greatest concern, then the next few hours, but if the resident is in the emergency , they would be observing him for any adverse reaction, and if they send him back, she feels there will not be any residual problems.

In an observation conducted on at 4:15 PM Resident #5 returned from the hospital, stating he was alright and in good spirits. Resident #5 had spent from approximately 10:55 AM until 4:00 PM in the emergency .
A review conducted on at 4:20 PM of Resident #5's hospital discharge record dated revealed his diagnosis as Accidental medication error, initial encounter- primary.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review, and interview the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times . As evidenced by not serving or substituting items of comparable nutritional value for menu items.

The findings include:

A review conducted on at 12:00 PM of the facility's posted dietician approved lunch menu for revealed the menu to be soup du jour (6 oz), fish filet/on (3oz) , cole slaw (1/2 cup) fruit cocktail (1/2 cup). In an observation conducted on at 12:15 PM the lunch served to the residents was a ham and cheese sandwich with tomato and cole slaw.

In an interview conducted on at 12:51 PM with the Administrator, she confirmed she did not serve soup or fruit cocktail and further stated she did not even have soup available for the residents.

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Class III

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

Based on observation and interview, it was determined that the facility failed to ensure that a safe, clean living environment, which was maintained in good working order.

The findings included:

During the environment tour conducted on at 11:50 AM accompanied by the facility Administrator the following issues were noted:

1) Main - had black spots on the ceiling above the shower, and the wall behind the door had paint that was heavily peeling from the wall.
2) - the ceiling had been patched and was not painted.
3) # - in-suite to # , the ceiling over the shower was cracked and peeling.
4) Hallway closet- the door frame moulding was in disrepair.
5) - the ceiling had been patched and was not painted.
6) - the ceiling was in disrepair .
7) Living - the ceiling had been patched and was not painted.
8) Kitchen - the ceiling had been patched and was not painted.

In an interview conducted on at 11:55 AM after the tour ,with the Administrator she acknowledged the findings and stated that the ceiling damage was caused by a repairs made to the air conditioner , but was unable to provide documentation for the work.

Photographic evidence was obtained.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observations, and interview, the facility failed to ensure that the Administrator or Owner of a facility maintained a personnel record for each staff member as required in 1 of 4 staff (Staff C) records reviewed.

The findings include:

In an observation conducted on at 9:30 AM Staff C was in the kitchen cleaning up the

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breakfast dishes.
In a subsequent observation conducted on at 10:25 AM Staff C was observed coming out of a resident a urinal bottle in her hand, she re-entered the same 10:27 AM with the bottle empty. She then came back out of the a dirty plate. She was observed throughout the day from 09:30 AM- 04:30 PM entering other resident , some when the residents were not in their .

In an interview conducted on at 10:12 AM with Staff C, she stated she began helping out at the facility in 2017, and that she mainly cleans the resident , the facility common areas and does some cooking, she also stated that she empties Resident #1's urinal bottle and draws his bath.

In an interview conducted on at 11:45 AM with Resident #1, he stated that Staff C was working at the facility when he was admitted and that he has been at the facility since , 2017, and that she cleans his , empties his urinal bottle and draws his bath.

In an interview conducted on at 12:30 PM with the administrator she stated that Staff C began helping her a couple of months ago, she confirmed that she does not have a file for Staff C available for review.

Class III