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	AL11910670	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **2065INC FORT LAUDERDALE RETIREMENT HOME ANNEX**	STREET ADDRESS, CITY, STATE, ZIP CODE **420 SE 12TH COURT FORT LAUDERDALE, FL 33316**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannouced Relicensure survey with limited mental health (LMH) was conducted on - at 2065inc Fort Lauderdale Retirement Home, License # 6633. The facility had deficiencies identified at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review, it was determined the facility failed to ensure that all residents reside in a safe environment and have knowledge of the residents whereabouts (21 out of 21 residents).

The findings include:

During an interview with the Administrator, on at 9:30AM, she was unable to provide an accurate current resident census. An interview with Staff B, revealed she was unsure of how many current residents are in the facility.

During an interview with the Owner on at 11:00AM, she stated that the facility does not have a checklist of residents and whereabouts during the day. The facility has no tracking system for the residents whereabouts during the day and therefore, the facility failed to ensure that the residents receive their medications and meals. It was further revealed all activities, including meals and food are held in the sister building across the street. And that no staff are available in the annex to remind, supervise and prompting

During an interview with Resident #2, 3, and #14 on at appromimately between 9:30am - 11:30AM, they stated that people roam around the neighborhood and at times there are missing items from their unlocked . All three residents stated that they have reported it to the Administrator and owner and nothing is done and stated that they "Don't feel safe". They further reported that they are afraid to say anything because they will tell you to leave.

On at 9:30AM observation of Resident # 11 in bed with the covers over her head were made. During a tour of the with facility Staff B at 1:30PM, Resident #11 was observed the same way in bed with the covers over her face. During an interview at this time, with Staff B regarding the resident. Staff B was asked if the resident was alright and she responded that the resident is okay and just wants to sleep. Staff B was asked if the resident was offered any meals and Staff B responded yes. This surveyor asked Resident #11, if she wanted to eat and she got up out of bed and went to the other

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building for food.

During an interview with the Owner, on at 11:00AM, she acknowledged the findings of the lack of supervision .

Class III

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

Based on interview and observation the facility failed to provide the minimum required hours of activities to all residents.

The findings include:

On according to the activities calendar bingo was set to take place between 1:30 PM and 2:30 PM. During observation on between 1:00 PM and 3:00 PM there were no activities taking place. In the main building where all services are rendered, the dining empty and the TV 11 residents watching a TV show. Most residents were roaming between the two buildings and socializing outside. Confidential interviewee 1, 2, 3 and 4, all stated they wish they had activities during the day because it would give them something to do during the day and keep their mind busy.

On according to the activities calendar making puzzles was set to take place between 10:30 AM and 11:30 AM. During observation on between 10:30 AM and 11:30 AM, there were no activities taking place. In the main building where all services are rendered, the dining had 3 residents sitting down at the table socializing and the TV 13 residents watching a TV show. Most residents were roaming between the two buildings and socializing outside. On at 11:34 AM confidential interviewee 3, 8, 10 and 12, all stated they wish they had activities during the day because it would give them something to do and keep their mind busy. They also stated that there are never any activities at the facility, there use to be activities but there haven't been activities for over 5 months.

On at 11:05 AM, an interview was conducted with the Administrator regarding activities. The Administrator stated that they have not held activities for the residents lately but they will start with what is listed on the activity calendar today. The Administrator acknowledge the findings.

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

Based on observation, interview and record review, it was determined the facility had no policy and procedure for addressing grievances, including a protocol for receipt and resolution of concerns identified by residents and/or representatives.

The Findings include:

On at 9:48 AM, Confidential Interviewee #3 during a facility tour this resident spoke about feeling very unhappy and unsafe at the facility because he had been robbed. Most of the hygiene products in his stolen and he bought those items with his monthly funds. Interviewee also stated his extremely unsafe because anyone can gain entry into his a butter knife. He stated that a few months ago he lost his key and could not get inside of his . A resident took a butter knife and easily opened his door. He stated when he raised his concerns to the Administrator nothing was done and there was no sense of urgency. He stated this is the way all of his concerns are treated, everything is swept under the rug and nothing is done to resolve it or replace it.

On , Confidential Interview # 8 advised that she had clothes, shoes and hygiene products stolen out of her area inside of her . She stated she told the Administrator immediately and she was dismissed. The Administrator never inquired about the items stolen from her, when the incident occur or the value amount of the items were stolen. She also stated that she feel very unsafe and feel that her grievance was not taken seriously and handled in an urgent matter.

