STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967356	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **EMMANUEL CARE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3628 DAISY AVE** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An unnanounced Relicensure survey was conducted at Emmanuel Care Assisted Living Facility, License #11412. The facility had deficiencies found during the survey.

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

Based on record review and interview, it was determined that the facility failed to ensure that the residents health assessment were accurate for 1 out of 6 sampled residents (Resident # 3).

Findings include:

Record Review of Resident # 3 file revealed an admission Date of . Review of the Health Assessment forms located in the file revealed multiple discrepancies regarding the status of conditions and requirements for the resident. The following was noted.
1)Resident # 3's Health Assessment dated documented Section C (Does the individual have any of the following conditions/requirements?) by placing an X for each question instead of entering Y/Yes or N/No.

During an interview conducted with the Administrator at 1:30 PM on , regarding Resident # 3 current Health Assessment. The Administrator stated that she did not know the current Health Assessment was filled out incorrectly. The Administrator stated the she filled out the Health Assessment with the doctor. The Administrator stated that she will have the Health Assessment corrected and will submit to agency when corrected.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review and interview, it was determined that the facilty failed to ensure that an accurate staffing schedule was maintained to reflect the facility's 24 hour staffing pattern and suffient staffing hours to meet the care needs of the residents during the morning and evening shift, for 6 out of 6 residents (Resident #1-#6).

The findings included:

Upon arrival to the facility for a standard survey at 9:12 AM, surveyor knocked on door and it took Staff

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C several minutes to open the door. When Staff C opened the door, surveyor observed 4 residents sitting at the table unattended. Staff C stated that she was the only staff present and she was in the back feeding breakfast to Resident # 4.

During an interview with the Administrator conducted on at 9:37 AM, she stated that she has 1 additional staff member that comes in at 10 AM and leaves around 5 or 6 daily. She further stated that the residents get up around 6 and eat breakfast between 8 and 9 AM. She stated that she is present sometimes, but confirmed she was not present on the day of the survey. The staffing requirements and the care needs of the residents during the morning hours was discussed with the Administrator , she confirmed that bringing in the staff earlier each day will help assist with the care needs of the residents . Staff C also confirmed at approximately 1 PM, that 1 additional person in the morning would help with the morning care needs of the residents (including supervising and assisting with morning care, cooking, meal prep, etc.).

Record review of the facility's staffing schedule confirmed that the facilty has sufficient hours to meet the care needs of a census of 6 residents, as required. However, further review revealed the Administrator's hours were not present on the schedule. During a further discussion with the Administrator, she confirmed that she also works at the facility various hours, including the morning and evening. She acknowledged her working hours were not present on the schedule.

Record review conducted on at 1:00 PM on Resident # 3 and Resident # 4 who both need assistance with all Activities of Daily Living (ADLs). Surveyor did a visual review of the other 3 residents' records: Resident # 1, Resident # 2, and Resident # 6 who all need assistance/supervision with their ADLS.

Class III

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

Based on record review and interview, facility failed to ensure that 1 out of 6 sampled unlicensed staff members (Staff B) who currently have the 4-hours of required training as of the effective date of the rule (, , 2018) who provided assistance with self-administration of medication had successfully completed an additional two hours of training that focuses on the additional duties allowed prior to assisting with these duties.

The Findings included:

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On at 2:00 PM of the personnel file for Staff B (hire date) was reviewed for documentation in training in providing assistance with self-administered medications. Staff B completed the initial 4 hours of medication training on . After employee record review of Staff B it was determined that staff did not complete the additional 2 hours of training, as required. The surveyor informed the Administrator , of this requirement and the effective date.

The Administrator during an interview at 2:05 PM on , provided no further information for review.

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 6 of 6 sampled residents (Residents #1 - #6).

The findings included:

During a tour of the facility with the Administrator on between the hours of 9:19 AM and 10:00 AM the following concerns were identified:

A) Living

) 2 seater couches with multiple holes torn in the plastic , clear tape used to close the holes

2) 2 recliners ripped and peeling

Photographic evidence obtained

During interview with Administrator on at 9:28 AM the Administrator stated regarding the furniture she has one resident that peels and tears holes in the plastic on the couch. Administrator stated that she is aware that the furniture needs to be replaced.

The Administrator acknowledged the findings and provided no further information for review (photographic evidence obtained).

Class III

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

Based on record review and interview, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) to the county by the required deadline for approval.

The Findings included:

During interview and review with the Administrator of the facility's emergency plan at approximately 12:30 PM, it was revealed that the emergency plan was approved until , 2016 and had expired. The Administrator replied that she had submitted the emergency plan but she has not received an approved plan.

The Administrator stated that she will follow-up with the local emergency management agency.

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 clearing house, for 5 out of 11 sampled staff (Staff D, Staff E, Staff F, Staff H, and Staff I).

The Findings Included:

A review of the facilities current staffing schedule was compared with AHCA background screening clearinghouse roster. The comparison revealed the facility failed to enter an end date for staff that is no longer employed with the facility.

The following current staff are employed:
1) Staff A Hire Date:
2) Staff B Hire Date:
3) Staff C Hire Date:
4) Staff F Hire Date:
5)Staff G Hire Date :

The following staff no longer with the agency:

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1) Staff D Hire Date:
2) Staff E Hire Date:
3) Staff H Hire Date:
4) Staff I Hire Date:

The Administrator on at 3:00 PM acknowledged the findings.

Unclassifed