STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	02/15/2018
NAME OF PROVIDER OR SUPPLIER **LOURDES PAVILION**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SOUTH FLAGLER DRIVE** **WEST PALM BEACH, FL 33401**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on . . . . at Lourdes Pavilion, License # 9213. The facility had deficiencies at the time of the visit.

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

Based on observation and staff interview, the facility failed to:
1) ensure a safe environment as it relates to sanitary food service practices; and
2) post telephone number for lodging complaints against the facility or facility staff in full view in a common area accessible to all residents.

The findings included:

1) During dining observation, an aide was observed assisting several residents in the dining . . . . This aide was seen touching the shoulders of 3 residents, pushing the wheelchairs of 2 residents, touching her own clothing, cell phone, hair, and face, removing dirty dishes from 2 separate tables, serving coffee to at least 3 residents, and coughing into her hand. Not once during the entire dining observation did this aide wash or sanitize her hands.

An interview was conducted with the Nurse Manager on . . . . at 1:10 PM to inform her of the observations made. The Nurse Manager stated that this individual was a Home Health Aide, and she was not employed by the facility. The Nurse Manager was asked why a person not employed by the facility was assisting residents in the dining . . The Nurse Manager stated she would immediately speak to the aide.
2) During observational tour of the Assisted Living Facility (which is located on the 5th and 6th floors) conducted with the Nurse Manager and the Administrator, on . . . . . beginning at approximately 9:15 AM, they were asked where the advocacy telephone numbers were posted. Observation of the dining . . . . . on these floors revealed, and the Nurse Manager and Administrator acknowledged, the Agency Consumer Hotline for reporting complaints to AHCA 1 (888) 419-3456 was not posted in the facility.

Class III

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

Based on observations, record review and interviews, the facility failed to immediately address discrepancies between medication label and physician orders as it relates to timing of medication

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administration.

The findings include:

On at 9:37 AM, during observation of assistance with self-administration of medications for Resident #1, the following issues were noted:

1) Resident #1 was provided (Aricpet) 10 mg at 9:37 AM. The label for medication ( ) 10 mg documented that it was to be given in the evening. This was brought to the Med Tech's attention. The electronic Medication Observation Record (eMOR) had 10 mg to be given once daily. The Nurse Manager was called to the resident's , and she produced initial medication list (orders) documented on Resident #1's AHCA Form 1823 , dated , 2017, which listed to be given once a day. The Nurse Manager stated, "I think this is a pharmacy error, but I will contact them to see if they received an updated physician's order changing the medication time to be given in the evening."

The discrepancy between the label and the eMOR was not addressed immediately by the Med Tech when the medication bottle with change in instructions was first received. Clarification from the physician and/or pharmacy was not sought out by the Nurse before surveyor intervention.

Review of information concerning , (,) was obtained from Drugs.com. The medication instructions stated, "medication should be given in the evening, just prior to retiring."

2) Resident #1 was provided dosage of , 50 mcg. The medication label documented resident was to receive dosage each day. Pharmacy label added to the medication bottle documents that this medication is to be given on an empty stomach, 30 minutes to 1 hour before meals. The resident stated she had already had breakfast. The Med Tech stated the resident had told her in the past that it bothered her stomach when she took medications before breakfast. The resident added, "No one has ever brought me medications before breakfast. Am I supposed to take them before breakfast? I can come down and get them before I go to breakfast; or you can leave them with me, and I can take them before breakfast."

The Nurse Manager stated that the label on the medication says "once a day...the pharmacy can stick any label they want on a bottle. We are following the doctor's order as there is nothing in the order that says the medication has to be given before breakfast. The only reasons you should take before breakfast is because they don't want you to take the medication and then go lay down, and it may decrease some of the effectiveness of the medication but it still should be ok to take after meals."

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The discrepancy between the physician order/eMOR and pharmacy labels was not addressed immediately by the Med Tech when the medication bottle was first received. Clarification from the physician and/or pharmacy as to whether it was acceptable for resident to take medications after a meal was not sought out by the Nurse before surveyor intervention.

Review of Dosage and Administration Instructions documented on . . . . . Full Prescribing Information Sheet reveals in Section 2.1 General Administration Information: "Administer as a single daily dose, on an empty stomach, one-half to one hour before breakfast."

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each newly hired staff member submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . for 1 of 4 sampled staff (Staff B); and the facility failed to ensure that each staff member had evidence of a negative . . . . . examination on an annual basis for 1 of 5 sampled staff (Staff E).

The findings include:

1) During interview and personnel record review conducted with the HR (Human Resources) Director, on . . . . beginning at approximately 1:30 PM, she was provided the opportunity to locate documentation of freedom from signs or symptoms of communicable for a newly hired staff member within 30 days of hire for Staff B (date of hire noted as . . . . .). She was unable to locate this required documentation.
2) The review of employee record for Staff E (Food Designee) revealed that the last negative examination was completed on . . The missing documentation was discussed with Nurse Manager at approximately 12:00 PM. The staffing agency was contacted and a request made for further documentation of negative examination completed in 2017. No negative examination documentation for 2017 was provided by the staffing agency.

