| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966346** | **10/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on at West Vista Del Lago in Weston, FL, License # 10057. The facility had deficiencies at the time of the survey.

**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 assistance with self-administration of medication, for 2 of 2 sampled residents reviewed observed during the med-pass.

The findings included:

On at 01:00 PM, a medication observation was conducted with Staff A (Unlicensed Staff). Staff A washed her hands, retrieved a pill box from a metal cabinet, took the pills out of the box with a spoon, placed the pills in a cup and gave the cup to resident #1 and walked away and said "here are your meds" . There was no MOR (Medication Observation Record) book available, no medication labels for Staff A to compare, the name of the medication was not stated and observation of taking medication was not made.

On at 01:15 PM, immediately following the medication observation, Surveyor ask Staff A if she ever recieved medication training and she replied "No". Surveyor advised Staff A that she is required to complete the medication training prior to assisting residents with medications. Staff A replied that usually the Administrator places the pills in the pillbox and she give both residents there medicine in a cup for breakfast, lunch and dinner. Staff A also stated she never uses a MOR to sign immediately when a resident take medications.

Class III

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on record review, interview and observations, it was determined the facility failed to ensure that a discharged or residents medication(s) is returned to the resident or legal guardian after residency is terminated.

The findings include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966346 | 10/26/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WEST VISTA DEL LAGO, INC** | **1077 WATERSIDE CIRCLE FORT LAUDERDALE, FL 33327** |

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

During a tour of the facility on 9:20 AM, the surveyor observed a prescribed medication in a unsecured vacant .

On at 9:25 AM the surveyor inquired how long has # been vacant? Staff A responded, "The been vacant since I have been employed here for almost one year". Staff A stated the resident , but her medication was not disposed.

Prescribed medication:

1) , , 0.5 mg and 3 mg

A phone interview was conducted with the Administrator on at 1:30 PM with the findings of prescribed medication not properly disposed over the course of almost one year in a secured 2 demented residents having access inside of # . The Administrator confirmed the findings and did not provide an explanation of why the prescribed medication was not properly disposed withn 30 days.

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation and interview the facility failed to have at least one staff member who has access to facility records at all times with 2 of 2 sampled residents currently living inside of the facility.

The findings include:

On at 9:00 AM entrance was made into the facility. The surveyor introduced herself to Staff A and advised the visit was to conduct the Standard Relicensure survey. Staff A replied that she is the designee and will able to answer all of my questions and provide me with everything that I need. I requested to see in writing that she is the designee and this information could not be provided. I request to speak with the Administrator and she advised the Administrator had a doctor's appointment and is unavailable right now. On at 1:30 PM the Administrator called and requested to speak with the surveyor, Surveyor advise the reason for the visit is to conduct the Relicensure Survey for the facility license and the Administrator response was "I left the state early this morning to evaluate a resident in Philadelphia and all the files are locked up. Surveyor requested if Staff A might have access to the file as she is with both Residents, the Administrator replied "No". The Administrator stated Staff A has no access to resident files or any files to complete the Relicensure survey. Administrator stated that she would be returning on at 3pm. Surveyor inquired who was designee on file and Administrator

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966346 | 10/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

replied "I don't have a designee on file but I can find one. The Administrator also advised the designee she would choose would be unable to attend the survey either and does not have access to facility records.

On at 9:30 AM observation revealed that a grandson of the Administrator resides in the facility who had full access to the office where all facility records were kept, yet access to retrieving records to complete the survey process was denied. 2 of 2 sample resident records were unavailable for record review. Staff A was currently the only staff available at the time of the survey observed taking care of both residents with no access to resident files

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required in-service training within 30 days of hire, 1 out of 2 staff members ( Staff A).

The findings include:

Upon arrival it was noted that Staff A was the only staff member present in the facility. Upon request of Staff A file, it was revealed that she does not have access to any of the personnel files including her file. Staff A stated she had been employed with the facility for at least a year. A call was placed to the Administrator at 10:10 AM on , she confirmed Staff A is an employee of the facility and that all personnel files are locked in her office in which the staff does not have access. Therefore, the surveyor was not provided the personnel file of Staff A. The Surveyor was unable to verify Staff A had completed the following in-service trainings.

a) Report major incidents
b) Reporting adverse incidents
c) Facility emergency procedures
d) Resident rights
e) Recognizing and report resident , neglect and ,
f) ADL training
g) Elopement training

Further observations revealed that the Administrator grandson son arrived to the facility at approximately 9:58 AM to the facility. It was noted numerous times throughout the survey, the grandson was observed

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966346 | 10/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

going in and out of the office in which the personnel files, resident files and MORs and other facility information/records were located. However, the staff member was not granted access. Throughout numerous phone conversation with the Administrator, she still refused access to the no persons had the key.

Class III

**0082 - Training - / - 58A-5.0191(3) FAC**

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required in-service training within 30 days of hire, 1 out of 2 staff members ( Staff A).

