STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964636	07/26/2018
NAME OF PROVIDER OR SUPPLIER **PENINSULA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 WEST HALLANDALE BEACH BLVD** **HOLLYWOOD, FL 33023**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on - at Peninsula (The), License #9196. The facility had deficiencies at the time of the visit.

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

Based on record review and an interview, it was determined the facility failed to ensure that a resident's Health Assessment (AHCA form 1823) was accurate and reflective of a resident's current diagnosis and care needs, for 1 out of 2 sampled residents (Resident # 10).

The Findings Included:

Review of Resident#10's Health Assessment dated documented the following diagnosis; and . Nursing and services documented as and OT Evaluation and treatment. However, further review of the resident's record revealed a diagnosis of exacerbation added in accordance with the resident's discharge paperwork from the hospital dated . Also there was no mention of the use of without Home Health Care monitoring on the medical examination report.

The LPN Supervisor and Administrator were interviewed at 12:37 PM on and acknowledged the findings.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and an interview, the facility failed to ensure the resident's health care provider provided the resident with a written prescription for the use of for 1 out of 2 sampled residents (Resident # 10).

The findings included:

On at 1:00 PM, a record review was conducted for Resident # 10 and no prescription for the use of was on file for the resident.

The LPN Supervisor and Administrator were interviewed at 2:10 PM on and acknowledged the findings.

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Class III

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 with the facility's Administrator on at 2:10 PM, she stated that she does not have the CEMP. The Administrator stated that the CEMP had been submitted, but she did not know the exact date the CEMP was submitted. The Administrator was unable to locate any documentation showing an approval of the CEMP by the county at this time.

On at 12:41 PM, a county representative with the Emergency Management Division stated that the facility's CEMP was last submitted . The CEMP has expired.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on interview and record review, the facility failed to obtain a Level II Background Screening prior to starting employment for 1 of 4 Staff record reviewed.. (Specifically, the Administrator).

The findings included:

On a review of the employee personnel records was conducted. The record revealed that the facility Administrator did not have the required Level II Background screening before starting to work in her capacity and having direct contact with the residents.
The Administrator had a hire date of . Her background screening was not completed until . The requirement indicates the screening must be deemed eligible prior to starting employment.

On at 02:00 PM, an interview was conducted with the Assistant Executive Director, whom states upper management made the decision to have the Administrator start prior to clearing up a problem she had with her original background screening. She acknowledged the findings and further stated she would never allow anyone to work without an eligible screening.

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

Unclassified