STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	**11/03/2017**
NAME OF PROVIDER OR SUPPLIER **RSC WEST PALM BEACH LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2220 N AUSTRALIAN AVE 6TH FLOOR** **WEST PALM BEACH, FL 33407**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A Complaint Investigation, CCR's #2017010545 and #2017010623, was conducted on and at RSC West Palm Beach LLC, license #12676. The facility had deficiencies at the time of the investigation.

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

Based on record reviews and interviews, the facility failed to maintain written grievance procedures as required, and failed to demonstrate grievance procedures were implemented when complaints were received. This had the potential to affect any resident, resident representative, or other party who may file a complaint(s) with the facility.

The findings included:

On and , confidential interviews were conducted with at least 8 residents. Of the 8 residents, 5 complained about the lack of activities or stated they could be better. Multiple residents stated they miss having arts and crafts (provided by a vendor) and regularly-scheduled Bingo. Also, multiple residents stated this has been repeatedly reported to staff but nothing changes.

Review of the Resident Council Monthly Meeting Minutes revealed:
1. - 19 residents and 1 staff members attended. The New Business section included, "a) Activities ! Residents want activities!"

2. - 14 residents and 5 staff members attended. The New Business section included, "b) Activities wanted! Bingo, beading, etc."

Review of the facility's Grievance Log revealed "no grievances" written across the page. No other data was included.

Review of the facility's Activity Calendar for 2017 revealed 10 activity events that included painting 6 times; movie time 5 times (Watching television is not an activity for the purpose of meeting required weekly activity hours unless the television program is a special one-time event of special interest to residents of the facility.); arts and crafts 2 times; and, jewelry-making 1 time. It listed 4 weekly shopping outings. Bingo appeared only once for the whole month.

Review of the facility's current resident admission packet revealed a section titled Activities disclosed, "There are many different card games, word games, and trivia games and of course, we would never

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leave out BINGO!" and "The activities department publishes and distributes a newsletter, which includes an activity calendar as well as informative and educational articles." Review of the facility's 2017 newsletter disclosed a calendar that included "Movie Night" 17 times (see above, watching television is not considered an activity); bible study 9 times; and, 5 weekly shopping outings. The calendar also included resident reminders including late fee-days; lease renewals; pest control visits; holidays; and, administrative office closures.

Further review of the facility's current resident admission packet revealed:
1. A Letter from the Executive Director that disclosed, "Although mistakes may occur along the way, we are committed to the quality care of you or your loved one. At [facility] we have an open door policy, our residents come first. Please know that our team will always handle issues with the highest level of confidentiality. We are a leader in senior care because of our level of commitment to our residents and their families. Without your continued feedback and support we cannot grow. If there are ever any questions or concerns you have, please come and see me or any members of the management team. I can be reached at [telephone number] or via email at [email address]."

2. The section titled Communication/Grievance disclosed, "As a member of the Community, we would like to hear feedback from you regarding the operation of the Community. We have an open door policy and invite you to come to us at any time. There are several ways you can communicate your thoughts, questions, concerns or compliments; speak with the Executive Director or any other staff member, complete a comment card, write a letter or participate in the Resident Council. Regardless of how you decide to communicate, we review every thought, concern and compliment with interest and look forward to hearing from you."

Further review of facility records revealed no written grievance policy and procedures (for staff to follow), and no documentation showing the facility implemented a grievance procedure upon receipt of the resident complaints. This was discussed with and acknowledged by the Administrator on 11/ at 4:25 PM. He confirmed there was no additional related documentation available for review.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on website review and interview, the facility Administrator failed to ensure facility operations provided for compliance with requirements per Chapter 429 by advertising services for assisted living services including 's and Related without using required language and posting their facility license number therein.

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The findings included:

On at 7:33 AM, the facility's website located at "http://www.regaljv.com" was reviewed and copied. It revealed numerous pages advertising services including assisted living, memory care and respite care. Further review revealed no references to the required "assisted living facility" and the facility's Agency-issued license number.

Florida Administrative Code 58A-5.0131(1) includes, "Advertise" means any written, printed, oral, visual, or electronic promotion, statement of availability, qualifications, services offered, or other similar communication appearing in or on television, radio, the Internet, billboards, newspapers, magazines, business cards, flyers, brochures or other medium for the purpose of attracting potential residents to an assisted living facility."

Florida Statute 429.47(4) includes, "A facility licensed under this part which is not part of a facility authorized under chapter 651 shall include the facility's license number as given by the agency in all advertising. ... All advertising shall include the term "assisted living facility" before the license number."

This was discussed with and acknowledged by the facility's Administrator on 11/ at 2:51 PM.

Class III

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

Based on observations, record review and interview, the facility failed to ensure staff who provide direct care to residents received the required in-service training for 1 of 3 sampled Staff (C).

The findings included:

On and Staff C, a Dining and Cook, was observed during lunch taking orders, serving food, and providing hands-on assistance to residents with walkers and wheelchairs.

Review of Staff C's personnel records conducted on revealed she was hired on . There was no documentation showing she received the following required in-service training within 30 days of hire:

1. Resident rights in an Assisted Living Facility - A two-page document titled Supporting Resident Rights was signed as "acknowledged". The form was not dated, had no hours of training listed, and did not meet other criteria for a proper certificate.

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2. Recognizing and reporting resident , neglect and .

