STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2018006706 was conducted on and 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 the Relicensure on the same date. See separate report for findings.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure an accurate and updated Health Assessment (AHCA Form 1823) was completed for 1 of 2 sampled residents (Residents #1).

The findings included:

Record review revealed Resident #1's latest Resident Health Assessment (AHCA Form 1823) dated listed Resident's #1 diagnosis of , Chronic , unsteady gait, , Hypercalcemia. Review of the and behavior status reveals that Resident #1 is also diagnosed as without , recent episode of . Review of page 5 of the form revealed no signature from the recipient or guardian acknowledging the accuracy of the health assessment form.

Review of the previous 1823 form for Resident #1 dated for listed the residents diagnosis of 1, , knee Osteo- , declining functional status, , , and . Review of page 5 of the form on the line that ask the recipeient to sign revealed the signature of the Resident #1. Under the signature of the Resident revealed the signature of the Director of Operations (DO).

During an interview with the DO on ;18 at 4:06 PM regarding the accuracy of the health assessment form due to the Resident #1's status, the DO reviewed and acknowledged the findings and had no response. No further documentation was provided during this time for review.

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Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and observation, the facility failed to sign the Medication Observation Record (MOR), immediately after assisting with self-administration of medication for 2 of 6 sampled residents (Resident#1 and Resident#17).

The findings Included:

Review of the MOR's for Resident #1 on dated for of 2018 revealed the following medications that were not recorded on the MOR for given.

a) Tears Solution 1.4% OP- Instill two drops in both eyes four times a day. There is no record of the medication being given on , 16th, and 17th for 8:00 AM, and 17th at 12:00 PM, and 7th at 5:00 PM and at 8:00 PM.

b) , Low CHW 81 mg- One tablet by mouth once daily. There is no record of the medication being given on , 16th, and 17th for 8:00 AM.

c) 20 MG- One tablet by mouth every night at bedtime. There is no record of the medication being given for at 8:00 PM on .

d) Cerovite Tab Senior- One tablet by mouth twice a day for 7 days. There is no record of the medication being given on , 16th, and 18th for 8:00 AM.

e) , tab 100 mg. Take 2 tablets by mouth every morning. There is no record of the medication being given on , 16th, and 18th for 8:00 AM.

f) , tab 200 mg. Take 2 tablets by mouth every night at bedtime. There is no record of being given on for 8:00 AP.

g) , tab 25 mg. Take 2 tablets by mouth once a day. There is no record of the medication being given on , 16th, and 18th for 8:00 AM.

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h) , tab 250 mg DR. Take 2 tablets by mouth once a day. There is no record of the medication being given on , and 18th for 8:00 AM.

i) , tab 500 mg DR. Take 2 tablets by mouth once a day. There is no record of the medication being given on , and 18th for 8:00 AM and 8:00 PM.

j) tab 100 mg . Take one capsule by mouth once a day. There is no record of the medication being given on , and 18th for 8:00 AM and , 7th for 5:00 PM.

k) - Powder- Mix 1 capful of in 4-8 ounces and give by mouth once daily. There is no record of the medication being given on , and 18th for 8:00 AM

l) , tab 25 mg ER. Take one tablet by mouth every night at bedtime. There is no record of the medication being given on for 8:00 PM

m) Milk of Magnesia Suspension- Take 30 Ml by mouth daily for , . There is no record of the medication being given on , and 18th for 8:00 AM

n) , tab 40 mg - One tablet by mouth once daily in the morning before breakfast. There is no record of the medication being given on , 16th, and 18th for 7:00 AM.

o) tab 250 mg - One tablet by mouth once daily in the morning before breakfast. There is no record of the medication being given on , 16th, and 18th for 7:00 AM.

Review of the MOR's for Resident #17 dated for , of 2018 revealed the following medications that were not recorded on the MOR for given:.

a) Accu-check- Check sugar before meals and after meals. There is no recording of the Accu-check being given on , , 9th, 14th, before the evening meal and at 8:00 PM

b) tab 20 mg - Take one tablet by mouth at bedtime. There is no record of the medication being given on , for 8:00 PM.

c) 667mg Cap- Take 2 capsules by mouth three times a day. There is no record of the medication being given on , for 8:00 PM and on , at 4:00 PM.

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d) Hydrazaline tab 25 mg. Take 1 capsule by mouth three times a day. There is no record of the medication being given on , , for 8:00 PM.

e) 100 units/ML vial. Inject 9 units every 12 hours. There is no record of the medication being given on , , 9th, and 12th for 8:00 PM.

f) R 100 units/ML vial. Use per sliding scale before meals and at bedtime. There is no record of the medication being given on , , 9th, and 12th, and the 14th for 8:00 PM.

g) , 100,000 unit cream. Apply to affected area. There is no record of the medication being given on , , 9th, and 12th, and the 14th for 8:00 PM.

During an interview with the Director of Operations (DO) at 4:06 pm, the findings were discussed and acknowledged. No additional information was provided for review.

Class III