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	AL11968725	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **GREEN LIFE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **840 SW 8TH STREET** **POMPANO BEACH, FL 33060**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Re- Licensure survey was conducted on [redacted] and [redacted] at Green Life Assisted Living Facility (License # 12577). The facility had deficiencies identified at the time of the survey.

This survey was conducted in conjunction with licensure complaint survey, CCR# 2018006706 was conducted on the same date. See separate report for findings.

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

Based on observation, and interview, it was determined the facility failed to provide an ongoing activities program scheduled for at least 6 days totaling of not less than 12 hours a week, for 22 out of 22 sampled residents residing at the facility

The findings included:

While conducting the survey at the facility on [redacted] and [redacted] between the times of 9:00 AM to 5:00 PM, it was observed that no activity calendar was posted in areas where residents congregate. Further observations revealed no activities were provided on [redacted] and on [redacted] review of the activity calendar posted by staff read the following:

a) 9:30 AM- Bingo

b) 10:00 AM- Trivia

c) 11:00 AM- Dominoes

d) 12:00 AM Ball Exercise

Further Review of the activity calendar revealed that activities are only provided for 2 hours a day on Sunday, Wednesday, and Saturday or on Sunday, Tuesday, and Saturday each for the same time with the same activities provided. Multiple confidential interviews with Residents on and between the times of 10:00 AM and 1:00 PM revealed that the following: Confidential interview #1 stated that once a week someone comes and play bingo for an hour or so or trivia.Confidential Interview #2 stated that there isn't many activities that goes on around here and the ones that do I don't go to them

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because I can't see what is going on. Confidential Interview #3 Stated that they don't really have activities besides bingo. Someone comes in a few times a week and stay for about an hour or so.

During an interview with the Director of Operations (DO) on at 3:20 PM regarding activities it was discussed that no activity calendar was posted for residents to view, and when one was posted it was less than the required 12 hours.it was also discussed that residents were not selected in discussing or planning the activities provided. The DO acknowledged the findings and offered no additional information for review.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff C, Staff D, and Staff E) who provides direct care to residents had received the required in-service training within 30 days of employment.

The findings included:

a) Review of personnel file for Staff C hired on , who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment (Emergency Preparedness & Evacuation Training).

b) Review of personnel file for Staff D, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff D was hired on .

1. Emergency Preparedness & Evacuation Training.

2. Incident Reporting Training. No hours listed on the certificate dated 2015 - 2016.

c) Review of personnel file for Staff E, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff E was hired on .

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1) Elopement Policy and Procedures

2) Emergency Preparedness and Evacuation Training

The Assistant Administrator was interviewed at 3:45 PM on and acknowledged these findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, facility failed to ensure that 2 out of 2 sampled staffwho currently have the 4 -hours of required training as of 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:

On at 11:30 AM a review of personnel file for (Staff C and Staff D) was reviewed for documentation in training in providing assistance with self - administered medications. After employee record review of (Staff C and Staff D) it was determined that (Staff C and Staff D) did not complete the additional 2 hours of training. Staff C completed 4 hours and Staff D completed 4 hours .

The Assistant Administrator during an interview at 3:45 PM on , provided no further information for review.

Class III

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

Based on observation, record review and interview, the facility failed to ensure the facility's dietician approved menu was followed at all times as evidenced by not serving or substituting items of comparable nutritional value for menu items and that an updated menu was posted and planned a

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weekly. The facility also failed to have a 3-day supply of nonperishable food and water based on the number of weekly meals in the event of an emergency.

The findings included:

A. Review of the menu posted in the dining was observed to have the wrong facility name on it. Further review of the menu revealed dates that read through of 2018.

Observations of dining for lunch on revealed that the following items was served: tomato soup, French fries, fried fish fillet, salad with grapes, fruit cocktail, with beverage choices of water and juice of an unknown kind.

On the menu observed posted on the wall for week cycle 3 it stated: Baked Ziti with cheese and meat sauce, a cup of tossed salad with dressing, a ½ slice of garlic bread, ¼ cup of ice cream, 1 cup of low fat milk, and a beverage of choice.

During an interview with Staff E at 12:10 PM it was asked what is being served for today? Staff E stated fried chicken with sauce. When asked Tarter sauce? Staff E stated, no, Ranch. During an interview with various residents eating in the dining , it was asked what is being served for lunch? All residents stated fish. When asked with Tarter Sauce? Some residents stated "yes," others stated "no" or "I don't know." When asked is the sauce Ranch? All residents stated "no."

During an interview with Resident #6 on at 12:33 PM who was eating lunch in the dining a large cup of juice it was revealed that the juice provided was not sugar free. The resident stated that it is requested that staff water down the juice because every time she drinks it her sugar raises high. Resident #6 further stated that staff knows she is along with other residents at the facility and does not serve any beverages that is sugar free.

Observations revealed that answers of the items served for lunch was inconsistent between staff and residents. Additional observations revealed inconsistencies with the menu, and items served were fried and not of comparable nutritious value.

