| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967813** | **03/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CASSIE'S CASTLE II** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**117 BARCELONA DRIVE**<br>**ROYAL PALM BEACH, FL 33411** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey was conducted on [redacted] & [redacted] at Cassie's Castle II, License #11780. There were deficiencies at the time of the survey.

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

Based on observation, record review and interview, the facility failed to ensure residents who have half and full-size bed rails were reviewed by a physician annually for 2 of 3 sampled residents (Resident #4 and Resident #5).

The Findings Included:

On [redacted] at approximately 8:30 AM a tour of the facility was conducted with a staff member. During the tour Resident #4 and Resident #5's beds were observed, and revealed Resident #4 had full size bed rails on her bed, and Resident #5 had 1/2 size bed rails on her bed. Further observation of the residents reveal, due to their limited physical ability, both residents are incapable of operating the rails once they are in place, creating a [redacted]. A review of Resident #4 and Resident #5's resident file revealed no doctor's order for 1/2 or full size bed rails.

During an interview with the Administrator and the owner on [redacted] at 4:00 PM, she stated she was not aware that Resident #4 had full-size bed rails on the bed. The staff stated the daughter requested they be used. The Administrator acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation, record review and interview the facility failed to ensure medication was accurately documented on the Medication Observation Record (MOR) for 1 of 5 sampled residents (Resident #3).

The Findings Included:

On [redacted] at 8:55 AM a medication pass observation was conducted with Staff B. Resident #3 receives [redacted] Tablet- 1 tablet 2 times a day for [redacted]. During medication pass Resident #3 was offered the medication and he refused stating "I don't need that today." Staff A returned

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SUMMARY STATEMENT OF DEFICIENCIES
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to the MOR and signed the MOR, as if medication had been given, and discarded the medication. During an interview with Staff B, she stated Resident #3 refuses the medication when he is not constipated. Staff B confirms she does not document when the resident refuses the medication. Review of the MOR revealed no documentation of the resident refusing the medication and MOR's are signed as if the resident received the medication.

During an interview with the Administrator and the owner on at 4:00 PM, they acknowledged the findings and provided no additional documentation for review.

Class

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

Based on observation, record review and interview, the facility failed to ensure the Over the Counter medication was labeled with the manufactures label and physician's directions for use for 1 of 5 sampled residents (Resident #3).

The Findings Included:

On at 8:55 AM a medication pass was observed with unlicensed Staff A. During the observation it was observed that Resident#3 is prescribed Ultra Tablet chewable 1 tablet 100mg by mouth 3 times a day- which was packaged in the pharmacy Bingo Card package. Resident #3 also receives 1/2 tablet (500mg) with each snack. Over the counter 100mg tab broken in half were being stored in a zip-lock bag with Resident #3's name on it and labeled " ". The Administrator stated the 1/2 pills are over the counter. Further observation revealed no manufactures label or the health care provider's direction for use. Observation of the medication storage cart revealed no original packaging for the medication.

During an interview with the Administrator and owner on at 4:00 PM, they acknowledged the findings and stated they had corrected the problem by having the pharmacy package the 1/2 tablet (500mg).

Class III

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

Based on record review and interview, the facility failed to ensure an annual Comprehensive Emergency Management Plan (CEMP) was submitted and approved by the local Emergency Management Agency.

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The Findings Included:

On [redacted] at 1:00 PM, a review was conducted of the facility's Comprehensive Emergency Management Plan, which revealed there was no documentation of a approved CEMP on file in the facility records. Further review revealed 2 receipts on file dated [redacted] and [redacted]. At this time the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator and the owner on [redacted] at 4:00 PM, they stated they have been going back and forth with the Emergency Management Agency regarding the CEMP, but could not give a specific explanation as to why they do not have an approved CEMP on file in the facility.

Class III