STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967934	**11/05/2018**
NAME OF PROVIDER OR SUPPLIER **AUDREY'S TLC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **6808 MERION PLACE** **NORTH LAUDERDALE, FL 33068**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on at Audrey's TLC II ALF, License #11943. The facility had deficiencies identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review the facility failed to document significant change maintain an accurate and complete Resident Health Assessment (AHCA form 1823) for Assisted Living Facilities for 1 out of 6 sampled resident records reviewed (Resident#5).

The findings included:

During a record review conducted on at 1:52 PM of the Health Assessment 1823 AHCA form dated for Resident #5 and did not currently reflect the resident's significant change status to Hospice care. Further, review of the records revealed a Physician's Order dated for Hospice with a diagnosis Advanced . In addition, Resident #5's Health Assessment AHCA form 1823 did not reflect the current health status of continuous loss and prescribed Nutritional Supplements. The Administrator confirmed the findings of the Health Assessments and no additional documentation provided.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled unlicensed staff members (Administrator; Staff A and B) who provided assistance with self-administration of medication had successfully completed the additional 2 hours in continuing education training effective annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

An employee record review conducted on , for the Administrator; Staff A and B was reviewed for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was no documentation of the additional 2 hour training conducted by a Pharmacist or Registered Nurse (RN) present in the file for these unlicensed resident

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aides who provided assistance with self-administration of medication to residents effective . . . . . . The current 2-hour update training certificate on file dated . . . . . for the Administrator; a 2-hour update training certificate on file dated for Staff A; and a 2-hour update training certificate on file dated . . . . . for Staff B.

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During an interview with the Administrator, on . . . . . at 1:00PM, she confirmed the findings and no further information provided.

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 employees within the Clearinghouse Background Screening for employment status, for 1 out of 7 staff members (Staff C).

The findings included:

A review of current facility's staff schedule observed posted on 11/05/18 at 9:30am compared to the Clearinghouse Background Screening revealed that one former staff members (Staff C) does not have an end date of . . . . . . Further record review revealed
Staff C's has a hire date of . . . . . , interview with the Administrator revealed the end date of employment as . . . . . However, this date is not listed on the Clearinghouse Background Screening.

During an interview with the Administrator, on . . . . . at 1:00PM, she acknowledged and confirmed the findings and no further documentation or information provided.

Unclassified