STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965313	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **CARLISLE PALM BEACH, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **450 EAST OCEAN AVENUE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

An unannounced standard relicensure survey was conducted on [redacted] at The Carlisle Palm Beach, License # 9713. The facility had deficiencies at the time of the visit.

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

Based on observation and interview , it was determined the facility failed to ensure each unlicensed staff member that provides assistance with the self administration of medications did so according to specification of Section 429.256, F.S., specifically related to not reading the medication label in the presence of the resident for 2 of 6 sampled residents (Resident #4 & Resident #5).

The findings include:

During observation of Staff E (unlicensed) providing assistance with the self administration of medications for Resident #4 and Resident #5, on [redacted] beginning at approximately 9:00 AM, she failed to read the medication label to the residents of the medications she was providing to them. She acknowledged she did not read the medication label to Resident #4 and Resident #5.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review and interview, an unlicensed staff member (Staff A) was administering medications to 2 of 6 residents observed for medication provision (Resident #15 and Resident #16).

The findings included:

1) On [redacted] beginning at 10:20 AM, Staff A was observed in the middle of preparing medications for Resident #15. Staff A had placed crushed medication and a chewable medications in a small cup with applesauce while at her medication cart located in the hallway near the dining [redacted] on the 3rd floor. Staff A placed the remaining medications in a second small cup.
Staff A took the 2 medication cups down the hallway to Resident #15 who was sitting in the Lantana [redacted] (Activity [redacted]).
Staff A did not inform the resident of the medications being provided. Staff A spooned the applesauce and medication mixture into the resident's mouth without any participation by Resident #15. Staff A then

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poured the contents of the second cup containing the remaining medications into resident's mouth without any participation from the resident. Staff A returned to the Medication Cart and initialed the Medication Observation Record confirming medication was provided.

2) On at approximately 10:25 AM, Staff A was observed removing Resident #16's medication cards from her locked medication cart. Staff A removed the medications from the labeled package and placed them into a small medication cup;
Staff A took the medication cup down the hallway to Resident #16 who was sitting in the Lantana ;Staff A did not inform the resident of the medications being provided. Staff A poured the medications from the cup into Resident #16's mouth without any participation from the resident. Staff A returned to the Medication Cart and initialed the Medication Observation Record confirming medication was provided.

On at approximately 10:30 AM, Staff A confirmed that she was not a licensed nurse.

On at 12:45 PM, the Administrator and Director of Nursing acknowledged Staff A was administering medication instead of assisting with the self-administration of medications.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each staff member had received staff in-service training on resident rights in an assisted living facility and safe food handling practices for 1 of 3 sampled direct care staff (Staff B).

The findings include:

During interview and personnel record review conducted with the ED (Executive Director) and BOM (Business Office Manager), on beginning at approximately 10:55 AM, they were provided the opportunity to locate the following staff member's in-service training within 30 days of hire on resident rights in an assisted living facility and safe food handling practices:

1) Staff B: date of hire noted as

The BOM acknowledged these required trainings were not on file at the time of this review. The ED provided a document for review, on beginning at approximately 11:10 AM, that indicated Staff

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B is scheduled to take the above noted in-service trainings on . . . . . . He was reminded the trainings are to be provided to the staff member within 30 days of hire.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each staff member was registered with the clearinghouse within 10 business days for 4 of 4 sampled staff (Staff A, Staff B, Staff C, and Staff F).

The findings include:

During interview and personnel record review conducted with the ED (Executive Director) and the BOM (Business Office Manager) on . . . . . beginning at 10:55 AM, they were provided the opporunity to locate the following staff members on the facility's clearinghouse roster:

1) Staff A: date of hire noted as . . .
2) Staff B: date of hire noted as . . . . . .
3) Staff C: date of hire noted as . . . . .
4) Staff F: date of hire noted as . . . . . .

The ED and the BOM stated they were no familiar with the clearinghouse roster. They were unable to locate the above noted staff on the roster that was printed and provided by this surveyor.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review it was determined the facility failed to verify if there had been a break in service that exceeded 90 days from a position that required a level 2 screening for 2 of 4 sampled staff (Staff A and Staff B).

The findings include:

During personnel record review and interview conducted with the ED (Executive Director) and the BOM (Business Office Manager), on . . . . . beginning at approximately 10:55 AM, they were provided the opportunity to provide documentation that employment dates had been verified for the following staff:

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1) Staff A: date of hire noted as ; last level 2 background screening was conducted on ; no verification of dates of employment was on file at the time of this review.

2) Staff B: date of hire noted as ; last level 2 background screening was conducted on ; no verification of dates of employment was on file at the time of this review.

The ED and the BOM acknowledged there was no documentation for Staff A or Staff B as to whether there was a break in service that exceeded 90 days.

Unclassified