Observations of the beverages stored in the kitchen for residents revealed various kinds of juices attached to a machine. All boxes of juices observed revealed none that were free of sugar. During an interview with the cook on at 12:46 PM it stated that all of the juice here is sugar free. Surveyor intervention had the cook review all of the labels on the juice stored by the facility. The Cook was unable to locate any boxes stored that had a sugar free label.

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B. Review of the approved 3-day Emergency food Menu on with the Cook and Director of Operations revealed the facility was insufficient with the following items:

The Approved menu stated that facility needs 6 cans of Chili. Review of the storage space of the emergency food items revealed that the facility had no chili. The facility was also missing 6 cans of sloppy joe sauce (the facility has no sloppy Joe sauce), 1 can of applesauce , 1 can of peaches, 8 cans green peas (the facility had no green peas), 2 cans of corn, 18 bags of corn flakes, and 146 Gallons of water.

During an interview with the Director of Operations (DO) at 10:00 AM, the missing items were discussed and written down by the DO. It was stated that an order would be put in and delivered by the end of the day prior to the surveyors departure.

At 11:40 PM on , the DO stated to the surveyors that she will be going to the store and will be right back. At 12:30 PM the DO returned with an invoice of all the items that she bought at the store. Review of the invoice revealed all of the items missing in the emergency food pantry inside the facility. The DO went out and purchased all of the missing food items, and brought them back to the facility. Review of the items purchased revealed that the facility was still missing 146 gallons of water.

During an additional interview with the DO on at 3:40 PM the findings were discussed and acknowledged for all dietary issues identified throughout the survey, no further information was provided for review during this time.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to provide, within 1 business day, an Adverse Incident Report to the Agency for Health Care Administration (AHCA) related to an event that was required to be reported to law enforcement and placed at resident at risk of harm and injury (Resident

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#15, Resident #21, Resident #22, Resident #23).

The findings Included:

Review of the Facility's Grievance logs on revealed that multiple grievances were filed by residents and staff in which law enforcement was called, the resident went to the hospital due to injury and an adverse incident report was never filed. Review of the log for Resident #21 dated for revealed that Resident #21 contacted the local police department after having an altercation with an unidentified resident. The Grievance stated " Resident #21 called the police herself and the police took that resident to jail. Resident #21 was told to call the staff if she has an issue with anyone before starting issues. Resident #21 was asked if she was in pain and wanted to go to the Hospital and she said 'no'."

Further review of the Grievances revealed another grievance filed for the same date of that revealed that the unidentified resident is Resident #15. The form stated that "the police was called on Resident #15 by the other resident and that Resident #15 went to jail that day" it further stated that "the family was notified and cameras were reviewed to confirm the situation."

Review of the Grievance filed for Resident #22 dated for stated "Police were contacted and there was a report made. Resident #22 was told to stay out of all units except his for the time being. And that id he had a problem come to a staff member first. Cameras were looked over to confirm the situation. Resident #22 family was informed of the situation."

Review of the grievance filed for Resident #23 revealed that Resident #23 was sent to the Hospital for examination. When released back to the assisted living facility a staff personnel spoke with Resident #23 telling him to stay away from the other resident and that if he feels unsafe that he should tell staff.

Review of the progress notes revealed that staff observed the resident walking fast towards the facility's office with running down the back of Resident #23's head and next to his ear. It was further documented that the staff applied pressure to the injury and paramedics was contacted. Resident #23 stated that another resident (Unidentified) was in his , and that Resident #23 began to yell in the other resident's face. The other resident pushed Resident #23 into the closet door in the hallway in which he hit the back of his head and onto the floor. The local police department arrived and wrote a report, the paramedics transported Resident #23 to the Hospital.

During an interview with the Director of Operations (DO) at 4:06 PM on it was stated that for each grievance filed law enforcement or Emergency Services were involved, someone was injured and

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adverse incidents were not completed. The findings were discussed and acknowledged with the DO, no additional information was provided for review.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff C and Staff E) who are in direct contact with mental health residents must complete a minimum of 6 hours of specialized training in working with individuals with mental diagnoses. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility.

The findings included:

Review of the personnel file for Staff C and Staff E who provides direct care to residents, revealed there was no documentation of the LMH training. Staff C was hired on and Staff E was hired on .

The Assistant Administrator was interviewed at 3:45 PM on and acknowledged this finding. The facility provided no additional documentation of the required training at this time.

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 13 out of 34 sampled staff (Staff E, Staff F, Staff G, Staff H, Staff I, Staff K, Staff L, Staff M, Staff N, Staff O, Staff P, and Staff Q.

The findings included:

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On at 3:04 PM, the facility's current staff schedule was compared with AHCA background screening clearinghouse roster. The comparison revealed the facility failed to enter an end date for staff that are no longer with the agency. The following staff are no longer employed with the facility per interview with the Administrator:

1) Staff E
2) Staff F
3) Staff G
4) Staff H
5) Staff I
6) Staff J
7) Staff K
8) Staff L
9) Staff M
10) Staff N
11) Staff O
12) Staff P

The Administrator on at 3:04 PM acknowledged the findings.

Unclassified