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	AL11943023	05/09/2018
NAME OF PROVIDER OR SUPPLIER **LIGHTHOUSE INN NORTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3208 N.E. 11 STREET** **POMPANO BEACH, FL 33062**	

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0000 - Initial Comments

An unannounced relicensure survey was conducted on - at Lighthouse Inn North, ALF. License # 8339. The facility had deficiencies at the time of the visit.

This survey was conducted in conjunction with the licensure complaint (CCR#2018002525) on the same date. See separate report for findings.

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

Based on observation, interview and record review, the facility failed to ensure the appropriateness for continued residency, for 2 of 3 sampled resident records reviewed (Resident #9 & Resident # 11).

The findings included:

a) A review of the Florida Health Assessment Form (form 1823 for Resident # 11 states he was admitted in to the facility in 2017. He is male suffering from the following diagnosis: , History of Bowel Obstruction, Non- , ( ), , ( ) with Chronic Kidney ( ), III, , , Kidney Stones, , , , , and .

A review of the 1823 foam does not accurately reflect the current activities of daily living for Resident # 11. The 1823 form states the Resident requires supervision with ambulation, bathing, dressing and . He is coded as independent with eating. The section what notes his ability on the 1823 form is blank.

On at 10:00 AM, an interview and observation was conducted with Resident # 11. He stated he was on his way to . He stated he checks his port himself. He states he also has a bag that he changes himself. The Resident was observed very thin and frail. He was observed carrying a lunch bag that had been prepared for him by the Food Service Manager. He was taking his lunch to . He stated he goes to on Monday's, Wednesday's and Friday's for four (4) hours. He says the transportation takes him there. He confirmed that he did not have the assistance of a Nurse or a Home Health Service. Resident # 1 went on to state that he is able to perform all of his ADL's on his own. He says he knows how to take care of the port and bag,

At this same time, an interview was conducted with Staff A, stated once she had to help the resident with

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the . . . . . ¸ bag because it burst. She stated that the facility did have a Nurse Consultant working there, but she was terminated about a month ago. A review of the Florida Health Finders portal for the facility reveal that they do not have a Limited Nursing License at this time. Further review of the binders for Third Party Service Providers indicate that Resident # 11 is not currently receiving care, treatment or services.

On at 10:25 AM, an interview was conducted with Staff B, stated she was aware that the Resident went to ¸ . . . 3 days per week, and also had a . . . . . ¸ bag. She stated she never provides care for these needs.

On at 01:00 PM, an interview was conducted with the Executive Director. He stated he was working on contracting with a new Home Health Service Provider. He acknowledged the findings.

b) sident #9 was admitted to the facility on . . . . . Review of the initial 1823 form for the resident revealed a date of . The 1823 form was not completed within the 60-day time frame prior to being admitted to the facility or within 30 days after admission. Further review of the form revealed the wrong facility name listed on the front of the form and a contact person that has never been employed at the facility.

During an Interview with Resident #9 on . . . . . at 11:30 AM it was revealed that the resident administers his own . Review of the AHCA 1823 form revealed no documentation of the resident receiving , and on the section that asks iwhat kind of assistance the resident requires it is checked off for assistance with self-administration of medications. Further review of Resident #9's file revealed no physician order for the or any documentation of an assessment being made by the facility that states that the resident could administer his own .

During an interview with the Administrator and Staff B on at 11:00 AM it was stated that she is aware that Resident #9 is giving himself even though she knows that he is not supposed to. It was further stated by the Administrator that the resident is not receiving any services from any third party providers, and that he should be gone soon anyway due to her giving him a 45 day notice. When inquiring about who monitors and oversee the resident regarding the the Administrator stated that Resident #9 does and that there used to be a nurse that would come out with the doctor to see everyone but the nurse does not come here anymore and that the facility has not hired a new one. Further review of the file in the presence of the Administrator and Staff B during this time revealed physician orders in the file for home health care written for . Both Staff B and the Administrator acknowledged the

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findings, and provided no additional information to review during this time.

Class III

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

Based on observation, and interview, it was determined the facility failed to post an activities calendar in common areas where residents normally congregate.