The findings include:

Upon arrival, it was noted that Staff A was the only staff member present in the facility. Upon request of Staff A file, it was revealed that she does not have access to any of the personnel files including her file. Staff A stated she had been employed with the facility for at least a year. A call was placed to the Administrator at 10:10 AM on , she confirmed Staff A is an employee of the facility and that all personnel files are locked in her office in which the staff does not have access. Therefore, the surveyor was not provided the personnel file of Staff A. The Surveyor was unable to verify Staff A had completed the / training.

Further observations revealed that the Administrator grandson son arrived to the facility at approximately 9:58 AM to the facility. It was noted numerous times throughout the survey, the grandson was observed going in and out of the office in which the personnel files, resident files and MORs and other facility information/records were located. However, the staff member was not granted access. Throughout numerous phone conversation with the Administrator, she still refused access to the no persons had the key.

Class III

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

Based on record review and interview, it was determined that the facility failed to ensure that at least one staff member is present in the facility at all times that is trained in First Aid and (with current certification),
for 2 out of 2 staff members (Staff A and Administrator ).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966346 | 10/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

The findings include:

Upon arrival it was noted that Staff A was the only staff member present in the facility. Upon request of Staff A file, it was revealed that she does not have access to any of the personnel files including her file. Staff A stated she had been employed with the facility for at least a year. A call was placed to the Administrator at 10:10 AM on , she confirmed Staff A is an employee of the facility and that all personnel files , resident files and MORs and other facility information/ records are locked in her office in which the staff does not have access. Therefore, the surveyor was not provided the personnel file of Staff A. The Surveyor was unable to verify Staff A had completed the and First Aid Training or any other staffing member .

Class III

**0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC**

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required Nutrition and Food Service training, for 1 out of 2 staff members (Staff A).

The findings include:

Upon arrival it was noted that Staff A was the only staff member present in the facility. Upon request of Staff A file, it was revealed that she does not have access to any of the personnel files including her file. Staff A stated she had been employed with the facility for at least a year. A call was placed to the Administrator at 10:10 AM on ; she confirmed Staff A is an employee of the facility and that all personnel files are locked in her office in which the staff does not have access. Therefore, the surveyor was not provided the personnel file of Staff A. The Surveyor was unable to verify Staff A had completed the Nutrition and Food Service training.

Further observations revealed that the Administrator grandson son arrived to the facility at approximately 9:58 AM to the facility. It was noted numerous times throughout the survey, the grandson was observed going in and out of the office in which the personnel files, resident files and MORs and other facility information/records were located. However, the staff member was not granted access. Throughout numerous phone conversation with the Administrator, she still refused access to the no persons had the key.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966346 | 10/26/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on observation and interview, the facility failed to maintain required record inside of the facility and have them readily available for licensing agency review during inspection. As evidence of the Administrator refusal to allow the surveyor access to resident records, facility records and staffing records during the relicensure survey.

The findings include:

On at 9:00 AM entrance was made into the facility. The surveyor introduced herself to Staff A and advised the visit was to conduct the Standard Relicensure survey. Staff A replied that she is the designee and will able to answer all of my questions and provide me with everything that I need. I requested to see in writing that she is the designee and this information could not be provided. I request to speak with the Administrator and she advised the Administrator had a doctor's appointment and is unavailable right now. On at 9:10 AM the Administrator called and requested to speak with the surveyor, Surveyor advise the reason for the visit is to conduct the Relicensure Survey for the facility license and the Administrator response was "I left the state early this morning to evaluate a resident in Philadelphia and all the files are locked up. Surveyor requested if Staff A might have access to the file as she is with both Residents, the Administrator replied "No". The Administrator stated Staff has no access to resident files or any files to complete the Relicensure survey. Administrator stated that she would be returning on at 3pm. Surveyor inquired who was designee on file and Administrator replied "I don't have a designee on file but I can find one. The Administrator also advised the designee she would choose would be unable to attend the survey either and does not have access to facility records.

Observation revealed that a grandson resides in the facility who had full access to the office where all facility records were kept, yet access to retrieving records to complete the survey process was denied. The following items were not available for review: Admission and discharge log, grievance procedure, County Health Departments, facility policies and procedures, written work schedules and elopements drills.

Class III

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

Based on review of Background Screening Clearinghouse review, and a staff interview, the facility failed to maintain a current employee roster with all employees of the facility listed, for 2 out of 3 individuals (Staff A and Live-In person/ Staff C).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966346** | **10/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**WEST VISTA DEL LAGO, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1077 WATERSIDE CIRCLE**<br>**FORT LAUDERDALE, FL 33327** | |

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

The findings included:

On . . . . , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, no employees were listed on the roster, except the Administrator.

On . . . . at 10:42 AM, a staffing schedule was requested from Staff A, she could not provide due to all facility records not accessible.

During a phone interview with the Administrator on at 11:15 AM, she advised that her grandson (Staff C) also use to work at the facility assisting with a male resident who resided at the facility but was discharged due to wounds about 3 weeks ago.

Only the Administrator was listed on the employee roster. The Administrator was advised of the findings and provided no further explanation.

Unclassified