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	AL11910671	01/23/2018
NAME OF PROVIDER OR SUPPLIER **FORT LAUDERDALE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **401 SE 12TH COURT** **FORT LAUDERDALE, FL 33316**	

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0000 - Initial Comments

An unannounced biennial with limited mental health relicensure survey was conducted on and at Fort Lauderdale Retirement Home, License #6634. The facility had deficiencies at the time of the visit.

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

Based on observation, records review and interviews, the facility failed to ensure that 6 of 6 sampled residents (Residents 10, 11, 13, 14, 15 & 16) had received their scheduled medications at Noon, who required assistance with self-administration of their medications received them.

The findings included:

On , following the entrance conference at the facility, the Assistant Administrator reported that medications times are at 7:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. At this time, the Medication Observation Records (MOR) was requested for review. The MOR revealed that six residents in building #1 and #2 are on schedule to receive or to take their medications at noon. During lunch, at 12:00 PM, many residents lined up in the hallway in anticipation to enter the dining , as observed. Residents who could not stand or had other disabling conditions sat in the dining lunch.

At about 12:15 PM, Employee A served lunch; and, the residents completed dining at 1:15 PM, but no one received any medications. Based on that observation and review of the MOR, the following residents did not receive their scheduled noon medications:

a) Resident #10 scheduled to receive 400 mg (one capsule by mouth 4 times daily at 7 AM, 12 PM, 4 PM, and 8 PM).
b) Resident #11 scheduled to receive HFA Aerosol. Inhale 1 puff by mouth four times daily.
c) Resident #13 Schedule to receive Sol 0.3 % op (Instill 1 drop into both eyes four times daily at 7:00 AM; 12:00 PM; 4:00 PM and 8:00 PM.
d) Resident #14 scheduled to receive Cap 400 mg, one capsule by mouth four times daily. at 7 AM, 12 PM, 4 PM, and 8 PM.
1:55 PM she said that she usually takes medications morning, noon and night but when she went to eat lunch today, she forgot to ask for it. "They usually give it to me" she motioned, and that "it was not their fault" she added.
e) Resident #15 scheduled to receive Tablet 20 MQ. One tablet by mouth daily at 12:00 PM.
f) Resident #16 / 25-100 mg one tablet by mouth four times daily for Parkinson's

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at 7 AM, 12 PM, 4 PM, and 8 PM.
g) Review of Residents (#10, 11, 13, 14, 15, and 16)'s health assessment record , AHCA form 1823 revealed that they all require assistance with self-administration of medications.

During an interview with Employee C, cheduled to assist with self-administration of medications on at Noon; she reported that she did not perform the task because "there was a lot going that day".

During a follow-up interview with the Assistant Administrator, on at 1:30 PM, the findings were discussed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, records review and interviews, the facility failed to ensure that the Medication Observation Records (MORs) are accurate and signed at the time of medications administratioin or after assisting the residents with self-administation of medications. This was evident in 6 of 6 sampled residents' records reviewed for Residents #10, 11, 13, 14, 15 and 16.

The findings included:

On following the Entrance conference at the facility, the Assistant Administrator reported that medications times are at 7:00 AM, 12:00 PM, 4:00 PM and 8:00 PM. the Medication Observation Records (MOR) was requested for review. The MOR revealed that Six Residents in building #1 and #2 are on schedule to receive or to take their medications at noon. During lunch, at 12:00 PM, many residents lined up in the hallway in anticipation to enter the dining , as observed. Residents who could not stand or had other disabling conditions sat in the dining lunch.

At about 12:15 PM, Employee A served lunch; and, the residents completed dining at 1:15 PM, but no one received any medications. Based on that observation conducted thereafter, the MOR was left in the front office during lunch and no employees had it in their possession. However, review of the MOR on at 9:00 AM revealed that all medications scheduled to be given on at Noon were signed for as administered. However, based on observation conducted on at Noon confirmed that none of the residents received their scheduled medications.

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During an interview with Employee D on at 9:25 AM, she reported that she is the night shift supervisor and that she has been working at this facility for 3 years. She reported that she gives medications at night and in the morning. She reported that she completed the medication training required to perform her duties. But, she firmly reported that she was not the one who signed the MOR on at Noon. The indicated initial on the MOR showed Employee E.

During an interview with Employee E on at 9:40 AM, she reported that she did not give the medication(s) to any residents on at Noon. She reported that she did not sign the MOR. After showing her the initial in the MOR for that date and time, she still did not admit to having signed the records. Employee E reported that she has been working at this facility for over 13 years. She said that she completed the medication administration training. She attested however to the fact that the initial (Staff E initial) in the MOR was hers; yet, claimed she did not do it. She said that she did not pass medications on . She said that she did not sign the MOR someone else might have signed her initial on her behalf.

During a follow-up interview with the Assistant Administrator at 9:48 AM, she confirmed that she did not sign the MOR on behalf of Employee E.

