STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912046	**07/10/2018**
NAME OF PROVIDER OR SUPPLIER **LIVEWELL AT CORAL PLAZA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5850 MARGATE BLVD.** **MARGATE, FL 33063**	

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

0000 - Initial Comments

An unannounced relicensure survey was completed on and at Live Well at Coral Plaza, License #7861. The facility had deficiencies at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation and interview, the facility failed to ensure that all staff practiced hand hygiene when assistance with self -administration of medication for 1 of 5 residents (Resident#'s 9, 10, 11, 12, and 14), Staff A.

The Findings Included:

During observations of the medication pass on , the following was noted.

1) On at 12:35PM, a medication pass observation was conducted with Staff A. Staff A did not sanitize hands prior to retrieving medications for Resident#14 who received 325mg.

2) On at 12:40PM, a medication pass observation was conducted with Staff A. Staff A did not sanitize hands prior to retrieving medications for Resident#9 who received Creaon 6000 Units, Hydralzne 50mg. and 300mg.

3) On at 12:47PM, a medication pass observation was conducted with Staff A. Staff A did not sanitize hands prior to retrieving medications for Resident#10 who received 300mg.

4) On at 12:48PM, a medication pass observation was conducted with Staff A. Staff A did not sanitize hands prior to retrieving medications for Resident#11 who received Generic 500mg.

5) On at 12:50PM, a medication pass observation was conducted with Staff A. Staff A did not sanitize hands prior to retrieving medications for Resident#12 who received Toresimide 10mg. Resident#12 also received Tears, 1 drop in both eyes. Staff A did not sanitize hands prior to applying gloves to assist resident with eye drops. After assisting Resident #12 with eye drops, Staff A removed gloves and did not sanitize hands. During the medication pass Staff A was not observed washing or sanitizing her hands before or between assisting residents with medications.

During an interview with the Administrator on at approximately 2:00PM, she acknowledged the findings.

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Class III

0094 - Food Service - Food Hygiene - 58A-5.020(3) FAC

Based on observation, interview and record review, the facility failed to ensure that their Staff (Specifically , Staff E and Staff F) follow proper dietary standards, for 10 of 16 residents in the Memory Care Unit during the lunch meal.

The findings included:

On at 12:15 PM, an observation was conducted of the lunch dining meal in the Memory Care Unit. Staff E was observed touching the wheelchairs of several residents while serving food without sanitizing her hands. She was taking the risk of contamination and a break in control. During the observation, Staff E was observed passing lunch trays to the 10 residents without asking them if they had a preference between the entrees of Chicken A La King or Han and Cheese sandwiches noted on the menu.

The observation also revealed that the members of the same tables were not served at the same time. Many residents were left to watch their table mates eat their food while they were forced to wait as long as 10 minutes to receive their food. The residents in the dining their trays starting at 12:15 PM. There were 2 residents eating in their , who did not receive their food until 12:45 PM. The servers were observed placing clothing protectors on all 10 residents, without asking their permission.

On at 01:00 PM, Resident # 18 stopped Server F, and inquired about the excessive amount of time it takes to be served. Staff F responded "It's not all about you, we have other people waiting to be served too." On at 01:15 PM, an interview was conducted with Resident # 18. She stated the server was disrespectful to her. She stated she is tired of having to wait for food sometimes 30 minutes to get served.

On at 01:30 PM, an interview was conducted with the Administrator. She acknowledged the findings and stated she would have a talk with the dietary servers.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the Local Emergency Management Agency for review and approval.

The Findings Included:

On at approximately 1:00AM, the facility CEMP was requested. The Administrator provided the 2017 Approved CEMP which recommended the 2018 CEMP be submitted by to allow a 60 day processing time. Further review of the CEMP submittal receipt revealed the facility did not submit the CEMP to the local Emergency Agency until .

The Administrator provided a deficiency letter dated , from the local Emergency Management Agency. The letter further stated the facilities Emergency Environmental Control Plan (EECP) did not conform to the requirements of of the new Florida Administrative Rule 58A5.-36 and the criteria established by the State of Florida Agency for Healthcare Administration (AHCA). The facility has until to submit the requested changes and documentation.

During an interview with the Administrator on at approximately 3:00PM, she acknowledged the facility has not received a approved CEMP for 2018. She acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to register all hired staff with the background screening clearinghouse within 10 days of hire (Staff E, F, G).

The Findings Included:

On at approximately 9:40AM, a review of the facility backgrounds screening clearinghouse roster was reviewed and revealed the following staff was not registered in the clearinghouse:

1) Staff E whose hire date was
2) Staff F whose hire date was
3) Staff G whose hire date was

During an interview with the Administrator on at approximately 3:00PM, she acknowledged

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the findings and provided no additional documentation for review.

Class III