STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968381	**03/07/2018**
NAME OF PROVIDER OR SUPPLIER **ORANGE BLOSSOMS VILLA III LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11030 56TH PLACE NORTH** **WEST 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] at Orange Blossoms Villa III Assisted Living Facility, License #12283. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that all residents have a face-to-face medical examination by a licensed health care provider every 3 years after the initial assessment and upon a significant change for 1 of 2 sampled residents (Resident #4).

The findings included:

While reviewing the file for Resident #4 on [redacted], it was noted that the resident's health assessment, AHCA 1823 form, was dated for [redacted]. Review of the progress notes revealed that Resident #4 had been receiving care and services from Hospice since [redacted], and this was not noted or listed on the resident's health assessment form. Further observation of the Resident #4's Health Assessment form under the section labeled, Activities of Daily Living (ADL's), revealed the resident was able to perform dressing, eating and self-care (ب [redacted] ب) independently. The section further stated that the resident is able to complete toileting and transferring with supervision.

Observations of Resident #4 on [redacted], throughout the survey from 9:00 AM to 3:00 PM, revealed the resident could not dress, ب [redacted], transfer or toilet herself without assistance from staff at the facility.

During an interview with the administrator at 2:40 PM on [redacted], the findings were discussed and acknowledged. No further information was provided for review.

Class III

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

Based on observation, staff interview and record review, the facility staff failed to assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 of 2 sampled residents (Resident #3).

The findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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1. While reviewing the MOR (medication observation record) and the medication label for Resident #3, it was revealed that Resident #3 is to receive . . . HFA 90 mcg inhaler, Inhale 1 puff every 4 hours for . . .

While observing a Medication Observation Pass with Staff A, a Med Tech, on at 12:00 PM the following was observed:
Staff A washed her hands, reviewed the MOR, went to the Medication Cart and took out the medication box. Staff A then took the inhaler out of the box, took the medication to Resident #3 and stated "This is your inhaler" then put the inhaler to the residents mouth. Resident #3 assisted in holding the inhaler in her mouth. Staff A then pushed the Inhaler twice, the resident inhaled two puffs. The surveyor intervened and stated the "label says one puff". The Med Tech reviewed the label, acknowledged the mistake, then went to sign the MOR for medication.

2. Review of the MOR and the medication label for Resident #3 revealed that Resident #3 is to receive Iprat Albut ( ) 0.5-3(2.5), Inhale 1 vial via 3 times a day.

While observing an additional Medication Observation Pass with Staff A on at 12:33 PM for Resident #3, the following was observed:
Staff A went to grab the machine from the Medication Cart, plugged in the machine in the common . . . , took the vial from the medication box in the medication cart, reviewed the medication label, put the medication in the machine, turned on the machine, the resident put the mask over her face. Staff A then observed Resident #3 take the . . . . . treatment, signed the MOR, then put away the machine for the treatment back inside the medication . . . . During surveyor intervention, it was stated to Staff A that at no time during the assistance with self-administration of medication process, was the MOR reviewed. At this time Staff A reviewed the MOR, and it was revealed that the was to be given at 2:00 PM. It was observed given over an hour prior to the prescribed time.

During an interview with Staff B and the administrator at 2:40 PM, the findings were discussed, acknowledged, and neither staff members had a response. No further information was provided for review for review.

Class III

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

Based on record review and interview, the facility failed to have their Emergency Management Plan submitted timely to the local emergency management agency for review and approval on an annual

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SUMMARY STATEMENT OF DEFICIENCIES
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basis.

The findings included:

Upon request to review the emergency management plan approval letter, it was stated by Staff B that it was submitted in . . . . . of 2017, and that the facility still have not gotten the approval letter back yet.

Staff B called "Confidential" from the local emergency management agency to check the status of the approval letter, and it was stated by "Confidential" that changes need to be made to the Emergency Management Plan, and that if the chances could be submitted today, then after review, I will be able to grant you the approval letter.

During an interview with the Staff B on . . . . . at 1:38 PM, it was stated that approval letter from 2017 is the only one that was submitted to the local emergency management agency the since 2012. Staff B acknowledged the findings and stated that she will made the corrections and have the approval letter by tomorrow morning. The opportunity was given to provide the documentation. No further documentation was provided for review.

Class III