The findings included:

Observations of the white board activity calendar for the facility for the month of , was observed blank on . During an interview with Staff A it was stated that usually the activity person does it but it hasn't been done yet. During an interview with the activities personnel at 10:20 AM on , it was stated that she did not get to it yet and that she comes in at 1:00 PM. When requesting the paper copy it was stated that we don't do those because the residents used to roll them up and we would find them on the floor. It was further stated that they will find out what they're doing for the day when they would come up and ask her.

During an interview with the Administrator at 11:47 PM on , the finding were discussed and acknowledged. No further information was provided at this time.

Class

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview and record review, the facility failed to establish a grievance procedure to facilitate the resident's exercise of this right for 31 of 31 residents in the facility at this time. (Residents # 1 - # 31)

The findings included:

On a request was made for the facility grievance policy and/or a grievance log for tracking issues, problems, concerns, or grievances in the facility.

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On at 11:00 AM, an interview was conducted with the Administrator. She stated she did not have a grievance policy. She stated she did not maintain a grievance log or any system to address concerns. She stated she did not document the resident's concerns. She says when they come to her with a problem; she just takes care of them, right then and there.

On at 01:00 PM, an interview was conducted with the Executive Director. He acknowledged the finding.

Class

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

Based on observation, staff interview and resident record review, facility staff failed to assist residents with self-administered medications in accordance with proper state regulatory procedures, for 4 out of 4 sampled residents (Resident #11, Resident #8, Resident #10, Resident #6).

The findings included:

While observing a medication pass on between the times of 12:00 PM and 12:30 PM with Unlicensed Staff (Staff B) the following was observed:

Resident #11- Staff B reviewed the Medication Observation Record (MOR), compared the MOR with the medication label, took the medication from the cart, reviewed the medication label, took the medication from the medication bottle with her finger and put the pill in the medication cup. Staff B then put the medication bottle back in the medication cart, took the pill to the resident, observed the resident take the medication with the beverage provided during meal time, then signed the MOR. At no time during the assistance with self-administration of medication process for Resident # 11 did Staff B state the name of the medications, and touched the pill with her hands and the inside of the medication bottle. The Surveyor intervened and stated that the process that is being used is unsanitary.

Resident #8- Staff B reviewed the MOR, compared the MOR with the medication label, took the medication from the cart, reviewed the medication label, took the medication from the package and put the pill in the medication cup, put the medication package back in the medication cart, took the medication to the resident, observed the resident take the medication with the beverage provided during meals, then signed the MOR. At no time during the assistance with self-administration of medication process for Resident #8 did Staff B state the name of the medications. Staff B also gave the medication

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late as the MOR revealed the medication was to be given at 8:00 AM.

Resident #10- Staff B reviewed the MOR, took the medication from the cart, reviewed the medication label, took the medication from the package and put the pill in the medication cup, put the medication package back in the med cart, took the to the resident, observed the resident take the medication with the beverage provided during meals, then signed the MOR. At no time during the assistance with self-administration of medication process for Resident #10 did Staff B state the name of the medications,
Or compare the MOR with the medication label on the pill package to ensure she was giving the correct medication. Staff B also gave 1 of 2 medications 1 hour early. The MOR revealed a time of 2:00 PM, the medication was given at 12:00 PM.

Resident #6- Staff B reviewed the MOR, signed the MOR, took the medication from the cart, reviewed the medication label and compared it to the MOR, took the medication from the package and put the pill in the medication cup, put the medication package back in the medication cart, took the medication to the resident, observed the resident take the medication with the beverage provided during meals. At no time during the assistance with self-administration of medication process for Resident #6 did Staff B state the name of the medications, and the Medications were signed off as given prior to Staff B observing Resident #6 take the medications.

During an interview with Staff B and the Administrator on all concerns observed during the medication pass were acknowledged and discussed, no additional information was provided for review.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record review,the facility failed to ensure that the minimum education qualification are kept in the employee personnel record for the facility for 1 of 4 staff records reviewed. (Specifically, the Administrator.)

