STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965812	02/27/2018
NAME OF PROVIDER OR SUPPLIER **B P ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1174 WYNNEWOOD DR** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced abbreviated survey was conducted on and at B P Assisted Living Facility II, License #10137. There were deficiencies found at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each resident's health assessment was completed, specifically related to any nursing services required by the individual, any special diet required by the individual, whether the individual will require any assistance with the administration of medication, and whether the individual has signs or symptoms of any communicable , for 1 of 3 sampled resident records reviewed (Resident # 3).

The Findings Included:

During interview and record review of Resident # 3's record conducted with the Assistant Administrator and the Hospice Nurse, on beginning at approximately 9:20 AM, the resident's health assessment was reviewed. The Assistant Administrator and the Hospice Nurse acknowledged that this health assessment dated , did not indicate what nursing services Resident # 3 is to receive, any special diet required, what level of assistance is required with medications, and any signs or symptoms of a communicable . The Assistant Administrator and the Hospice Nurse stated they were not aware that this document was not completed.

Class III

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

Based on observation and interview it was determined the facility failed to follow control practice with administration of medications pursuant to the training requirements of Rule 58A-5.0185(3), F.A.C., specifically related to the sanitizing of hands prior to assistance with medications, for 2 out of 4 residents (Residents #2 and #3).

The Findings included:

During observation of medication assistance with Staff B, on the following was observed. At 10:06AM, Resident #3 was assisted with the administration of , . Staff B was not observed sanitizing hands any time during the observation. Review of the label of , and of the MOR

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965812	02/27/2018
NAME OF PROVIDER OR SUPPLIER **B P ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1174 WYNNEWOOD DR** **WEST PALM BEACH, FL 33417**	

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

(Medication Observation Record) indicated the , was 81 Mg. At 12:45PM, Resident #2 was assisted with the administration of a tablet. Staff B was not observed sanitizing hands any time during observation. Review of the label of tablet and of the MOR indicated the tablet was Quetipine 50 Mg.

On at 3:00PM, the Assistant Administrator was made aware of this observation and she acknowledged that we did not see her wash or sanitize her hands while assisting with medications.

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, at least two months prior to the expiration date, the annual emergency plan for review and approval to the local emergency management agency pursuant to requirements of Rule 58A-5.026(1), F.A.C.

The Findings included:

During interview and review with the Administrator of the facility's emergency plan at approximately 8:53 AM, It was revealed that the emergency plan expires on , 2018. The Administrator was questioned as to if the emergency plan had been submitted at least two months prior to expiration. The Administrator replied that she had notified the fire marshal, was awaiting a response back from the fire marshal, and would submit the emergency plan this week.

On at 8:53AM, the Administrator was made aware of this observation and acknowledged that the emergency plan should have been submitted two months prior to expiration date to the local emergency management agency.

Class III

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

Based on record review and interview the facility failed to maintain the employment status within the Background Screening Clearinghouse for 3 out of 5 sampled staff members records (Staff C, D, and E).

The findings included:

1. A review of the current facility's staffing roster and staff schedule, that was provided by the Assistant

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965812	**02/27/2018**
NAME OF PROVIDER OR SUPPLIER **B P ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1174 WYNNEWOOD DR** **WEST PALM BEACH, FL 33417**	

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

Administrator on at 11:00 AM, when compared to the facility's Employee Roster on the Background Screening Clearinghouse, revealed that Staff C, a current employee was not registered on the Employee Roster in the Background Screening Clearinghouse.

During an interview with the Assistant Administrator at 11:05 AM she verified that this staff member is currently employed at the facility.

2. Further review of the facility's Employee Roster in the Background Screening Clearinghouse revealed that 2 staff members who were no longer employed by the facility did not have an end date on the Employee Roster. Staff D had a hire date of and no end date. Staff E had a hire date of and no end date.

The Assistant Administrator verified that these 2 staff members are no longer employed at the facility.

An interview was conducted with the Assistant Administrator at 11:15 AM on , she acknowledged and confirmed the findings.

Unclassified