During an interview with the Administrator on at 11:48 AM, the facility's policy on receiving and resolving resident complaints and issues was requested. The Administrator advised that they had no policy in place on how grievances were handled they just resolve them. The surveyor requested for all grievances filed and the Administrator advised that she does not write them down.

On at 9:29 AM, an interview was conducted with the facility owner regarding grievances filed and the facility resolving the grievances. The owner advised that they resolve grievances on the spot and they are not written down. The owner advised that she would start to write down all grievances on a spiral notebook demonstrating how resident concerns are resolved.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC

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Based on interview and record review, the Assisted Living facility failed to coordinated and arrange third party services; the facility also failed to have a policy and procedure in place, in regards to residents receiving third party services for one resident (#8) out of twenty-five residents sampled.

Findings included:

a) A record review conducted on at 11:45am, revealed that Resident's #8 file contained a communication log with dates and numbers; there were no employee name or signatures. There was no agency letterhead on the sheet, and no service contact plan provided. The dates and numbers provided no additional meaning, and there was nothing listed as to what the numbers meant.

b) During an interview with the facility owner on at 12:20pm, it was revealed that resident #8 is receiving services from {name} Home Health agency; but is unsure how often the agency gives the resident her

c) During a brief interview with Resident #8 on at 9:56am, it was revealed that she receives and that a nurse who comes to the facility for another resident from {name} Home Health sometimes helps her; but that she is able to do it by herself; without the presence of the nurse.

d) During an interview with the facility owner on at 12:30pm, it was revealed that there was no communication with the agency that provides the resident the services being rendered. The owner stated that all she has is the log that was provided.

e) During an interview with the facility administrator on at 1:39pm, it was revealed that that there is no visitor sign-in log for the home health agencies to document their arrival and departure from the facility. Administrator stated that she wants the third party agencies to have free access to the residents, but that she will create a sign-in log. It was also revealed that there was no policy and procedures, in regards to third party agencies providing services to residents at the facility.

f) During an interview with the facility owner on at 10:45am, it was revealed that she is unsure if the resident receives an from the home health agency that comes out to the facility. Facility owner stated that the resident can administer her without assistance as well; owner was unable to provide a doctor's order for the resident to self-administer. Facility owner also stated that she would be have the MORS updated to reflect the medication.

g) During a phone interview with the administrator of {name} Health Care on at 11:13am, it was revealed that the agency does not provide services to resident #8.

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Class III

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

Based on record review, and interview, it was determined that the facility failed to maintain accurate and up-to-date Medication Observation Records (MORs) for 21 of 21 resident medication records reviewed.

The findings include:

a) On , a random review of the MORS was completed; the review yielded issues. Further, review of the MORS revealed that medical diagnosis was not recorded on the medication observation record for all of 21 sampled residents. It was also revealed that 3 of 21 residents did not have a designated time their medication was to be administered, but instead was only listed as AM or PM, Thus allowing six hours, which both AM and PM medication can be administered.

b) During an interview with the facility Administrator on at 2:15pm, it was revealed that the Administrator did not know about the diagnosis not being listed on the residents Medication Observation Records. The Administrator stated that she was unaware who filled out the medication records for the residents; but acknowledged that he could have only been done by one of her employees. Administrator stated that she will call the doctors to have the residents diagnosis included, and have the complete dosage times added as well.

c) On observation of Resident #8's medication observation record revealed that Resident #8's medication was not listed on the MORs.

During an interview with the facility owner on at 10:45am, it was revealed by the facility owner, that she would be have the MORS updated to reflect the medication.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, it was determined that the facility failed to ensure the facility is operating by a qualified Administrator by meeting the required training for compliance, for 1 out of 1 Administrator.

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The findings included:

On , an employee record review was conducted for the Administrator with a hire date of conducted. The Administrator successfully completed the required CORE training and passed the compentency test on . There was no documentation contained within the employee file of the required 12 hour CE Continuing Education every two years.

During an interview with the Administrator, on at 1:00PM, she stated she was unaware of the CE training. The Administrator needs to participate in 12 hours of Continuing Education in topics related to Assisted Living every 2 years as provided under Section 429.52, F.S. Therefore, the Administrator does not comply with these requirements and must retake the core training and core competency test.

