STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965694	**02/07/2018**
NAME OF PROVIDER OR SUPPLIER **NEWPORT HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 CLEVELAND STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2017013779, conducted on . . . . . at Newport Home Care Inc. ALF, License #10047. The allegations were unsubstantiated, however unrelated deficiencies were cited at the time of the investigation.

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

Based on observation and interview, the facility failed to ensure that both Prescription and OTC (over the counter) Medications are centrally stored in a locked cabinet; locked cart; or other locked storage receptacle; . . ; at all times for one out of 6 resident, Resident #1.

The Findings Included:

Observations were made of unsecured medications on the kitchen table upon entrance and through the duration of the survey from 9:30am-2:00pm. One of the medications was a labeled OTC for Resident #1 for 0.12% oral rinse and another bottle of unidentified prescription medication. Photographic evidence taken.
During an interview with the Administrator on . . . . . at 2:00pm regarding why these medications were on the kitchen table since 9:30am, the Administrator stated it was OTC and that it is alright to have it out. Administrator confirmed that these medications were on the kitchen table.

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 staff member, within 30 days after beginning employment, must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . , for 3 of 3 sampled staff records (Administrator; Staff A; and Staff B).

The Findings Included:

During personnel record review and interview conducted with the Administrator on . . . . . beginning at approximately 1:15 PM, an opportunity was provided to locate documentation from a health care provider for the following staff members that indicated these individuals do not have signs or symptoms of communicable :

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1) Administrator with a date of hire noted as
2) Staff A with a date of hire noted
3) Staff B with no date of hire noted

The regulatory requirement that upon hire, each staff member must have a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable was reviewed at this time. The Administrator acknowledged that Staff A and B currently work at the facility and did not provide any further information.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on employee record review and staff interview, the facility failed to ensure the Administrator meets the required assisted living facility core training, and continuing education.

The Findings Include:

During employee record review with the Administrator present on , revealed lack of evidence of core training with a minimum of 26 hours of training, in addition to a competency test. The Administrator stated that she did not keep up with the required 12 hour CE (Continuing Education) every two years. The Administrator confirmed the findings and did not provide any additional information.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 2 of 3 sampled direct care staff (Staff A and B) received the required in-service trainings within 30 days of hire.

The findings include:

On , during employee record reviews for Staff A (hire date) and Staff B (missing hire date), there was no documentation contained within these employee files, or provided by administration, showing completion of the following regulatory required in-service trainings, completed within 30 days of employment:

a) Elopement Response
b) Emergency Preparedness & Evacuation
c) Incident Reporting

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d) Resident Rights
e) Recognizing and Reporting Resident , Neglect, and/or ,
f) Nutrition and Safe Food Handling

During interview conducted with Administrator on at 1:30 PM, she acknowledged the absence of documentation for both employees.

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on observation, record review and staff interview, the facility failed to provide an approved emergency management plan.

The Findings Include:

During a tour, observation that the facility did not have evidence of the CEMP (comprehensive emergency plan) approved by the local emergency management agency. During an interview with the Administrator on , stated that she never received a response back after submitting it. The Administrator could not locate any documentation regarding the information that was stated. In addition there was no fire sprinkler alarm inspection report. The Administrator confirmed that she does not have the approved Comprehensive emergency management plan (CEMP) and offered no additional information.

Class III

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the Clearinghouse Background Screening, for 2 out of 5 staff members (Staff B and D).

The findings included:

A review of the current facility's staffing roster and staff schedule that was provided by the Administrator on at 9:30am compared to the facility's Employee Roster on the Background Screening Clearinghouse revealed that one current employee, Staff B, is not registered. During an interview with the Administrator at 1:15pm, she verified that Staff B (no hire date) is currently employed at the facility.

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A further review of the facility's Employee Roster Background Screening Clearinghouse revealed that one employee, Staff D, who is no longer employed by the facility does not have an end date of employment listed. During an interview with the Administrator at 1:15pm, she verified that Staff D no longer works at the facility since 2017. The Clearinghouse states end of date of 2014. Administrator did not re-register Staff D (hire date of).

Unclassified

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

Based on record review and interview the facility failed to maintain the Level II background screenings for 2 out of 5 staff members (Staff A and B).

The findings included:

An employee record review conducted on at 11:50am with the Administrator revealed no documentation of a Level 2 Background Screening for Staff A (with a start date) and B (no start date). A record review of the facility's staff schedule reflecting a total of four employees; consisting of the Administrator, Staff A, B, and C.
During an interview with the Administrator, it was confirmed and acknowledged that Staff A and B currently work in providing care and services for the residents.

Unclassified