| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965534** | **05/31/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**IMPERIAL CLUB** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2751 NE 183 STREET**<br>**AVENTURA, FL 33160** | |

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

**0000 - Initial Comments**

A Biennial Survey was conducted on , , , 2018. Imperial Club (license # 9900) had deficiencies identified at the time of the survey:

**0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC**

Based on record review and interview, the facility failed to have at least two elopement drills performed per year.

Findings included:

Record review revealed that there was no elopement drill conducted for 2017 and 2018.

On at 3:00 pm, Staff A confirmed that there was no elopement drill record.

Class III

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

Based on record review and interview, the facility failed to provide documentation of a high school diploma or the required continuing education units for the Administrator.

Findings Included:

Employee file review found no documentation of the Administrator's high school diploma orthe required continuing education need for his position.

On 2:50 PM with the Administrator stated, "I have my nursing home license."

Class III

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

Based on record review and interview the facility failed to have a written statement from a health care provider documenting freedom from communicable including documented annually basis for two out of twelve sampled staff (#B & D).

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Findings included:

Review of personnel records revealed no documentation that Staff B (hired . . . . . ) and Staff D (hired ) did not have any signs or symptoms of communicable including updated annually.

On . . . . . at 2:50 PM the Administrator acknowledged the facility did not have the documentation for Staff B and D.

Class III

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

Based on record review and interviews, the facility failed to ensure six out of twelve sampled staff who provided direct care to residents received the required in-service training within 30 days of employment (A, B, C, E, F & J).

Findings included:

Review of personnel files found no documentation that Staff A (hired . . . . . ) was trained in . . . . . control, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and . , . . . . , reporting major incidents, reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident behavior and needs, providing assistance with the activities of daily living, and the facility's resident elopement response policies and procedures within thirty (30) days of employment.

Review of personnel files found no documentation that Staff B, C, E, F, and D received elopement training , B (hired . . . . ), C (hired . . . . . ), D ( . . . . . ), or that staff J (hired . . . . . ) received the in-service trainings in
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident , neglect, and , .
3. Reporting major incidents.
4. Reporting adverse incidents.
5. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
6. Resident behavior and needs.

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7. Providing assistance with the activities of daily living.
8. The facility's resident elopement response policies and procedures within thirty (30) days of employment.

On at 2:30 PM, the Administrator acknowledge the staff had not received the required trainings.

Class III

**0082 - Training - / - 58A-5.0191(3) FAC**

Based on record review and interview, the facility failed to ensure two out of twelve sampled staff had received / training (A & J).

Findings included:

Review of personnel files found that there was no documentation of / training for Staff A (hired ) and Staff J (hired ).

On at 2:50 AM with Administrator acknowledged the files did not have documentation of the / training.

Class III

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

Based on record review and interview, the facility failed to ensure that three out of twelve sampled staff received an initial 4 hours of training on on providing assistance with self administered medications and safe medication practices in an assisted living facility (Staff C, D, K) Five out of twelve sampled staff did not receive 2 hours continuing education on providing assistance with self administered medications and safe medication practices in an assisted living facility (D, E, G, I, & L).

Findings included:

Review on found that Staff C, D, K's personnel files contained no documentation of 4 hours initial medication training.

On at 3:15 PM, the Administrator acknowledged there was no documentation of the 2 hours of continuing education medication training in Staff D, E, G, I, & L's files.

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Class III

**0090 - Training - - 58A-5.0191(11) FAC**

Based on record review and interview, the facility failed to ensure four out of thirteen (#B, C, F, and J) staff have the training.

Findings included:

Review found that personnel files for Staff B (hired ), Staff C (hired ), Staff F (hired )and Staff J (hired )contained no documentation of the ( ) training.

On at 3:15 PM the Administrator acknowledged there was no documentation of the trainings in their files.

Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on observation, record review, and interview the facility failed to have an up-to-date monthly fire drill.

Findings included:

Record review revealed that the facility had one fire drill dated Februaty 2018.

On at 3:00 pm Staff A confirmed that facility had only one fire drill for 2018.

Class III

**0162 - Records - Resident - 58A-5.024(3) FAC**

Based on record review and interview, the facility failed to have an accurate health assessment for four of 14 sampled residents (Residents 1, 2, 9 and 10). The facility also failed to have admission weight recorded for four of 14 sampled residents (Residents 1, 2, 9 and 10).

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Findings included:

Record review revealed that there was no documentation of medication administration information and care on Resident #1's health assessment dated .

Record review revealed that Resident #2's health assessment dated did not have care information.

Record review revealed that Resident #9's health assessment dated did not reflect what kind assistance she needed for her daily medications.

Record review revealed that Resident #10 health assessment dated did not have information of injection administration for home health. Resident #10's health assessment was under another facility's name.

Record review showed that there was no documentation of admission weights on file for Residents 1, 2, 9 and 10.

On at 3:00 pm Staff A confirmed that Residents 1, 2, 9 and 10's files were missing admission weights, and health assessments were incomplete.

Class III

**0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS**

Based on record review and interview, the facility failed to provide a contract containing the monthly payment for four of 14 sampled residents (# 2, 7, 9 and 10).

Findings included:

Record review revealed that Resident #2 signed the contract on . There was no monthly rate reflected.

Record review revealed that Resident #7 signed the facility contract on . There was no monthly rate reflected.

Record review revealed that Resident #9 signed the facility contract on . There was no

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monthly rate reflected.

Record review revealed that Resident #10 signed the facility contract on . . . . . There was no monthly rate reflected.

On . . . . . at 3:00 pm, Staff A acknowledged that there were no monthly rates documented for Residents 2, 7, 9 and 10.

Class III

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

Based on record review and interview the facility failed to have the Emergency Management Plan reviewed annually.

Findings included:

Record review revealed that the facility did not have current emergency management plan submitted and/or approved.

On . . . . . at 3:00 pm Staff A confirmed that the facility did not receive an Emergency Management Plan Approval.

Class III