STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	**09/24/2018**
NAME OF PROVIDER OR SUPPLIER **EL ROBLE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **932 SE 3RD STREET** **BELLE GLADE, FL 33430**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on . . . . . at El Roble Assisted Living Facility, License # 12278. The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, it was determined the facility failed to provide access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to failed to wash/sanitize hands when providing assistance with the self-administration, of medications for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3).

The findings include:

The CDC (Center for Control) website indicates hand hygiene (hand washing with soap and water or use of an -based hand sanitizer) before and after patient contact and after contact with the immediate patient care environment.

During observation of Staff A providing assistance with the self administration of medications , on . . . . . beginning at approximately 8:55 AM, she was observed to apply gloves to both hands. She then proceeded to assist Resident #3, Resident #2, and Resident #1 with their medications. Staff A failed to wash/sanitize hands between resident contact and she continued to wear the same pair of gloves while assisting these 3 residents with their medications.

During subsequent interview conducted with the Administrator and Staff A, on beginning at approximately 12:00 PM, Staff A was asked why she did not change gloves between residents and wash/sanitize hands between resident contact. She stated she thought it was OK to keep using the gloves as these residents assist with the self-administration of medications.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure each resident's MOR (Medication Observation Record) was immediately updated each time the medication is offered and not signed a provided prior to the resident receiving the medications, for 3 of 3 sampled residents

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(Resident #1, Resident #2, and Resident #3).

The findings include:

During observation of Staff A providing assistance with the self-administration of medications, for 3 residents the following concerns were identified:

1) Staff A provided the following medications on beginning at 8:55 AM for Resident #3:

a. 10mg QD (once daily); (already initialed as provided on 24th & 25th)

b. 10mg (twice daily); (already initialed as provided on 24th & 25th)

c. Propranonolol 10mg (already initialed as provided on 24th & 25th)

d. 40mg (already initialed as provided on 24th & 25th)

e. 25mg (x2) (already initialed as provided on 24th & 25th)

f. 1mg QD (already initialed as provided on 24th & 25th)

g. Mag 400mg QD (already initialed as provided on 24th & 25th)

h. 10mg (three times daily) with food (already initialed as provided on 24th)

i. cl ER 20meq with food (already initialed as provided on 24th)

j. Sod 40mg QD (already initialed as provided on 24th & 25th)

k. 10gm/15ml (already initialed as provided on 24th)

l. 8% solution apply to affected nails in the AM (already initialed as provided on 24th)

m. 2% cream apply to nail until resolved (already initialed as provided on 24th)

2) Staff A provided the following medications on beginning at 9:05 AM for Resident #2:

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a. [illegible] 100mg [illegible] (already initialed as provided on 24th)

b. [illegible] Pam 50mg (x2) [illegible] (already initialed as provided on 24th)

c. [illegible] 2mg QAM (every morning); (already initialed as provided on 24th & 25th)

d. [illegible] mes 2mg [illegible] (already initialed as provided on 24th & 25th)

e. [illegible] DR 20mg with food (already initialed as provided on 24th)

3) Staff A provided the following medications on beginning at 9:15 AM for Resident 1:

a. 20mg QAM (already initialed as provided on 24th)

b. 0.1mg (already initialed as provided on 24th)

c. 100mg QD (already initialed as provided on 24th)

d. DR 20mg QD (already initialed as provided on 24th & 25th)

e. 5mg QD (already initialed as provided on 24th & 25th)

f. 10mg (already initialed as provided on 24th)

g. HCTZ (Hydrochlorathiazide) 12.5mg QAM (already initialed as provided on 24th & 25th)

During interview and record review conducted with the Administrator and Staff A, on beginning at approximately 9:00 AM, they were asked why Resident #1's; Resident #2's; and Resident #3's MORs were initialed prior to their medications being provided to them. Staff A stated she just writes big and it appears as if they are pre-initialed. A sample of these MORs were counted for the number of initials next to the medications. Staff A acknowledged there were 24 or 25 initials on the sampled records. She could not provide any further explanation as to why these medication were pre-initialed.

Class III

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

Based on interview and record review, it was determined the facility failed to maintain a written work schedule that reflects its 24-hour staffing period for a given time period.

The findings include:

During interview and review of the facility's Staffing Pattern (written work schedule) conducted with the Administrator, this documentation is completed on a weekly basis. The Administrator acknowledged there was no current staff work schedule for the current week. He acknowledged the last schedule completed covered - (4 weeks). This documentation reflected Staff A works 7:00 AM-7:00 PM and is scheduled off on Sundays. The documentation indicated Staff B works 7:00 PM-7:00 AM and is scheduled off on Saturdays. Staff C did not have any hours noted for the entire time frame reviewed ( ). Staff C is noted to be off on Wednesdays and Thursdays.

The Administrator acknowledged this documentation only reflected 144 hours for each week and the staffing requirement for a census of 5 residents is 168 hours.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to note before or when the meal is served, any substitutions made to the approved menu.

The findings include:

During observation of 5 residents eating their breakfast, on beginning at approximately 8:10 AM, they were provided with the following food items:

1) cereal with milk
2) sliced banana
3) one small muffin
4) one piece of toast with a heavily mayonnaise-laden mixture
5) 1 large glass of water

The cycle 4 menu (which was verified by Staff A to be the current menu) noted the following items:

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1) 4 oz assorted juices
2) 3/4 cup dry cereal
3) 1 slice of bread
4) 1 tsp margarine
5) 8 oz milk

During interview and review of the current menu, conducted with the Administrator and Staff A, on [redacted] beginning at approximately 8:45 AM. They were asked why no juice was served. Staff A responded they substituted bananas for the juice. They were asked what the heavily mayonnaise-laden substance was that was spread on each resident's toast. Staff A stated it was tuna salad. They were asked where the menu was updated to reflect the substitution of the bananas for the juice and the addition of the tuna salad. They stated they were not aware substitutions had to be documented and of equal nutrional value.

Class III

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

Based on interview and record review, it was determined the facility failed to maintain an approved CEMP (Comprehensive Emergency Management Plan).

The findings include:

During interview and record review conducted with the Administrator, on [redacted] beginning at approximately 9:30 AM, he was asked for a copy of the facility's CEMP approval plan letter. He stated it still had not been approved and has had multiple revisions. The Administrator provided for review a letter, dated [redacted], indicating it was a revision review. Another document provided for review, dated [redacted], indicated it was a receipt from the local Emergency Planning office. The Administrator acknowledged the facility does not currently have a CEMP approval letter.

Class III