STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967718	**03/15/2018**
NAME OF PROVIDER OR SUPPLIER **LEISURE LIVING OF VICTORIA PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 NE 5TH STREET** **FORT LAUDERDALE, FL 33301**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] and [redacted] at Leisure Living of Victoria Park, License # 11760. The facility had deficiencies at the time of the visit.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on interview and record review, the facility failed to provide documentation of a minimum of two resident elopement prevention and response drills were conducted per year, pursuant to Section 429 41 (1) (a) 3. F.S.

The findings included:

On [redacted] at 09:30 AM, an entrance conference was conducted with the Administrator. She was requested to provide evidence that a minimum of two resident elopement prevention and response drills were conducted per year with the Administrator and direct care staff . She was unable to locate the paperwork.

On [redacted] at 01:00 PM, the Administrator was asked to provide the documentation again showing that the staff had participated in elopement drills At this time she provided the Fire Drill Report dated [redacted].

On [redacted] at 04:00 PM, an exit conference was conducted with the Administrator. She was given a final request to provide the evidence of the facility elopement drills conducted from the past 2 years. At this time she admitted that she did not have the documentation. She acknowledged the findings.

Class III

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

Based on observation, interview and record review, the facility failed to follow the proper process with Assistance with Self-Administration of medication for 5 of 5 sampled resident's observed (Resident # 2, # 3, # 4, # 7 and # 8).

The findings included:

On [redacted] at 09:08 AM, an Assistance with Self Administration of Medication pass was observed.

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

Staff B, who is an unlicensed Staff member was hired on . She is a Home Health Aide (HHA) and a Medication Technician (Med Tech). A review of the Medication Observation Record was conducted and it was determined that Staff B failed to announce the medications she provided to Resident # 2, # 3, # 4, # 7 and # 8.

Resident # 8 was provided the following medications: 40 mg, 40 mg, 80 mg, and Ablation 80 mg.

Resident # 3 was provided the following medications: 0.25 mg, Senakot 1 teaspoon (t.), D-3 5,000 mg, Cranberry 475 mg, 5 mg, and Menantrine 5 mg.

Resident # 4 was provided the following medications: 81 mg, 20 mg, 20 mg, Beni- 2 Tablespoons (T), 6.25 mg, 6.25 mg, Seneca 1 tablet, Theorems 1 ml, 1 t. and 1 t.

Resident # 2 was provided the following medications: 5 mg. 5 mg, Tenorin 25 mg, Centrum
Silver 1 t., I-Bite 1 tab, Super 1 caplet, 0.25 mg, 100 mg, 1 application and Glucosanine 1 tablet.

Resident # 7 was provided the following medications: Hydrochlorahiazide 12.5 mg, and 50 mg

Also, during the Assistance with Self Administration of Medication pass, Staff B was assisting Resident # 5. Staff B was attempting to remove the medications from the medication bubble packet. She dropped the pill onto the bare dining ; and allowed the resident to consume the pill.

On at 10:00 AM, the Administrator was advised of the observations. She acknowledged the findings. She stated she is a Licensed Practical Nurse and she tries to remind the Staff to avoid possible control and ensure that they announce the medications to the residents.

Class III

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

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.

The findings included:

During a telephone interview with the Administrator on . . . . . at 12:23 PM, she was asked to provide documentation of the facility's Comprehensive Emergency Management Plan (CEMP), approval letter from the local Emergency Management Agency. Upon review of the faxed letter dated . . . . , it was noted that the approval letter referred to the facility's Emergency Power Plan and Procedures Regarding Emergency Environmental Control for ALF.

During a follow up interview with the Administrator on . . . . . at 12:48 PM, she stated that she does not have a current approval letter from the Emergency Management Agency for the facility 's CEMP, as required. She further stated the last approval letter that she has is from 2015. She stated that the facility did not submitted the plan to the Emergency Management Agency in 2016 or 2017. The Administrator provided a faxed letter to the Agency's office stating "My Emergency Plan is in renewal right now, will fax ASAP (as soon as possible)". No further documentation was provided.

Class III