STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966784	**10/10/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF HOME ASSISTED LIVING PLUS MORE	**4941 PINE CONE LANE WEST PALM BEACH, FL 33417**

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at ALF Home Assisted Living Plus More, License #10926. The facility had deficiencies identified at the time of the survey.

An unannounced licensure complaint survey, CCR# 20170033133 was conducted in conjunction with this survey on the same date. See separate report for fiindings.

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

Based on observation, resident record review, and interview, the facility failed to accurately update Health Assessments (AHCA form 1823) records to reflect a significant health change for 1 of 6 sampled resident records reviewed as required (Resident # 1) .

The findings included:

On [redacted] at 9:20am, Resident #1 was observed breathing deeply; after walking approximately 10 feet to the other end of the [redacted]. Further observations revealed the resident was short of breath . At this time, the Manager stated the resident has [redacted] and [redacted].

During a record review of Resident #1's file, it was noted that the Health Assessment (AHCA form 1823) was completed on [redacted]. However, further review of the diagnosis revealed that Resident #1 diagnosis of [redacted] and [redacted] were note documented on the form.

During an interview with the Manager on [redacted] at 12:15pm, it was revealed that Resident #1 was admitted on [redacted]. It was also revealed that on [redacted], Resident #1 was admitted to the hospital due to difficulty with breathing, and then again on [redacted]. The Manager stated that the resident was diagnosed with [redacted], and [redacted]. The facility owner stated that she will have an new AHCA form 1823 completed to reflect the significant health changes, and the fact that the resident will be receiving hospice nursing services for the [redacted] within a few days. The resident was currently being evaluated for Hospice services.

Class III

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

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Based on observations, interviews and record reviews, the assisted living facility failed to ensure that a Resident's Medication Observation Records (MORs) was documented accurately, for 1 of 6 residents sampled records reviewed (Resident #1).

Findings include:

During a review of the Medication Observation Record (MOR) for the month of 2018 on at 12:00pm, it was revealed that the medication observation record did not match the medication order listed for Resident #1 for one medication. Resident #1 was prescribed 20 mg; one tablet by mouth Monday and Friday as needed for water retention, Max 2. The MORs doesn't notate that the maximum allowed pills that can be administered of 2.

Class III

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

Based on record review and interview, the facility also failed to notify the doctor of changes needed with the orders for one out six sampled residents (Resident #1).

Finding included:

During an interview with the Manager on at 12:25pm, it was revealed that Resident #1 was discharged from the hospital with a physician order to take , 5mg; one tablet by mouth daily for , if sugar levels are less than 90, hold medication.

During a review on and interview with the Manager on at 10:30 AM, it was revealed that the resident was having his sugar checked by a home health agency as of , however, services stopped on . The facility owner stated that she continued to give the resident the prescribed medication, but was unable to check the resident's sugar, due to Resident #1 refusing to allow the facility to check sugar. Further interview with the Manager, at this time , revealed the facility had not notified the doctor of the refusal and/or the discontinuance of Home Health checking his levels for further guidance and direction for the above order.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview, the facility failed to maintain an accurate written staff schedule that was reflected of the facility 24 hour staffing schedule.

Findings include:

Observation on at 11:05 AM showed Staff A and B (Manager were caring for and providing personal services to the residents, but only Staff A was scheduled to be working on .During an interview with the Manager, on at 11:25am, it was revealed that there are now two people staffing the facility at all times.

On at 11:35am, a record review of the staffing schedule for a six month time period revealed that the schedule only reflected one person on shift at a time. The schedule for the week of is not accurate. According to the staffing schedule; employee B was the only employee listed on the schedule.

During an interview with the staff B on at 11:50am, it was revealed that Staff B, lives at the facility; and is delegated as being the second employee at the facility. Staff B, stated that she will make the needed changes.

Class

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on interview and record review, it was determined that the facility failed to ensure 1 out 1 manager (Employee B) successfully completed the assisted living facility core training requirements, including completing and passing the core training competency, before acting in the capacity of an facility manager.

Findings include:

During an interview with employee B on at 11:10am, it was revealed that employee B was performing administrator/Manager duties. Employee B stated that she works closely with the resident's family, and doctors. Employee B also revealed that she coordinates resident care; in regards to third party agencies, recruiting and onboarding new resident admissions. Employee B acknowledge that she

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was aware regulations state that she would have to retake and pass the CORE Competency test; before acting in the delegated state. The Employee B, stated that she understood and would register to take the test again.

A review of employee B's personnel file revealed a date of hire of . A certificate of completion indicated 26 hours of core training was obtained in . There was evidence indicating that employee B completed the core training, but did not pass the core competency exam.

A review of the Letter of Confirmation dated was signed by the facility administrator. The letter indicated that employee B was designated in the absence of the administrator and in charge of the facility operations.

During an interview with the employee B on at 10:25am, it was revealed that the facility has taken the CORE Competency test atleast three times, with being the last time the test has been attempted. Facility administrator stated that she has maintained the required updates, but has not pass the test, and will take a refresher course.
Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interviews and record review the Assisted Living Facility (ALF) failed to comply with the following regulatory requirements related to the environmental control plan:

A. Developing a policy and procedure to ensure the facility could safely operate in the event of the loss of primary power/ Emergency Power Plan (EPP)
B. Notify residents and their representatives in writing of the implementation of the emergency power plan.

Findings include:

A review of the facility's Emergency Power Plan revealed that it was approved by the local Emergency Management Division. Further review of the plan revealed it contained two statements, indicating the facility will have continuous power through a natural gas generator and the name of the company that will maitain the generator. However, the plan failed to indicate the time frame in which the generator will activiate , how often the generator will be maintained and how the facility will monitor the residents during this time period. The facility plan also failed to delegate a person responsible for oversee the facility's EPP policy and procedures implementation .

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During an interview with the facility owner on . . . . . at 1:15pm, it was revealed that the facility did not notify the residents nor their representatives in writing of the implementation of the emergency plan. The facility owner stated that she was unaware, she was to inform residents in writing about the plan, she will make sure to get that done as soon as possible.

Class