STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969042	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **BETHESDA ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 BARBER AVE** **LAKE WORTH, FL 33461**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced relicensure survey was conducted on at Bethesda Assisted Living Facility, LLC (Lic# 12894). There were deficiencies during the time of the survey.

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

Based on record review and interview, the facility failed to ensure that residents's were appropriate for admission to the facility. The facility also failed to obtain an updated Agency for Health Care Administration Health Assessment (AHCA) after significant changes for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at approximately 1:00PM, a record review for Resident#1 revealed the resident was admitted to the facility on . The AHCA form 1823 health assessment dated documents the residents medical history as , Chronic Kidney III, , and , . The AHCA 1823 also documents Resident#1 requiring total assistance with with all Activities of Daily Living (ADL's) except eating which she conducted independently and which she required supervision. On admission there was no home health or Hospice services being received. During the survey, observation of the resident revealed, the resident requires total assistance with all ADL's. Further review of the resident file revealed, on the resident was admitted to Hospice care. On the resident developed , on the Left and Right Hip, and , on the inner Left and Right knees. At this time there was no new AHCA form 1823 obtained that was reflective of the residents Hospice admission or documentation of the onset of , and current care needs. The resident Hospice file contained all care documentation and care plans. The facility had no observation note documentation for Resident#1. At this time the Administrator was provided an opportunity to locate documentation.

On at approximately 1:45PM, the Administrator acknowledged the findings and provide no additional documentation for review.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure observation records reflected a

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resident's significant change(s), for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at approximately 1:00PM, a record review for Resident#1 revealed no observation record in Resident#1's file. Resident#1 was admitted to the facility on with a diagnosis of , Chronic Kidney , , and , . Further review revealed on , Resident #1 was admitted to Hospice Care and on Resident#1 developed on the Right and left hips, and , on the Right and Left Knees. All care and service plans are documented in the Hospice file, however the facility does not have documentation in the facility's resident file of the signficiant changes, including onset of the and care. At this time the Administrator was provided an opportunity to locate documentation.

On at approximately 12:30PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed ensure that daily activities were posted and conducted for a minimum of 2 hour per day, 6 days a week, for 2 of 2 sampled residents (Resident#1 and Resident#2).

The Findings Included:

On at approximately 9:00AM during the tour, there was no activity calendar posted in the facility that reflected 2 hours of ongoing activity programs for a minimum of 6 days a week. Further observation throughout the survey revealed no activities conducted for 2 of 2 residents. An interview with Staff B revealed the residents watch TV, listen to music, and walk outside with 1 of 2 residents.

On at approximately 1:30PM, during an interview with the Administrator, he stated the activity calendar was being printed in a larger format, and activities were not being conducted due to the survey. He acknowledged the findings.

Class

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

Based on record review and interview, the facility failed to ensure that two facility elopement drills were conducted annually.

The Findings Included:

On , at approximately 11:00AM, the facility records revealed no elopement drills conducted for 2016 and 2017. At this time an interview was conducted with the Administrator who stated the drills were conducted, but he did not have the documentation.

On , the Administrator acknowledged the findings, and provided no additional documentation for review.

Class

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

Based on, observation, and interview the facility failed to follow the proper procedure when assisting with self- administration of medication for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at 9:50AM, a medication pass was observed with Staff B. Staff sanitized hands and took the medication to Resident#1. Staff B did not state the names of the remediation and placed the medication in the medication cup. Staff B prompted Resident#1 to open her mouth and Staff B pour the medication in the residents mouth. The resident did not assist with self-administration of medication. Further observation revealed Resident#1 had appropriate use of her hands and was able to assist with self- administration of medication. Staff B did not immediately sign the Medication Observation Record after medication was given.

During an interview with the Administrator on at approximately 10:00AM, he acknowledged the findings.

Class III

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

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Based on record review and observation, the facility failed to signed the Medication Observation Record (MOR), immediately after assisting with self-administration of medication for 2 of 2 sampled residents (Resident#1 and Resident#2). The facility also failed to document "as needed" medication, along with the reason and results or response of the medication for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at 9:00AM, during the observation tour Staff B was asked if morning medication pass had been conducted, and Staff B stated Resident#1 had received his morning medications and Resident#2 was still sleeping and would be receiving her medication. At approximately 9:20AM Resident#1's MOR's were observed and revealed the 9:00AM dose of medication had not been signed as being given.

At 9:50AM, Resident#2 received the following medications: Amolodipine , 10mg, Furosimide 20mg, 7.5mg, , DR 25mg, , 0.5mg, 1 tablet every 4 hours "as needed for hallucinations/agitation- max 6 tablets per day. There was no documentation of the reason the "as needed" medication (, 0.5mg) was given, and no results or response of the medication documented. The MOR was not immediately signed after the medication was given. At 12:30PM a follow-up observation of the MOR was conducted and revealed, the MOR remained unsigned for the morning medication that was given to Resident#2.

On at approximately 12:30PM, during an interview with the Administrator, he had Staff B to sign the MOR's and acknowledged the findings.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and observation, the facility failed to provide qualified staff to assess the resident prior to giving a "as needed" medication for hallucinations/ agitation for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at 9:50AM, medication pass was observed with Staff B for Resident#1. The medication label stated Lorezapam 0.5mg one tablet to be given every four hours as needed for hallucinations / agitation. At 9:30AM the resident was observed being assisted with eating, and not displaying signs of

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agitation. The resident is unable to request the "as needed medication" and there is no licensed staff to appropriately assess the resident for agitation. During this time a interview was conducted with the Administrator, who stated Resident#1 is given the , 0.5mg. medication routinely. A review of the residents Medication Observation Record (MOR) documents the medication is given daily four times a day. Further review of the MOR revealed no reason, results or response to medication documented.

