STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968338	R 11/19/2018
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 Relicensure revisit survey was conducted on , at El Roble, License #12278. The facility had an uncorrected deficiencies identified at the time of the survey.

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

Based on observation and interview, it was determined that the facility failed to provide adequate and appropriate health care that is consistent with established and recognized standard as it relates to washing and sanitizing during the providing of medication assistance.

The findings include:

On at 09:17 AM, this surveyor observed staff A provide assistance with self-administration of medication to resident #1, who had just completed breakfast. Specifically, this surveyor observed Staff A gather resident A's meds, bring them to the table where this surveyor and resident A was sitting. Staff A put on gloves but did not was . Upon opening each bottle and announcing the meds, staff A had resident A reach into each bottle and take out a pill. Resident #1 to this surveyor what the purpose of each med was for. Staff A watched him take meds, gave water, and watched resident #1 swallow. Staff A signed the MOR and placed meds into a locked kitchen cabinet located over the stove.

In addition, this surveyor observed resident #1 to have medical issues on with each of the right , which was used to take meds out of the bottle. Specifically, resident A was observed by this surveyor between 9:21 AM - 9:30 AM applying medication (, 8%) to each of the five (5) affected on the right . However, resident #1 did not wash prior to taking medication from each bottle. This surveyor inquired as to why resident was allowed to reach into bottle and get meds, Staff A stated they were told that it is their , so they can ....

A review of the Center for and Control (CDC) protocols found on its website, indicates washing with soap and water, or sanitizer ( ) prior to patient contact and after. This was not observed as taking place during the medication assistance provided by staff A.

During Exit interview between 10:40 AM and 10:55 AM, this surveyor met with Administrator and staff A and shared the findings of the revisit. Specifically, the passing of medication without the washing of , resident A retrieving meds from the pill bottle without washing . The Administrator stated they thought as long as gloves was used it was okay. Stated they will begin having Med-Tech wash

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/or use sanitizer before each administration and pour meds into a cup for resident #1 to prevent possible contamination.

Class III
Uncorrected

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

Based on record review, observation and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the County entity responsible for approval of such.

The findings include:

a) During interview and record review conducted with the Administrator, on 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 , indicating it was a revision review. Another document provided for review, dated , indicated it was a receipt from the local Emergency Planning office. The Administrator acknowledged the facility does not currently have a CEMP approval letter.

b) During the Relicensure Survey revisit on , this surveyor requested from the Administrator (Staff B), the approved Comprehensive Emergency Management Plan approval letter for the facility. The Administrator stated that the approval "still has not been approved."

During interview with the Administrator between 9:33 AM and 9:45 AM, the Administrator stated "the only thing I do not have, the approval, I think they are playing with me." The Administrator stated the CEMP was submitted, "but I had to do corrections, which I submitted." Administrator provided this surveyor a copy of the rejection dated and stated it was resubmitted the day after his inspection (from the State Agency charged with licensing ALF's). This surveyor reviewed the documents provided and observed that the facility's CEMP was not approved. The Administrator further stated that this is the third time sending the information, and has "completed everything and will be submitting it tomorrow."

During Exit interview between 10:40 AM and 10:55 AM, this surveyor met with Administrator and staff A and shared the findings of the revisit. This surveyor reminded again that the approved CEMP had not been provided to this surveyor. The Administrator re-stated the corrections have been made, and will be

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"taken down personally" and submitted tomorrow.

Class III
Uncorrected Deficiency