At 2:33 on , Prior to the Exit meeting with the Assistant Administrator and the night Shift supervisor, Employee was reinterviewed regarding the MOR and she confirmed that she did sign it yesterday evening, although she did not give the medications to the residents. She said that there was so much going on yesterday that she forgot to assist the residents in taking their noon medications.

CLASS III

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

Based on record review , observation and interview, the assisted living facility failed to maintain a written work schedule to reflect it's 24 hour staffing pattern for a given time period for a census of 79 residents.

The findings included:

Record review of the most current facility schedule presented on revealed that on , Staff G/ Administrator was scheduled to work from 7:00 AM- 4:30 PM, Staff H/ Staff Manager was scheduled to work from 8:00 AM- 4:30 PM, Staff F/ Dietary Manager and Staff L/Resident Assistant were not listed on the schedule for . Further review on revealed that on , Staff G/ Administrator was scheduled to work from 7:00 AM- 4:30 PM, Staff F/ Dietary Manager and Staff L/Resident Assistant were not listed on the schedule for .

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In observations conducted on from 9:00 AM - 3:00 PM, Staff G, Staff D were scheduled to work but were not present and Staff F and Staff L were present and were not listed on the schedule.

In observations conducted on from 9:00 AM - 3:00 PM, Staff G, Staff B were scheduled to work but were not present and Staff F and Staff M were present and were not listed on the schedule. In an interview conducted at 2:15 PM with Staff D/ Assistant Administrator she acknowledged the findings.

Class

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

Based on record review and interview, the facility failed to ensure that all staff members who are not core trained received the required in-service training within 30 days of employment, for 1 out of 5 sampled employees' records reviewed (Staff B)

The Findings Include:

1) A personnel record review conducted on revealed that Staff B/ resident assistant with a hire date of lacked documentation indicating the employee received the required in-service training within 30 days of hire covering the facility's elopement response policies and procedures.

A review of the facility's staffing schedule revealed that Staff B works Tuesday - Thursday from 8 AM-4:30 PM and Saturday and Sunday from 3:30 PM- 12:00 AM as a resident assistant.

In an interview conducted on at 1:23 PM with the Staff D/Assistant Administrator, she stated that Staff B does everything, he assist residents with whatever the residents need , he also does laundry, he works upstairs on the weekend, making sure all the beds are made, the are clean and assist residents with care needs. He goes into all the . In a subsequent interview with Staff D on at 10:46 AM, she reviewed Staff B's file and confirmed that the file lacked the required training.

Class

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

Based on record review and interview, the facility failed to ensure that all staff members who are not core trained received the required / , / (/) training within 30 days of employment, for 1 out of 5 sampled employees' records reviewed (Staff B)

The Findings Include:

A personnel record review conducted on revealed that Staff B/ resident assistant with a hire date of lacked documentation indicating the employee received the required / , / (/) training within 30 days of hire .
A review of the facility's staffing schedule revealed that Staff B works Tuesday - Thursday from 8 AM-4:30 PM and Saturday and Sunday from 3:30 PM- 12:00 AM as a resident assistant.

In an interview conducted on at 1:23 PM with the Staff D/Assistant Administrator, she stated that Staff B does everything, he assist residents with whatever the residents need , he also does laundry, he works upstairs on the weekend, making sure all the beds are made, the are clean and assist residents with care needs. He goes into all the . In a subsequent interview with Staff D on at 10:46 AM, she reviewed Staff B's file and confirmed that the file lacked the required training.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding ( ), for 1 out of 5 sampled staff records reviewed (Staff B).

The findings include:

A personnel record review conducted on revealed that Staff B/ resident assistant with a hire date of lacked documentation indicating the employee received the required ( ), training within 30 days of hire .

A review of the facility's staffing schedule revealed that Staff B works Tuesday - Thursday from 8 AM-

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4:30 PM and Saturday and Sunday from 3:30 PM- 12:00 AM as a resident assistant.

In an interview conducted on at 1:23 PM with the Staff D/Assistant Administrator, she stated that Staff B does everything, he assist residents with whatever the residents need , he also does laundry, he works upstairs on the weekend, making sure all the beds are made, the are clean and assist residents with care needs. He goes into all the . In a subsequent interview with Staff D on at 10:46 AM, she reviewed Staff B's file and confirmed that the file lacked the required training.

Class

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 northern bean soup (8 oz), turkey salad on (3 oz.) with berry sauce (2 oz) , lettuce and tomato (1 cup.) peaches (1/2 cup) milk (8 oz.). In an observation conducted on at 12:00 PM the lunch served to the residents was 4 slices of deli turkey on 2 slices of bread, a piece of lettuce, peaches and milk.

In an interview conducted on at 12:10 with Staff I/dietary manager, she stated they do not have tomato available. She further stated that she puts 4 slices of turkey on each sandwich After all the lunches were served, Staff I was asked to weigh the 4 slices of turkey served to the residents, she stated she does not have a scale, she was then asked how she knew that the turkey served to the residents was 3 ounces, she was unable to say how she knew and was unable to provide the packaging for the turkey. On at 2:10 PM the facility bought a new scale and the 4 slices of turkey was weighed and weighed at 2.5 ounces; at this time she confirmed the findings, that insufficient protein portion size was served to the residents, no substitution for the berry sauce was served and that tomato or a substitution was not served according to the dietician approved menu.