3. Facility emergency procedures including chain-of-command and staff roles relating emergency evacuation

4. Resident behavior and needs, and Providing assistance with the activities of daily living

This was discussed with and acknowledged by the Administrator on 11/ at 3:15 PM. He confirmed Staff C provides food service duties which include providing hands-on assistance to residents who use walkers and wheelchairs (which are not allowed to be stored in the dining meals). He confirmed there was no other related documentation available for review.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on observation, record review and interview, the facility failed to ensure staff who provide direct care to residents received the required training in 's and Related for 2 of 3 sampled Staff (A and B).

The findings included:

Review of the facility's website URL "http://www.regaljv.com", conducted on revealed the following excerpt from the website's Memory Care page, "When someone you care about is suffering from memory loss, , or possibly , it's overwhelming to prepare for the challenges you and your family now face."

Review of the facility personnel records conducted on revealed:

1. Staff A, a Certified Nurse Aide (CNA) and Medication Technician (MT), was hired on . Review of her records revealed no documentation showing she received the required 4 hours of training within 3 months of hire in " and Related Level 1 Training". Further review revealed no documentation showing she also received the required additional 4 hours of training within 9 months of hire in " and Related Level 2 Training".

2. Staff B, a CNA/MT, was hired on . Review of her records revealed no documentation showing she received the required 4 hours of training within 3 months of hire in "

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and Related Level 1 Training". Further review revealed no documentation showing she also received the required additional 4 hours of training within 9 months of hire in " and Related Level 2 Training".

This was discussed with and acknowledged by the Administrator on 11/ at 3:15 PM. He confirmed Staff A and B provide direct care to the facility's residents. He confirmed there was no other related documentation available for review.

Class III

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

Based on observations, interviews and record review, the facility failed to ensure dietary staff followed menu portions, tracked food substitutions, failed to maintain records of weekly menus and substitutions as required, and failed to perform duties in a sanitary manner. This had the potential to affect all 44 current residents of the facility.

The findings included:

Lunch service observations were conducted on and ; a dinner service observation was conducted on . The following concerns were revealed:

1. On at 11:45 AM, review of the menu posted at the dining revealed they were serving cheeseburgers with lettuce and tomatoes. Review of the facility's dietitian-approved menu called for lunch entrees to weigh 4 ounces. At 11:50 AM, the Day Cook was observed serving one beef patty for a serving. The beef patties appeared small. The Day Cook was asked to weigh one of the beef patties; it weighed 1.5 ounces.

2. On at 12:53 PM, the Day Cook was asked for records showing the facility maintained 6 months worth of weekly dated menus and substitutions. She checked dietary records and stated they maintain those records but she could not locate and documentation to support that statement.

3. On at 1:10 PM, with the facility's Director of Nursing and the Day Cook present, an excessive number of small fruit flies were observed on the juice dispenser and an empty coffee maker in the dining . Closer observation of the juice dispenser revealed an excessive amount of juice debris and buildup in the area located behind the dispenser nozzles. (photographic evidence obtained) This was acknowledged by the Director of Nursing and Day Cook at the time of observation.

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This was discussed with and acknowledged by the Administrator on 11/ at 4:15 PM.

Class III

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

Based on observations, record review and interviews, the facility failed to maintain employment status records within the Care Provider Background Screening Clearinghouse as required for 1 of 3 sampled Staff (C).

The findings included:

On and Staff C, a Dining and Cook, was observed taking orders, serving food, and providing hands-on assistance to residents with walkers and wheelchairs.

Review of the facility's Clearinghouse records and personnel records conducted revealed Staff C was hired on . She was not listed in the facility's Clearinghouse records. Her status information was not entered in the Clearinghouse records within 10 days of hire.

This was discussed with and acknowledged by the Administrator on 11/ at 3:15 PM. He confirmed Staff C provides food service duties which include providing hands-on assistance to residents who use walkers and wheelchairs (which are not allowed to be stored in the dining meals).

Unclassified

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

Based on observations, interviews and record review, the facility failed to ensure staff who provide direct care to residents obtained the required Level II background screen in a timely manner for 1 of 3 sampled Staff (C).

The findings included:

On and Staff C, a Dining and Cook, was observed during lunch taking orders, serving food, and providing hands-on assistance to residents with walkers and wheelchairs.

Review of Staff C's personnel records conducted on revealed she was hired on . Her Background Screening printed on documented her status as "New Screening Required". Review of Staff C's Background Screening Clearinghouse records conducted on documented

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her current status as eligible on , about 6 weeks after hire.

This was discussed with and acknowledged by the Administrator on 11/ at 3:15 PM. He confirmed Staff C provides food service duties which include providing hands-on assistance to residents who use walkers and wheelchairs (which are not allowed to be stored in the dining meals). He confirmed there was no other related documentation available for review.

Unclassified

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

Based on record review and interview, the facility failed to ensure required attestation of Attestation of Compliance with Background Screening Requirements forms were executed by 2 of 3 sampled Staff (A and B).

The findings included:

Review of the facility personnel records conducted on revealed:

1. Staff A, a Certified Nurse Aide (CNA) and Medication Technician (MT), was hired on . Review of her records revealed an unsigned and undated AHCA Form 3100-0008 Affidavit of Compliance with Background Screening Requirements.

2. Staff B, a CNA/MT, was hired on . Review of her records revealed an unsigned and undated AHCA Form 3100-0008 Affidavit of Compliance with Background Screening Requirements.

This was discussed with and acknowledged by the Administrator on 11/ at 3:15 PM. He confirmed Staff A and B provide direct care to the facility's residents. He confirmed there was no other related documentation available for review.

Unclassified