During an interview with the Administrator on at approximately 2:00PM, the findings were acknowledged.

Class III

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

Based on record review and interview, the facility failed to ensure all staff received a communicable statement from a licensed professional documenting freedom from communicable to include for 1 of 2 sampled staff (Staff B).

The Findings Included:

On at approximately 12:30PM, a recorded review for Staff B revealed no hire date. Further review revealed Staff B did not have any documentation from a licensed professional stating freedom from communicable to include . At this time the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 2:00PM, he acknowledged the findings and provided no additional documentation for review.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to provide a written work schedule that reflects a 24 hour staffing pattern for a given time period for 2 of 2 sampled staff (Staff B and Staff C).

The Findings Included:

On at approximately 9:00AM during the entrance conference with the Administrator, a current staffing schedule was requested. At this time the Administrator stated he does not keep a written

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schedule. Further review revealed no documentation of any kind that documented staffing hours or staffing patterns. On arrival there was one direct care staff person and the Administrator on site. Throughout the survey, the direct care person was observed providing all care needs to the residents.

During an interview with the Administrator on at approximately 2:00PM, he acknowledged the findings and provided no additional documentation for review.

Class

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview the facility failed to ensure that all staff received required in-service training's within 30 days of hire fro 2 of 2 sampled staff (Staff B and Staff C).

The Findings Included:

On at approximately 12:30PM record reviews were conducted for Staff B (no hire date documented) and Staff C (hire date) revealed no documentation for the following required in-services:

1) Elopement Policy and Procedures
2) Emergency Preparedness and Evacuation Training

On at approximately 2:00PM, a interview was conducted with the Administrator, he acknowledged the findings.

Class

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all staff received a one time education course on / for 1 of 2 sampled staff (Staff B).

The Findings Included:

On at 12:30PM a record review for Staff B revealed no documentation of completion for the required one time training in / . At this time the Administrator was provided an opportunity to locate the document.

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On at approximately 2:00PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class

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

Based on record review and interview the facility failed to ensure a staff member who holds a current valid First Aid certification card, is at the facility at all times.

The Findings Included:

On at approximately 12:30PM, a record review for Staff B and Staff C revealed no documentation of a current valid First Aid certification card. No written schedule was provided to reflect staffing patterns. On arrival to the facility, Staff B was the only direct care staff on site. The Administrator was provided the opportunity to locate the documentation.

On at approximately 2:00PM, a interview was conducted with the Administrator who stated Staff C is currently on vacation and Staff B is currently working alone, and Staff C also works alone. He acknowledged the findings and no additional documentation was provided for review.

Class III

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

Based on observation and interview, the facility failed to store the required amount of emergency water for the facility for 2 of 2 residents.

The Findings Included:

On at approximately 10:00AM, the facilities emergency food supply was observed. The facility has two residents and are required to store 3 gallons of water per resident for three days (18 gallons). The facility had one 24 pack case of 16 oz. bottle water and six individual 16 oz bottles of water (approximately 3 1/2 gallons of water) in the facility. During this time the Administrator stated he does not store emergency water at the facility, and was unsure of how much water was required.

During an interview with the Administrator on at approximately 2:00PM, he acknowledged

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the findings.

Class III

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

Based on record review and interview the facility failed to maintain a admission and discharge log listing the names of all residents.

The Findings Included:

On . . . . . at approximately 9:10AM, during the entrance conference, a admissions and discharge log was requested. At this time the Administrator stated he does not maintain a log of admissions and discharges.

On . . . . /2015 at approximately 9:30AM, the Administrator . . . . . a blank admissions and discharge log, he acknowledged the findings.

Class

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

Based on record review and interview the facility failed to ensure that a employee application to include references was maintained in the employee file for 1 of 3 sampled staff (Staff B).

The Findings Included:

On . . . . . at approximately 12:30PM a record review for Staff B revealed no employment application that included references on file for Staff B. At this time the Administrator was provided an opportunity to locate the document.

During a interview with the Administrator at approximately 2:00PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class

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0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to record resident weights semi annually for residents who require assistance with Activities of Daily Living (ADL's) for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at approximately 1:00PM a record review conducted for Resident#1 revealed no documentation of semiannual weights. Resident#1 was admitted to the facility on and a weight was documented as 97 Lbs. Further review revealed no record of any additional weights for 2016 and 2017. Further review of Resident#1's Agency for Health Care Administration Form 1823 dated revealed the resident requires assistance with all ADL's except eating and . At this time the Administrator was provided an opportunity to locate documentation.

During an interview with the Administrator on at approximately 2:00PM. he acknowledged the findings and provided no additional documentation for review.

Class

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

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local Emergency Management Agency for review and approval.

The Findings Included:

On at approximately 10:30AM, a review of the facilities CEMP was attempted. The facility files did not have a CEMP approval letter for the facility. Further review revealed a receipt dated for an initial review.

At this time, a interview was conducted with the Administrator who stated he does not have an approved CEMP for the facility, but he submitted in . He acknowledged the findings.

Class III

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

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Based on record review and interview the facility failed to ensure all staff were registered with the Agency for Health Care Administration (AHCA) background screening clearinghouse roster within 10 days of hire, for 1 of 3 sampled staff (Staff A).

The Findings Included:

On , a review of the AHCA Background screening clearinghouse roster revealed, Staff A whose hire date was , was not registered in the clearinghouse. During an interview with the Administrator, he stated all staff were registered.

On at approximately 12:01PM, the Administrator was notified that he was not registered, he acknowledged the findings and stated he would update immediately.

Unclassified