STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968807	R 01/25/2018
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced revisit to the complaint survey #2017010545 and #2017010623, was conducted on at RSC of West Palm Beach, License # 12676. The facility had uncorrected deficiencies (A0030, Z814 and Z816) and one new deficiency (A0181) at the time of the revisit.

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

Based on record review and interview, 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:

During the unannounced complaint survey conducted 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.

During the uannounced revisit survey conducted on at 9:42 AM, an interview was conducted with the Administrator. He was advised that the plan of correction submitted to the Agency for this deficiency regarding the facility's failure to have a written grievance procedure for receiving and responding to resident complaints indicated that an "Activities Director was hired on ; and the Activities Calendar has been created to follow all equipment and crafts available to residents ". The plan of correction did not address the facility's failure to maintain written grievance procedures as

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required, and failure to demonstrate grievance procedures were implemented when complaints were received.

During a further interview with the Administrator, he admitted that the did not read the citation, upon receipt of the report. He stated that the plan of correction submitted to the Agency was in response to a recommendation by an Advocacy agency, that previously assessed the facility. He stated that he would create a grievance policy and procedure for the facility.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to provide evidence of an Emergency Management Plan (CEMP) and approval letter from local emergency management agency, indicating that the facility has met all criteria and conditions established in the rule.

The findings included:

On at 09:45 AM, during an interview with the Administrator, a request was made to review the annual approval letter from the local emergency management agency for the facility's Emergency Management Plan. At that time, the Administrator stated that he did not have the letter nor an Emergency Management Plan for review. He advised the surveyor that he would have to obtain the letter from the local emergency management agency, after he returned from vacation. During a follow-up interview, conducted on at 2:45 PM, the Administrator reported that he did not have an approval letter and further stated that he was in the process of submitting the facility's Emergency Management Plan to the local emergency management agency for approval.

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

Based on interview and record review, the facility failed to maintain the employment status records within the Care Provider Background Screening Clearinghouse, as required for 6 of 6 new hires (Staff D, Staff E, Staff F, Staff G, Staff H, and Staff I).

The findings included:

On a review of the employee personnel records provided by the facility Administrator revealed that 6 employees were hired during the plan of correction period, and were not added to the

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Background Screening Clearinghouse Roster.

The review of employee records revealed the following: Staff D hired , Staff E, hired , Staff F, hired , Staff G, hired , Staff H, hired and Staff I, hired were not added to the Employee Roster.

On , at 04:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. He stated he would advise the Human Resource Director to update the system when she returned from vacation.

Unclassified

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

Based on interview and record reviews the facility failed to ensure that the Background Screening-Compliance Attestation form was maintained in the employee personnel file for 6 of 6 new hires (Staff D, E, F, G, H and I).

The findings included:

On a review of employee personnel records was conducted. The review of employee records revealed the following: Staff D hired , Staff E, hired , Staff F, hired , Staff G, hired , Staff H, hired and Staff I, hired did not include a Background Screening-Compliance Attestation form in the record. This attestation confirms compliance with chapter 435 of the Florida Statute.

On at 04:19 PM, an interview was conducted with the Administrator. He stated that he had provided the personnel records to the Surveyor to indicate substantial compliance to the previous citation indicating that the facility conducted Background Screenings in a timely manner. He admitted that he had not verified whether the Compliance Attestation form was included in the file of the new hires during the correction period. He acknowledged the findings and stated that their new Human Resources Director would add the required Attestation forms and conduct an audit of all existing employee files.

Unclassified