The findings included:

On a review of the employee personnel record was reviewed for the facility Administrator. She was hired as the Administrator on to oversee the operation and maintenance of the

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facility. She is also responsible for the management of the staff and the provisions of appropriate care of all of the residents, Her file did not include her High School Diploma or Equivalent.

On . . . . . at 10:00 AM, an interview was conducted with the Administrator. She acknowledged the findings.

Class

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

Based on interview and record review, the facility failed to ensure that the evidence of a negative ( ) and Communicable . . (CD) statement, for 1 of 4 staff records reviewed (the Administrator of the facility).

The findings included:

On . . . . . a review of the employee personnel file was conducted. It was revealed that the statement which is issued from a physician, physician assistant or an advanced registered nurse practitioner indicating that the Administrator is free of and communicable . . . . . was not present. This statement which was to be updated annually was last updated on . . . . .

On . . at 10:00 AM an interview was conducted with the Administrator. She confirmed she did not update the test since that date.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled staff who provides direct care to residents had their required in-service trainings within 30 days of employment.

The findings include:

Review of the Personnel file for Unlicensed Staff (Staff C) hire date of revealed the following:

1. No Emergency preparedness & Evacuation training observed in the file.
2. The training for Incident reporting training does not have the number of hours on the certificate.
3. There was no Recognizing and Reporting , Neglect & , training observed in the file.

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4. No Policies and Procedures training observed in the file.

During an interview with the Administrator at 11:47 PM on , the missing trainings for Staff C was acknowledged and discussed, no additional documentation during this time was provided for review.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to ensure that the unlicensed staff whom assist with assistance with self administration of medication meet the training requirements for 1 of 4 sampled Staff (Specifically Staff A).

The findings included:

On a review of the employee personnel record was conducted. It was determined that Staff A, who was hired on as an unlicensed staff, who assist residents with assistance with self administration of medication had not taken the required 2 hour continuous medication training update. This 2-hour training is required annually.
Staff A works from 7:00 AM - 4:00 PM, 40 hours per week. She is a Home Health Aide (HHA). She was hired as a Medication Technician. (Med Tech).

On at 10:00 AM, an interview was conducted with Staff A. She stated only Staff B was current with her medication training on this shift; therefore she has not been giving medications. She says they are all scheduled to take the training on Saturday .

On an interview was conducted with the Executive Director. He restated the training was scheduled for Saturday.. He also acknowledged the findings.

Class III

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled staff who provides assistance with self-administration of medications for the residents had their required initial 4 hour training provided by a licensed registered nurse or licensed pharmacist.

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The findings include:

Review of the Staffing Schedule provided by the facility revealed that Unlicensed Staff (Staff C) works as a Medication Tech on the night shift alone. Review of the Personnel file for Staff C (hire date of) revealed that the initial 4 hour medication training certificate was not observed in the file.

During an interview with the Administrator at 11:47 PM on , the missing medication training for Staff C was acknowledged and discussed, no additional documentation during this time was provided for review.

Class III

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

Based on observation, interview and record review, the facility facile to ensure that the menu which was issued and certified by the Dietitian was followed for the Lunch meal for 27 of 31 sampled residents eating in the dining .

The findings included:

a) On at 12:00 PM, an observation of the dining conducted during the lunch meal. There were 27 residents seated at that time.

A review of the 4-week cycle menu was reviewed. The menu was planned and issued by the Registered, Licensed and Certified Dietitian for the period of - . For the Tuesday cycle 2 menu the following should have been served: 1 cup Ravioli with ½ cup of green and wax beans, ½ cup vanilla pudding and an 8 oz. beverage.

The Food Service Manager served the following: Beef Stew, 4 oz. black eyed peas, ½ cup, yellow rice ½ cup, apple sauce ½ cup, 8 oz. beverage. He failed to add a dairy product, a green vegetable as a comparable substitute for the menu items.

On at 12:45 PM an interview was conducted with the Food Service Manager. He stated he did not think the residents would like those items. He also stated he didn't know he had to serve comparable items.

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b) On at 01:00 PM, an observation of the 3-day emergency food supply was conducted. There were 45 gallon bottles of water. The water was insufficient for the 27 residents who require a gallon a day for 3 days which total 16 5 gallon bottles.

