STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967048	**10/05/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TYVAL ASSISTED LIVING FACILITY	**3526 GENEVRA AVE BOYNTON BEACH, FL 33436**

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Tyval Assisted Living Facility (License#11128). There were deficiencies found during the time of the survey.

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

Based on record review and interview, the facility failed to ensure that resident were assisted with pain medication on a "as needed basis" for 1 of 4 sampled residents (Resident#4).

The Findings Included:

On at 11:30AM a review was conducted on Resident#3's 1 through , 2017, , 1 through , 2017, and through 31 Medication Observation Records (MOR). All three months MOR's revealed Resident#3 received Mapap 650mg. tablet- 1 tablet by , every 8 hours as needed for pain. Further review revealed none of the MOR's had the date/hour Medication Dose, Reason given, Staff Initials, Results /response and signature documented on the back of the MOR's for , , , or .

The MOR revealed Resident#3 received the medication every 8hrs, at 8AM, 4PM, and 12PM. The medication was documented for as given twice a day at 8AM and 8PM. Further review revealed for the month of , the resident received the medication three times a day at 8AM, 4PM, and 12PM. The MOR's were reviewed and revealed the resident received the medication once a day. Over the past three months the residents medication has been given on a inconsistent basis. Observation of Resident#3 during the survey revealed the resident is not verbal. She primarily communicates by smiling and does not speak or answer direct questions. She doe not demonstrate the ability to notify staff when she is in pain.

A interview was conducted with Staff A and B who are both unlicensed med techs. She was asked how is it determined that the resident is in need of the PRN pain medication? Staff A and B responded by stating " we can tell by the expression her face".

In an interview conducted with the Administrator on at 11:50AM, she is not a licensed nurse but she can tell when the resident needs pain medication. She acknowledged the findings and provided no additional information for review.

Class III

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0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure that resident were assisted with pain medication on a "as needed basis" for 1 of 4 sampled residents (Resident#4).

The Findings Included:

On at 11:30AM a review was conducted on Resident#3's 1 through , 2017, 1 through , 2017, and through 31 Medication Observation Records (MOR). All three months MOR's revealed Resident#3 received Mapap 650mg. tablet- 1 tablet by , every 8 hours as needed for pain. Further review revealed none of the MOR's had the date/hour Medication Dose, Reason given, Staff Initials, Results /response and signature documented on the back of the MOR's for , , , or .

The MOR revealed Resident#3 received the medication every 8hrs, at 8AM, 4PM, and 12PM. The medication was documented for as given twice a day at 8AM and 8PM. Further review revealed for the month of , the resident received the medication three times a day at 8AM, 4PM, and 12PM. The MOR's were reviewed and revealed the resident received the medication once a day. Over the past three months the residents medication has been given on a inconsistent basis. Observation of Resident#3 during the survey revealed the resident is not verbal. She primarily communicates by smiling and does not speak or answer direct questions. She doe not demonstrate the ability to notify staff when she is in pain.

A interview was conducted with Staff A and B who are both unlicensed med techs. She was asked how is it determined that the resident is in need of the PRN pain medication? Staff A and B responded by stating " we can tell by the expression her face".

In an interview conducted with the Administrator on at 11:50AM, she is not a licensed nurse but she can tell when the resident needs pain medication. She acknowledged the findings and provided no additional information for review.

Class III

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

Based on record review and interview, the facility failed to ensure that staff who provides direct care to

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residents obtained a communicable . . . . . statement or Negative . . . . . ( ) screening from a licensed professional stating freedom of communicable . . . . . for 1 of 3 sampled staff (Staff A).

The Findings Included:

On . . . . . at 12:30PM, a employee record review was conducted and revealed Staff A's current screening from a licensed professional was completed on and expired on .

During an interview with the Administrator on at 12:40PM, she stated she had a chest X-ray in 2016 and she does a chest X-ray every 2 years. She acknowledged the findings and provided no additional documentation for review.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that staff who provides direct care to residents, has completed First Aid training and holds a current First Aid certification card, for 1 of 3 sampled staff.

The Findings Included:

On at 11:30AM, a employee record review was conducted on Staff C's employee files. The file revealed Staff C has only and does not have First Aid certification. Further review of the staffing schedule revealed Staff C works from Friday 6PM until Sunday 6PM alone. During this time the Administrator was given an opportunity to locate the documentation.

During an interview with the Administrator on at 12:10PM, she acknowledged the findings, and provided no additional documentation for review.

Class III

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

Based on observation and interview, the facility failed to maintain the required amount of emergency water for 4 of 4 residents, and the facility failed to store monthly menus in the facility for six months.

The Findings Included:

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On at 8:30AM during the observational tour, it was revealed that the facility had 18 gallons of stored emergency water for residents and food preparation. Further review revealed the facility had a census of 4 resident which requires 36 gallons of emergency water to be stored in the facility for residents.

On at 10:30AM a review of the facilities current menu and meal substitutions menu's were requested. A Week 1 menus was provided and labeled : , - on the Date line. No Substitution menu's were provided. Further review revealed the facility has a 4 week cycle of blank menus, but no substitution documentation was recorded. During this time the Administrator was given an opportunity to locate the documentation.

During an interview with the Administrator on at 9:00AM, she stated they used the water during the hurricane and has not replenished it. She also stated that substitutions are recorded on the menu's, but she does not keep them, she throws them away. She acknowledged the findings and provided no additional information for review.

Class III

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

Based on record review and interview, the facility failed to register staff with the Agency for Health Care Administration (AHCA) background screening clearinghouse within 10 days of hire, for 4 of 4 sampled staff.

The Findings Included:

On at 9:00AM the AHCA background screening clearinghouse roster was reviewed. The roster revealed that the facility had not registered any staff members. Review of the facility staff schedule revealed the following:

Staff A- Valarie Powell - Administrator Hire Date: (Exact Day Unknown)
Staff B - Odette Drayton- HHA-Hire date:
Staff C- Rose Marie Walker- CNA- Hire date:
Staff D - Tyrone Powell (Relief) Hire Date: (Exact day unknown)

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During an interview with the Administrator at approximately 10:20AM, she stated she was not aware the staff had to be registered. She acknowledged the findings and provided no additional documentation for review.

Unclassified