STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966281	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4533 BROOK DRIVE** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An Abbreviated Relicensure survey was conducted on at Personal Elder Care (License #10513). The facility had deficiencies identified during the survey.

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

Based on record review, interview and observation, it was determined that the facility failed to ensure that a resident's health assessment was accurate and reflective of the resident's diagnosis and care needs, for 1 out of 4 sampled residents (Resident # 2).

Findings include:

Observation of Resident # 2 revealed that he was extremely frail and on . During an interview with Resident # 2 at 9:15 AM on , interview revealed he uses continuously. Further observation of Resident # 2 revealed he was not able to sit up by himself and lying down in the bed throughout the day.

Record Review of Resident #2 file revealed admission date of . Review of the Health Assessment forms located in the file revealed multiple discrepancies regarding the resident current care needs and diagnosis. Resident # 2's Health Assessment dated documented medical history and diagnoses of , , Deuropathy, . Physical or sensory limitations documented Ambulatory. The or behavioral status documented , Alert Aud Oriented x 4. Nursing/treatment/ services requirements documented None. No documentation on the Health Assessment that Resident # 2 is on , no prescription on file, and activities of daily living are documented as independent.

During an interview conducted with the Administrator at 1:13 PM on , regarding Resident # 2 current diagnosis. The Administrator stated that she was not aware that the diagnosis, physical or sensory limitations, or behavioral status, nursing/treatment/ services, and prescription, as wells as the activities of daily living were not current for Resident # 2. The Administrator also confirmed that Resident #2 had declined some over the years and was no longer independent with all ADLS. The Administrator stated that the use was PRN for Resident # 2, but she was she was not aware that there is no diagnosis or prescription on file for the Resident # 2. Furthermore, she could not verify if the order was for PRN or continuously.

Class III

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

Based on observation, record review, and interviews, that facility failed to ensure that the Medication Observation Records (MORs) are accurate and signed immediately after assisting the residents with self-administration of medications by the staff providing the service, for 4 of 4 sampled (Resident #1-#4)

The findings included:

During an interview with the Administrator and Staff C on at 12:05, it was revealed both provide assistance with medications to the residents at the facility. Further review of the MOR for the AM medications for the entire month of , 2018 (including) for Resident #2 revealed Staff C had provided all of the morning medications; confirmed by Staff C. However, the Administrator stated "I also gave Resident #2 his medications this morning". However, the MOR didn't indicate she provided assistance, only the initials of Staff C. Further review of the MORS for Resident #1, #3 & #4 revealed the same problem, Staff C documenting on the MOR that she provided the assistance, although a portion of the medications were provided by the Administrator.

During an interview, aforementioned was discussed and that only the person providing the medications should document for the medication given to the resident. It was further discussed that the surveyors, were unable to identify which medications on a daily basis are provide by the Administrator and/or Staff C. Therefore, it was determined that the MORS were not accurately documented by the staff member providing medication assistance.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a safe living environment free of hazards, for 4 of 4 sampled residents (Resident # 1 - #4).

The findings include:

During a tour of the facility with the Administrator on . . . between the hours of 9:15 AM and 12:00 PM, the following concerns were identified.

A) Kitchen

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1) Screen bent in window (caving in) by the kitchen sink.
2) 3 Windows filled with spider webs near kitchen sink and sliding glass door.
3) Multiple missing blinds and draw string hanging down in the middle of blinds above the sliding glass door.

B) Bed #
1) Strong smell.
2) Sliding glass doors filled with spider webs in numerous locations.
3) Back window screen with large tear in the middle.
4) Sheer curtains over back window with no blinds and no privacy.
5) Floor dirty, has a large amount of accumulated debris, rug dirty, and dust in the corners.
6) Numerous spider webs on the ceiling and walls.
7) 3 dirty urinals with dried up around the top of the urinals, one urinal half full with , sitting in the basket of the resident's walker by the bed.
8) Six red pills sitting on table in an open container by the resident's bed.During interview with Administrator on at 9:15 AM Administrator stated that the pills belonged to her and she left them there the night before. The Administrator removed the pills.

C) #
1) No toilette paper holder in the resident's .
2) Mirror in , dirty, stained, severely smudged, with thick film on it, cannot see reflection.
3) Shower curtain rod, bent, rusty, and discolored.
4) Light filled with spider webs.

D) Bed #
1) Fitted sheets worn, showing, can see through the sheets.
2) Mattress badly discolored and stained, no support.

E) Bed #
1) Strong smell.
2) Large amount of dust in left window. Numerous amounts in several areas.
3) Mattress fitted sheet too small for Bed A. Does not cover mattress entirely.
4) Bed B Mattress rip, torn, no support, and sunk in.

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5) Paint peeling from walls in various locations

F) # (hall way across from and)
1) Strong smell.
2) Shower curtain rod bent, rusty, and discolored.
3) Toilette rusted on the bottom, screws brownish, and rusty.
4) Debris droppings on floor.
5) Vanity cabinet doors rusty, handle and screws brownish and rusty.
6) Shower curtain worn and peeling.
7) Cheep very thin toilette paper that tears easily.

G) Backyard
1) Piles of wood stacked up and two tarps on ground in back yard (near the window of #), items cluttered potential triping hazard for resident that occupy the backyard during leisure.

During interview with Administrator on at 10:00 AM Administrator stated regarding the stained sheets, she has no excuse for the stained sheets. The Administrator stated that she has new sheets to replace the stained sheets.
The Administrator acknowledged the findings and provided no further information for review (photographic evidence obtained).

Class III

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

Based on interview and record review, the facility failed to maintain the employment status of all employees within the clearinghouse and report any changes in status within 10 business days to the Agency for Health Care Administration (AHCA) background screening clearinghouse for 1 out of 5 sampled Staff (Staff F).

The Findings Included:

On at 3:10 PM a review of the facilities current staffing schedule was compared with the AHCA background screening clearinghouse roster. The comparison revealed the facility failed to enter and end date for the following sampled staff:Staff F Hire Date: .

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During an interview with the Administrator on [redacted] at 3:10 PM, the findings were acknowledged and she confirmed the employee is no longer employed with the facility.

Unclassified