On an interview was conducted with the Executive Director. He acknowledged the findings.

Class III

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

Based on observation, record review, and interview the facility failed to provide a safe, clean living environment maintained free of hazards for all sampled residents residing at the facility.

The findings included:

While touring the facility on between the times of 10:00 AM and 11:30 AM, the following was observed:
In the walkway that connects building 1 to building two storage was observed on the residents benches that consist of a metal bar and a container of lighter fluid sitting on top of a bench that had dirt on the top.

-03 had dust, dirt and another black round substance growing on the air conditioning vent.
During confidential interviews with residents on , it was revealed that every air conditioning in residents' looks like that.

During an interview with the Administrator at 11:47 PM on , the findings were discussed and acknowledged. No further information was provided.

Class III

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

Based on interview and record review, the facility failed to provide the Comprehensive Emergency

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Approval Plan (CEMP) to the local emergency approval agency.

The findings included:

On at 10:39 AM a request was made to the Administrator of the facility for a copy of the CEMP. She stated she did not have a recent letter of approval. She provided a letter dated as the most recent approval obtained from the local emergency approval agency.

On at 01:00 PM, an interview was conducted with the the Executive Director of the facility. He acknowledged the findings.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on interview and record, the facility failed to maintain the proper documentation required for a limited mental health(LMH) licenses for one or more residents in the Assisted Living Facility. As evidence of the facility failure to identify properly all LMH residents residing at the facility.

The findings included:

Review of the Admission and Discharge log provided by the facility revealed that none the LMH residents that reside at the facility was identified on the log. When requesting additional information that identifies the LMH resident none of the facility's staff was able to find or produce the documentation. On a request was made of the Administrative Staff at 10:00 AM to provide the list of all those Residents identified as Limited Health Residents. The request was made through the following day (, 2018) at 1:00 PM. They stated they did not have a specific list and/log for the LMH residents.

On at 10:00 AM, an interview was conducted with the Administrator. She stated she figured they were all limited mental health residents. She stated she doesn't know what qualifies the residents as LMH. She went on to state that they did not give anyone Occupational Supplemental Support ( ) monies to anyone. She stated they just gave everyone an allowance from their check for personal items. She stated they do not keep any records of the allowances given to the Residents. She indicated that she did not know there was a difference between Supplemental Support Income (SSI) and Social

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Security . . . . , Income (SSDI) .

The facility did not have the following required documents for an LMH facility: Resident assessment, Resident living support plan, assist residents with carrying out the plan, private mental health provider contract,

On at 01:00 PM, an interview was conducted with the Executive Director. He stated he was new in his position. He stated he would have to look into all of these things and get a consultant to help him understand SSI, and SS/DI. He acknowledged the findings. He stated he made sure the Residents had some spending money every month out of their check.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review, the facility failed to ensure that the training certificate for mental heath training was found in the employee personnel file for 1 of 4 sampled staff (the Administrator).

The findings included:

On . . . . . a review of the facility employee personnel records were conducted. It was revealed that the six (6) initial special training hour certificate for working with individuals with mental health diagnosis completed by the Administrator was not found. Also, the facility failed to ensure that there was evidence of a training certificate that reveals the Administrator completed the updated continuous three (3) hours of training required biennially since her hire date of . . . . . .

On . . . . . an interview was conducted with the Administrator. She acknowledged the findings.

Class III

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

Based on interview and record review, the facility failed to maintain an updated employee roster in the Background screening Clearing House for 6 of 13 Staff employed in the Assisted Living Facility. (Specifically Staff B, C, D, E, F, G, H and I).

The findings included:

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On a review of the facility employee list revealed Staff B, C, D, E, F, G, H and I have been employed in excess of 3 months, but were not added to the employee Roster. A review of the Background Clearing House and the Employee Roster against the current facility employee reveal the following Staff are no longer employed:Staff J, K, L, M, N, O, P, Q, , , T, U, V, W, X, Y, Z, AA, and BB.

On at 01:00 PM, an interview was conducted with the Executive Director. He stated he was having difficulty getting into the Background Screening portal. He acknowledged the following.

Unclassified