STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	02/28/2018
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on at Havencrest ALF of Palm Beach, License #12157. There were deficiencies found at the time of the survey.

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

Based on observation and interview it was determined the facility staff failed to review the Medication Observation Record (MOR) and compare the medication label to the MOR pursuant to the training requirements of Rule 58A-5.0185(3), F.A.C., specifically related to the reviewing the MOR prior to obtaining medications to the assistance with medications for Resident # 1.

The findings included:

During a medication pass observation conducted with Staff A, an unlicensed staff member at 11:38 AM on , Staff A did not review the MOR and compare the medication label to the MOR for Resident # 1 prior to assisting the resident in self-administration of medication, as required. Staff A obtained the medications, stated the names of the medications, and punched out the medications onto a spoon. Staff A then handed Resident # 1 the spoon to take the medication. Resident # 1 took the medication, Staff A gave Resident # 1 water and watched Resident # 1 swallow the medication. Staff A signed the MOR immediately after.

In an interview conducted on at 3:40 PM the Assistant Administrator was made aware of this observation and she acknowledged that Staff A did not review the MOR and compare the medication label to the MOR for Resident # 1 prior to assisting the resident in self-administration.

Class III

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

Based on observation, interview and record review, the facility failed to prepare a therapeutic diet as ordered by the facility Physician for 1 of 3 sampled resident records reviewed (Resident # 3).

The findings included:

Record review revealed Resident # 3 was admitted to the facility on . A review of the Florida Health Assessment form (form 1823) dated , revealed Resident #3 has diagnoses including

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVENCREST ALF OF PALM BEACH	**2880 NW 25TH WY BOCA RATON, FL 33434**

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

. Her and/or behavioral status shows the resident suffers from . The Nursing/treatment/ services and requirements indicate the resident is receiving Hospice Support and Thickened liquids. The special precautions indicate the resident suffers from , and she receives assistance with eating, and she can feed herself with set-up support.

Further review of the 1823 form revealed the Physician documented the specific diet instructions of a Mechanical Soft diet with thickened liquids are required.

On at 12:30 PM, Resident # 3 was observed receiving eating assistance by Staff A. The following items were being fed to the resident, Regular Spaghetti and Meatballs, with a Garden Salad. The resident was given water to drink, at which time she began coughing loudly for approximately 30 seconds. The Administrator went over to her on her back.

On at 01:15 PM, an interview was conducted with Staff A. She stated she did not know the resident needed a special diet. She confirmed that they had been feeding her a regular diet. She also stated that they did not have any liquid thickener.

On at 01:00 PM, a side by side interview was conducted with the Administrator. She stated the resident eats a regular diet. She says she didn't know Resident # 3 had a therapeutic diet. She confirmed that she and the staff had been giving her a regular diet for all of her meals. She acknowledged the findings. She stated she would follow the Physician Order going forward. She stated she would call the Physician for further instructions.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member's employee file must contain an employment application with references and job description as required for 1 out of 3 sampled staff records (Assistant Administrator).

The findings included:

An employee record review was conducted on at 3:48 PM with Assistant Administrator. It was revealed the file did not have documentation of an application with references and job description as required for Assistant Administrator hired date of . It was determined that the Assistant Administrator had her original application/job description on file at the other owned facility, but did not

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968185	**02/28/2018**
NAME OF PROVIDER OR SUPPLIER **HAVENCREST ALF OF PALM BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2880 NW 25TH WY** **BOCA RATON, FL 33434**	

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

have it at the present facility and therefore no further documentation or information was provided at that time.

In an interview conducted on at 3:48 PM the Assistant Administrator was made aware of this requirement and acknowledged no documentation of the application with references and job description on file in the Assistant Administrator's employee file at the facility.

Class III

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

Based on interview and record review, the facility failed to obtain an approved Comprehensive Emergency Management Plan letter from the local emergency management agency.

The findings included:

On a review of the facility documents revealed that the Comprehensive Emergency Management Plan, (CEMP) dated shows the initial review has not been approved by the local emergency management agency. The agency states the following areas must be addressed before the approval shall be issued: A new completed Crosswalk must be submitted with a First Revision Review along with the corrected or missing pages.

On at 11:00 AM, the Administrator was requested to provide a copy of the current Comprehensive Emergency Management Plan approval letter. She stated that she did not have a copy of the receipt of her initial application showing the date that she submitted the plan. She also stated that she sent in all of her original copies to the local emergency management agency. She further stated she was not sure of the date of submission.

On at 04:00 PM, the Administrator was requested to provide any documentation regarding her submission receipt. She confirmed that she could not locate anything and she acknowledged the findings. She stated that she was working with the local agency to obtain the approval as required.

Class III