Class III

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

Based on interview and record review it was determined the facility failed to maintain documentation in accordance with subsection (12) of this rule regarding newly hired staff having obtained /

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training within 30 days of employment for 2 of 3 sampled staff (Staff A and Staff B).

The findings include:

During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate / training within 30 days of hire for the following staff:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as

The HR Director was not able to locate this required documentation.

Class III

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

Based on interview and record review it was determined the facility failed to ensure a staff member who has completed courses in First Aid and and hold a currently valid card documenting completion of such courses is in the facility at all times, specifically related to the 11:00 PM to 7:00 AM shift for 1 of 1 sampled staff (Staff C).

The findings include:

During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate currently valid cards documenting completion of First Aid and courses for Staff C (date of hire noted as). The HR Director was not able to locate this required documentation and acknowledged Staff C is the only individual scheduled on the 11:00 PM to 7:00 AM shift for (per nursing and patient care assistant schedules provided for review).

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review it was determined the facility failed to ensure persons who provide assistance with the self administration of medications had successfully completed the initial 4 hours course (taught by a Registered Nurse or Licensed Pharmacist) for 1 of 3 sampled staff (Staff A); and

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these unlicensed staff that provide assistance with the self administration of medications obtained , annually, a minimum of 2 hours of continuing education on providing assistance with self administered medications and safe medication practices in an assisted living facility for 2 of 3 samples staff (Staff B and Staff C).

The findings include:

1) During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate documentation that reflected Staff A (date of hire noted as) had received the initial 4 hours of training on providing assistance with the self administration of medications in an assisted living facility. What she located was a certificate, dated , that indicated training for medication administration (4 hours). This certificate also did not indicate the credentials of the trainer. Staff A was observed providing assistance with the self administration of medications on for Resident #5 & Resident #8.

2) During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate 2 hour update certificates on providing assistance with self administered medication and safe medication practices in an assisted living facility for the following unlicensed staff that provides assistance with the self administration of medications:

a) Staff B: The HR Director was not able to locate the 2 hour update training for 2015 & 2016 (the only certificate on file related to medication training was for 4 hours on).

b) Staff C: The HR Director was not able to locate the 2 hour update training for 2016 & 2017 (the only certificate on file related to medication training was for 4 hours on).

Class III

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

Based on interview and record review it was determined the facility failed to maintain documentation that each newly hired direct care staff had received at least one hour of training in the facility's policy and procedure regarding within 30 days after employment and that this training must consist of the information included in Rule 58A- , F.A.C. for 3 of 3 sampled direct care staff (Staff A, Staff B, and Staff C).

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The findings include:

During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate documentation that each newly hired direct care staff had received at least one hour of training in the facility 's policy and procedure regarding within 30 days after employment for the following staff:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as
3) Staff C: date of hire noted as

The HR Director acknowledged she could not locate this required documentation for the above referenced staff.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review it was determined the facility failed to maintain certificates (or copies of certificates) of any training required by this rule in the facility's personnel files and to include: the title of the training program; subject matter of the training program; training program agenda; number of hours of the training program; the trainee's name, dates of participation, and location of training program; and the training provider's name, dated signature and credentials, and professional license, if applicable for 3 of 3 sampled patient care assistants (Staff A, Staff B, and Staff C).

The findings include:

During interview and personnel record review conducted with the HR (Human Resources) Director, on beginning at approximately 1:30 PM, she was provided the opportunity to locate the training certificates (or copies of training certificates) with all of the required components for the following employees:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as
3) Staff C: date of hire noted as

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The HR Director acknowledged training certificates were not issued and not located in the above referenced staff files. She stated that the facility utilizes a form that is a list of orientation courses that documents the date of training, name of trainee and course time. However, she acknowledged that certificates are not utilized for the required trainings.

Class III

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

Based on interview and record review it was determined the facility failed to register all employees with the clearinghouse and maintain the employment status of all employees within the clearinghouse within 10 business days for 4 of 4 sampled staff (Staff A, Staff B, Staff, C, and Staff D).

The findings include:

During interview and review of the facility's clearinghouse roster conducted with the HR (Human Resources) Director, on [redacted] beginning at approximately 11:50 AM, she acknowledged the clearinghouse roster for license #9213 did not contain any employee names. The HR Director stated she enters all employees under the "parent company's" clearinghouse roster. She was informed that each employee that works for this facility (license #9213) needs to be registered on this facility's clearinghouse roster and if there are any changes to employment status that it needs to be updated within 10 business days.

The HR Director acknowledged that the following employees were not on this facility's clearinghouse roster:
1) Staff A: date of hire noted as [redacted]
2) Staff B: date of hire noted as [redacted]
3) Staff C: date of hire noted as [redacted]
4) Staff D: date of hire noted as [redacted]

Unclassified