STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966739	**07/31/2018**
NAME OF PROVIDER OR SUPPLIER **OPEN RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **342 SW 34 TERACE** **DEERFIELD BEACH, FL 33442**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Open Hearts Retirement Home, License # 10899. The facility had deficiencies at the time of the survey.

This survey was conducted in conjunction with licensure complaint, CCR#2018006627 on the same date. See separate report for findings.

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

Based on observation, interview and record review, the facility failed to ensure that a resident's Health Assessment was accurate and reflective of all current care needs(including nursing and hospice care), for 1 of 2 sampled resident records reviewed (Resident # 3).

The findings included:

On a review of the medical chart for Resident # 3 was conducted. It was revealed that the AHCA form 1823 dated had not been updated to reflect that the Resident had been placed on Hospice Care since .

A review of the AHCA 1823 form dated revealed Resident # 3 suffers from the following diagnosis: , Hearing loss, Solipsism, with failure, , Gaston- Sinotrial . The 1823 form also indicates the resident requires assistance with bathing, dressing, and toileting. She requires supervision with transfers and ambulation.

On at 10:30 AM - 03:00 PM, random observations were made of Resident # 3. She was noted to require assistance with all of her ADL's. She is unable to communicate her needs.

On at 02:00 PM, an interview was conducted with the Administrator indicating the Resident had been placed on Hospice this year. She acknowledged that the AHCA form 1823 should have been updated to reflect her current condition.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

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Based on observation, interview and record review, the facility failed to ensure that the facility activity calendar lists the number of hours of scheduled activities add up to a minimum of 12 required hours.

The findings included:

On a review was conducted of the facility calendar for the month of , 2018. The calendar revealed the following:

a) - Devotion 11:00 AM -12:00 PM, - Fresh Air Club - time nor hours noted
b) - Music 2:30 PM
c) - Nature Walk 10:00 AM - 11:00 AM,
d) - Games 1:00 PM - 1:30 PM
e) - Music 6:00 PM - 6.30 PM,
f) - BINGO 2:00 PM - 2:30 PM.
The total weekly hours equal 3 hours.

On at 11:00 AM, an interview was conducted with the Administrator. She acknowledged the findings. She began to work on a new calendar.

Class

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation, interview and record review, it was determined the facility failed to office assistance with a resident's Activities of Daily Living (ADLs) as appropriate to the needs of a resident, for 1 of 4 sampled residents' records reviewed (Resident # 2).

The findings included:

On at 09:00 AM, an observation was made of Resident # 2. It was revealed that she had poor personal care and . She had a full mustache and a beard. It had been several days of growth. The lack of personal care and affects the dignity of the Resident. Resident # 2 suffers from , , , , She ambulates with a wheelchair. She requires assistance with bathing, dressing and . She lacks capacity to make informed decision regarding her care treatment and services.

On at 10:00 AM, an interview was conducted with the Administrator. She confirmed the

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findings and immediately took care of the Resident's personal care and ⌣ . . . ⌣ by shaving her.

Class III

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

Based on interview and record review, the facility failed to conduct two (2) elopement drills annually to ensure that staff are trained in the event that an elopement of a resident actually occurs.

The findings included:

On a review of the elopement drill binder was conducted. It revealed that only one (1) elopement drill, dated . . . . . had been conducted for the past two (2) years.

On . . . . . at 02:30 PM, an interview was conducted with the Administrator. She acknowledged the findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to maintain a 3-day emergency food and water supply based on resident census. The facility also failed to maintain foods that do not require refrigeration for 5 of 5 residents in the facility. Specifically, Residents # 1, # 2, # 3, and # 4. The facility failed to follow the menu..

The findings included:

On . . . . . at 02:00 PM, an observation was made of the kitchen area. The observation revealed only food items for daily use. There weren't any food items for the required 3-day emergency food supply to ensure that the residents would be fed during an emergency. The findings also revealed that there was one 5 gallon water jug that was 3/4 full.

Based on review of the daily menu, it was determned that the following items were recommended: 6 oz. tomato soup, 3 oz. grilled cheese sandwich, 1/2 cup of Broccoli, 1/2 cup of fruited gellatin, 8 oz. beverage and water. The green vegetable was not served which provides an adequate nutrition to the . . . . . residents.

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On at 02:15 PM, an interview was conducted with the Administrator. She acknowledged the findings and immediately left the facility to go to the grocery store.

Class III

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

Based on interview and record review, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) on an annual basis and in a timely manner for approval by the local Emergency Management Division.

The findings included:

On a review of the facility's Comprehensive plan, revealed the date submitted . The date of expiration is . The review revealed that there weren't any further receipts for the CEMP renewal.

On at 02:00 PM, an interview was conducted with the Administrator. She stated the facility was in compliance, although she could not produce a receipt for a renewal request for 2018.

Class III