Class III

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

Based on observations and interviews, the facility failed to maintain a safe and clean living environment for the Residents.

The findings included:

During the tour of the facility on at around 10:00 AM, multiple environmental issues were identified.

1) The staircase railings, on the second floor in building #1, were noted to be loose and had evidence of termites infestation.
2) The outer part of the doorframe of # was unsecured. The paint on the frame and door was peeling. There was an exposed nail attached to the header of the casing of the door- frame.
3) There was a dirty standing water on the South balcony and cigarettes butts littered on the floor in the water.
4) The door leading the South balcony was missing, and two large pieces of wood were placed on half side of the doorway.
5) The railings on the North side balcony were decayed, rusted and in disrepair and exposed the sharp edges of the broken iron bars. The North side balcony was also littered with cigarettes butts.
6) Two off-white ceiling tiles on the East side of the dining stained with a brownish color.
7) The paint on the door of was scrapped, the was cracked, the vanity mirror was smoked, the west wall had unpainted area, the front plate on the wall mounted air conditioning unit was falling apart and the filter was dirty.
8) The pavements in the courtyard leading from building #1 to building and #2 in all directions were severely damaged and posed serious hazards.

During the Exit meeting with the Assistant Administrator and the Night Shift Manager, they acknowledged the findings

PS. Pictures attached

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 5 staff (Staff F) records reviewed.

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The findings include:

In an observations conducted on from 11:55 AM - 12:45 PM Staff F was in the dining at the tray line serving the residents lunch and interacting with them. A review of the staff schedule revealed that staff Danny has been on the schedule since .

In an interview conducted on at 12:53 PM with Staff D/ Assistant Administrator, she confirmed that she does not have a personnel file for Staff F or any kind of identification for him.

In an interview conducted on at 1:34 PM with Staff F, he states that he has been working at the facility for about 3 weeks, that he has already received a paycheck and that he works serving the residents and getting them what they need.

Class III

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

Based on record review and interview the facility failed to ensure that staff who have a background screening conducted through the AHCA(Agency for Health Care Administration)'s Background Screening Clearinghouse, maintain initial employment status and update any changes in their current employment statuses within 10 business days through the AHCA(Agency for Health Care Administration)'s Background Screening Clearinghouse Roster in 3 of 17 (Staff B, Staff E and Staff M) staff reviewed.

The findings included:

On at 12:30 PM, the AHCA(Agency for Health Care Administration)'s Background Screening Clearinghouse Roster was reviewed and reveals that the facility lists 16 current employees on the roster.
A review conducted on at 12:40 PM of the facility's current schedule revealed that Staff B works Tuesday Thursday from 8 AM- 4:30 PM and Saturday and Sunday from 3:30 PM- 12:00 AM as a resident assistant and was not on the roster, Staff D and Staff E were not on the schedule but were listed on the roster.
A review of the personnel files of Staff B, Staff E and Staff M revealed that their dates of hire were , and respectively.

In an interview conducted on at 2:15 PM with Staff D/assistant administrator she reviewed her

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files and stated that Staff E's last day of employment was , she further stated that Staff M's last day of employment was .

In an interview conducted on at 1:57 PM with the Administrator, she stated that the staff who used to do the roster, had to let go and confirmed that the roster has not been updated.

unclassified

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

Based on record review and interview the facility failed to ensure that all of their staff maintained an eligible Level 2 background screening status, for 1 of 4 (Staff B) staff records reviewed.

The findings included:

A personnel record review conducted on revealed that Staff B/ resident assistant with a hire date of , had an eligible background screening in his file dated . A review of the facility's staffing schedule revealed that Staff B works Tuesday - Thursday from 8 AM- 4:30 PM and Saturday and Sunday from 3:30 PM- 12:00 AM as a resident assistant.

In an interview conducted on at 1:30 PM with Staff B , he stated that he works at this facility on Saturday and Sunday from 3:30 PM- 12:00 AM and that his main responsibilities are maintenance oriented, he has access to the resident and paints, unstops toilets and any other maintenance issues needed.

A review of the Background Screening website on at 1:00 PM revealed that Staff B had a "NOT ELIGIBLE" result dated .

In an interview conducted on at 1:57 PM with the Administrator, she stated she was unaware that Staff B had a "Not eligible" background screening and due to him not being listed on the roster she was not notified of the status.
In an interview conducted on at 10:00 AM with the AHCA background screening department the representative stated that Staff B , has never had an eligible background screening, his initail screening was on , and on it was determined that he was not eligible, at that time they sent him a letter informing him of the results and how to apply for an exemption, he has applied for an exemption on several occasions but failed to follow through and the requests were closed.

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