STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **SERENITY ISLES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3980 NW 47 TERR** **LAUDERDALE LAKES, FL 33319**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Serenity Isles Alf Inc, License # 12897. The facility had deficiencies at the time of the survey.

This survey was conducted inconjunction with licensure complaint (CCR# 2018000165) on the same date. See separate report for findings.

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

Based on observation, record review and interview, the facility failed to ensure that 2 out of 3 staff members (Staff A and Staff B) received the initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

The Findings Included:

In an observation conducted on at approximately 12:10 PM Staff A was observed assisting Resident #2 with self- administration of medications.

In an interview conducted on at 2:54 PM with Staff A, she confirmed that she provides assistance with self -administration of medications on a regular basis to residents, but could not recall the date she received the required 4 hour training on self- administration of medications. A personnel record review conducted on revealed that Staff A/ an aide with a hire date of and Staff B/ an aide with a hire date of , both lacked documentation indicating the employees received the required initial 4 hour training on Assistance with Self-Administered Medication and Medication Management.

In an interview and side by side review of the personnel records of Staff A and Staff B conducted on at 2:15 PM with the Administrator she confirmed that both staff assist with self-administration of medications, she reviewed the files and acknowledged the findings.

In an interview conducted on at 10:00 AM with Staff B, she confirmed that she provides assistance with self -administration of medications on a regular basis to residents, but could not recall the date she received the required 4 hour training on self- administration of medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969058	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **SERENITY ISLES ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3980 NW 47 TERR** **LAUDERDALE LAKES, FL 33319**	

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

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

Based on record review and interview, it was determined that the facility failed to have a current Comprehensive Emergency Management Plan (CEMP) that was submitted for review and approval to the local emergency management agency as required.

The findings included:

In a review conducted on . . . . . of the facility's Comprehensive Emergency Management Plan it was noted that the plan expired on . Further review of the letter from the County, Division of Emergency Management dated . . . . revealed documentation stating "Please note that annual updates to your plan are due two months prior to your plan's expiration date shown above".

A review of the facility's receipt from the Healthcare Program Comprehensive Management Plan Review office reveals the facility's CEMP plan was received on . . . . . and the check was dated . . . . . .

In an interview conducted on . . . . . at 2:10 PM with the administrator she acknowledged the findings.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to ensure that a signed Attestation of compliance referenced in subsection 59A-35.090(2), F.A.C., was in the employee's personnel file, for 2 of 3 (Staff A and Staff B) staff records reviewed.

The findings include:

Personnel record reviews conducted on revealed that Staff A an aide that works the 7:30 AM-8 PM shift (hire date of . . . .), and Staff B an aide that works the 8 PM-8 AM shift (hire date of), both lacked evidence of a signed Attestation of compliance as required.

During an interview conducted on at 1:41 PM with the Administrator, she confirmed that both staff identified above were current staff members, she then reviewed the files and confirmed the findings.

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

unclassified