STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966606	**02/21/2018**
NAME OF PROVIDER OR SUPPLIER **PARAH INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 SW TULIP BLVD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

AMENDED REPORT

An unannounced Relicensure survey was conducted on . . . . . at Parah Inc., Assisted Living Facility, License # 12165. 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 interview and record review, it was determined the facility failed to ensure that each resident had a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first for 1 of 3 sampled residents (Resident #1).

The finding include:

During interview and review of Resident #1's last health assessment (face-to-face medical examination), dated , conducted with the Administrator on beginning at approximately 11:35 AM, she was provided the opportunity to locate a more recent health assessment, the Administrator was not able to locate any health assessment dated after , for Resident #1 and she acknowledged that there was not a more recent health assessment.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to maintain a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of hire for 2 of 3 sampled staff (Staff A and Staff C) and based on interview and record review, it was determined the facility failed to maintain evidence of a negative examination on an annual basis for 2 of 3 sampled staff (Staff A and Staff C).

The findings include:

1) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate a written statement

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SUMMARY STATEMENT OF DEFICIENCIES
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from a health care provider documenting that the following staff does not have any signs or symptoms of communicable within 30 days of hire for Staff A whose date of hire was and Staff C whose date of hire was and the Administrator acknowledged this required documentation could not be located at the time of this review.

2) During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate evidence of a negative examination on an annual basis for Staff A whose date of hire was . Further review of the documentation reveals there was no evidence of an annual documentation for 2015; 2016; or 2017.
During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate evidence of a negative examination on an annual basis for Staff C whose date of hire was . Further review of the documentation reveals there was no evidence of an annual documentation from 2008 through 2017
The Administrator acknowledged this required documentation could not be located at the time of this review, during the interview, on beginning at approximately 11:00 AM.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on interview and record review, it was determined the facility failed to ensure a staff member, who has completed a course in First Aid and holds a currently valid card documenting completion of such course, must be in the facility at all times for 1 of 3 sampled staff (Staff B).

The findings include:

Review of the facility's work schedule, provided for review by the Administrator on at approximately 8:30 AM, reveals Staff B works alone on Sundays, a24 hour shift of 7:00 AM - 7:00 AM.
During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation of completion of a First Aid course for Staff B whose date of hire was and the Administrator acknowledged this required documentation could not be located.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on interview and record review, it was determined the facility failed to ensure the food service designee complied with the food service education requirements specified in Rule 58A-5.0191, F.A.C.

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at 11:00 AM, she acknowledged she was not able to locate the required 2 hours of continuing education related to food service in an ALF (Assisted Living Facility) for 2016, for Staff C whose date of hire was .

Class III

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

Based on observation, interview and record review, it was determined the facility failed to maintain a sufficient 3-day supply of nonperishable food, specifically protein items and potable water, on hand at all times for a current census of 5 residents and 3 staff members.

The findings include:

During observation, interview and review of the facility's 3-day disaster menu conducted with the Administrator, on beginning at approximately 11:15 AM, she was asked to show the surveyor the food items identified on the facility's approved 3-day disaster menu and the Administrator was not able to locate the following items on the 3-day disaster menu consisting of boned canned chicken; chili con carne or corned beef hash, beef stew, canned ham, 1 gallon of potable water per resident per day and 1 gallon of potable water per staff member per day
During an interview on beginning at approximately 11:15 AM, the Administrator stated she would fill the 2 5 gallon jugs with water and other water bottles when a hurricane was coming and acknowledged that she did not have a sufficient amount of protein or water for her current resident census or staff.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

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	AL11966606	**02/21/2018**

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on interview and record review, it was determined the facility failed to maintain an up-to-date admission and discharge log, noting a complete date of admission and name of resident, for 2 of 5 sampled residents, Resident #2 and Resident #4 and upon discharge, noting the date of discharge; reason for discharge; and location of discharge, for 3 of 3 sampled residents, Resident #6, Resident #7 and Resident #8, of 14 remaining residents, listed on this log.

The findings included:

During interview and review of the facility's "Admission and Discharge Log," conducted with the Administrator, on [redacted] beginning at approximately 9:30 AM, the Administrator was asked why Resident #2's admission month and year were only documented and was not on the log and why only Resident #4's last name and admission month and year were also only documented and the Administrator stated it must have been an "oversight."
The Administrator confirmed, during an interview, on [redacted] beginning at approximately 9:30 AM, that Resident #6; Resident #7 and Resident #8 no longer resided at this facility, was asked why the date of discharge; reason for discharge and discharge location was not completed for these residents, she could not provide an explanation and acknowledged that the other 14 discharged residents also did not have all of the required information on the log.

Class III

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

Based on interview and record review, it was determined the facility failed to submit their current/updated CEMP (Comprehensive Emergency Management Plan) to the local emergency management agency for review and approval.

The findings include:

During interview and record review conducted with the Administrator, on [redacted] beginning at approximately 9:00 AM, she was asked for the facility's last CEMP approval letter from the local emergency management agency; the Administrator provided the last approval letter, dated [redacted], that documented, "Your plan must be reviewed by this office annually as well as when there are changes affecting your emergency procedures" and the Administrator acknowledged that she has not submitted an updated CEMP since [redacted].

Class III

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

Based on interview and record review, it was determined the facility failed to maintain the employment status of all employees within the AHCA (Agency for Health Care Administration) Background Screening Clearinghouse roster within 10 business days for 1 of 4 sampled staff reviewed (Staff D).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 9:25 AM, she was asked about the employment status of Staff D, whose date of hire was and the Administrator stated Staff D's employment ended in 2017, the Administrator was asked why their AHCA Background Screening Clearinghouse roster was not updated to reflect Staff D's change in employment status and she stated she was not aware of this requirement.

Unclassified

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0000 - Initial Comments

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

Based on interview and record review, it was determined the facility failed to ensure that each resident had a face-to-face medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first for 1 of 3 sampled residents (Resident #1).

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Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to maintain a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days of hire for 2 of 3 sampled staff (Staff A and Staff C) and based on interview and record review, it was determined the facility failed to maintain evidence of a negative examination on an annual basis for 2 of 3 sampled staff (Staff A and Staff C).

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Unclassified