It was determined that the facility did not have additional documentation, and no further information provided at that time.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for of 3 sampled employee records reviewed (Staff B).

The Findings Included:

a) Review of Staff B's file revealed it did not have documentation from a health care provider stating that the individual does not have any signs or symptoms of communicable , including annually. Documentation reveals Staff B hire date of and the last physician statement and status found in record dated .

b) During a record review of Staff C's file there was no evidence of a annual negative examination in the file. The last examination was completed on , 2016.

c) During a record review of Staff D's file revealed there was no evidence of a annual negative examination in the file.

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During an interview conducted on at 2:05 PM with the Administrator, the findings were acknowledged and no further documentation or information provided.

Class III

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

Based on interreview, record review and observation the facility fail to keep a 3 day supply of non perishable food on hand at all times according to resident census.

The finding include:

On the surveyor requested from the Administrator the disaster food supply list and the 3 day disaster menu. The Administrator went to the main bldg to retrieve the documentation. The Administrator came back to the annex and advised that they did not have a disaster menu. The surveyor advised the disaster menu should have came from the dietician and that is what the food supply in the shed should compare with. The Administrator came back and stated that the owner was going to bring it. The Administrator proceeded to escort over to a shed that contained all of the emergency food. Upon opening the shed.

There were mattresses and other items not currently being used in the facility, being stored in the shed. There were no windows, or in the shed. There was 43 cans of red peppers, 31 cans of mandarin oranges, 14 cans of unlabeled tuna and over 100 boxes of macaroni cheese in the shed; all of which has expired. The surveyor opened an expired can of red Peppers, and found the element of the product to be altered, as a direct reflect of the exposure to the heat. The disaster menu and a disaster food supply list brought forth reflected a 5-day menu with none of the items in the shed on the menu. The disaster plan inventory that was given to the surveyor was not accordance to the resident census in the annex, the inventory was according to the total census between the two buildings.

During an interview with the Owner on at 11:30AM, she confirmed with the findings.

Class III

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

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Based on record review and interview, it was determined that the facility failed to report an adverse incident to the Agency for Healthcare Administration regarding (7) seven events that involved Law Enforcement, for 2 out of 21 resident sampled. (Resident #3, and #21)

The findings included:

During an interview with Administrator on at 11:30AM, she revealed that Resident #3 and 21 were by Law Enforcement on several occasions without reporting to The Agency of Health Care Administration in addition to completing the required adverse reports (1 day and 15 day).

A record review of Resident #21's progress notes revealed the following entry dates of for non-compliance with outpatient treatments and with medical treatment for his depended and the resident refuses to cooperate with the rules (; ; ; ; ; ;). Lack of infrmation documented regarding what occured and who was notified, what action the facility took to follow up with the resident.

During an interview with the owner, on at 11:30AM, she stated that Resident #21 attends Henderson Mental Health Day Program and sees the Psychiatrist on premis. She further reported that these are in coordination with Henderson Mental Health Day Program and the Psychiatrist. When the resident displays this behavior, the facility staff attempt to encourage the resident to comply with his medications and when that is unsuccessful, the facility contacts the counselors at Henderson and the Psychiatrist who instructs to have Resident#21 . The owner agreed with the lack of documentation and reporting of these incidents.

During an interview with Resident #3 on at 10:15AM, he stated that he is an and attends AA meetings. He continued to state that he was drunk and was by Law Enforcement on .

During an interview with the owner, on at 11:30AM, she stated she was unaware that these incidents are classified as Adverse and requires notification to Agency for Healthcare Administration and completing the necessary 1 day and 15 day reports.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all

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employees within the Clearinghouse Background Screening for employment status for 5 out of 7 staff members; (Staff A; F; G; H; and I).

The findings included:

A review of current facility's staff schedule observed posted on . . . . . at 9:30am compared to the Clearinghouse Background Screening revealed that one current staff members was not registered (Staff A) . Further review revealed Staff A hire date of . . . . . - not registered.

Further review of the clearinghouse roster, revealed four staff no longer employed and without an end date.

a) Staff F hire date of no end date
b) Staff G hire date of 11/. . . . . no end date
c) Staff H hire date of no end date
d) Staff I hire date of . . . . . no end date

The owner confirmed the findings and no further documentation or information provided.

Class III