STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966560	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **BAYAMO ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1199 SW BAYAMO AVENUE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure survey was conducted on , at Bayamo Assisted Living Facility, Inc., License #10726. The facility had deficiencies identified at the time of the visit.

Note: The Limited Nursing Services (LNS) specialty license survey was conducted on a separate date.

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

Based on observation, record review and interviews, it was determined the facility failed to have an Interdisciplinary (Integrated) Care Plan, which specifies the services being provided by Hospice and those being provided by the facility, developed and implemented by both the Hospice provider and the facility, for 1 of 1 sampled residents (Resident #6).

The findings included:

During observation of Resident #6 on between 9:00 AM and 2:00 PM, the resident was observed laying flat on his in bed with full side rails up. At 1:30 PM, a cup of unthickened water with a straw was observed on a table near the resident's bed.

On at 1:45 PM, Staff A and Staff C stated during interview that the resident "gets out of bed 2 to 3 times a week". Staff C stated that the resident is on a thickened liquid diet, but the facility had not received any thickener from the hospice nurse as of this date so the resident was not receiving thickened liquids. She stated that the resident "only coughs a little" when eating or drinking, and that the resident was to receive thickened liquids for , precautions. At this time, the hospice Plan Of Care was requested from Staff C.

In the resident's record, a hospice health care provider's order dated documented that the resident is to receive a "pureed diet with nectar thick liquids". There were no other hospice records available for review for this resident.

During record review for Resident #6, no Interdisciplinary/Integrated Care Plan for services to be coordinated between hospice and the facility could be located within the resident's file. Staff C stated during interview at 1:30 PM that there was no hospice Plan Of Care available at the facility for this resident.

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The facility is able to retain a resident who no longer meets the criteria for Assisted Living Facilities if the resident's care is coordinated with hospice. The resident is required to have a Plan Of Care developed and implemented with hospice and the facility to ensure the resident's care needs are being met. Resident #6 did not have a Plan Of Care showing that the resident was assisted out of bed daily (not "bedbound"), the provision of a pureed and thickened liquid diet, turning and repositioning for prevention of , and range of motion exercises for prevention of .

Class III

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

Based on record review and an interview, the facility failed to provide an ongoing activities program with diversified individual and group activities scheduled and available for a minimum of 12 hours per week.

The findings included:

During observation of 6 residents between 9:00 AM and 2:00 PM on , there were no activities suggested or provided by staff. The posted activity calendar showed "exercise 9:30, scrabble 10:30, snacks 10:45 and ice cream social 2:00" were to take place on the 13th of the month (today).

During review of the scheduled activities posted on a dry erase board in the kitchen, it was revealed that the dates on the calendar did not match with the dates of the current month. showed as a Sunday instead of the correct day, Tuesday. Additionally, the activities listed included eating such as "snacks" and "popcorn hour" which could not be considered an activity. Furthermore, the activity calendar listed "walking" and "exercise" approximately 6 days a week in the mornings, but during a confidential interview, it was revealed that no exercises were taking place at the facility. Staff C ackowledged during interview at 11:00 AM on that the posted calendar dates were inaccurate and that the calendar needed to be updated.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review and interviews, it was determined the facility failed to ensure residents were free from , for 1 of 1 sampled residents (Resident #6).

The findings included:

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During observation of Resident #6 on between 9:00 AM and 2:00 PM, the resident was observed laying flat on his in bed with full side rails up. At 1:45 PM, the hospice Plan Of Care was requested from Staff C.

During record review for Resident #6, there was no health care provider's order for a "half bed rail" to be used. There was no consent signed by the resident's representative to allow the use of a "half bed rail" found in the resident's file.

During interview with Staff A and Staff C at 1:45 PM on , they acknowledged use of the "full" bed rails for this resident. Staff C stated she had no documents from hospice available for review. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date for 1 out of 1 sampled resident (Resident #6).

The findings included:

During review of Resident #6's record on , a physician's order dated for " 500 mg, one tablet PO (by) (twice a day) for mild " was found. Review of the resident's MOR showed that this medication was not listed. There was no documentation of the facility's provision of this medication for this resident since the order was written on .

These findings were acknowedged by Staff C during interview on 11/13/18 at 2:00 PM. The facility provided no additional documentation for review at this time.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 2 out of 2 sampled staff (Staff A and B).

The findings included:

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a) Review of the personnel file for Staff A who works as a live in caregiver revealed no current training with a valid card in First Aid. Staff A was left in sole charge of 6 residents during the weekend of [redacted].

b) Review of the personnel file for Staff B who works as parttime staff member revealed no current training with a valid card in First Aid. Staff B is listed on the work schedule as the relief person in charge of resident care on various dates in [redacted].

Staff C acknowledged during interview on 11/13/18 at 11:30 AM that the documentation of training in First Aid was not present and available for review for Staff A and Staff B who were left in sole charge of residents. She stated that the First Aid training was completed with the [redacted] training. At this time, the [redacted] trainor listed on the validation cards was interviewed by phone. She stated that the "BLS Provider" cards did not indicate completion of First Aid training, and that a separate card would have been disbursed for First Aid training. The facility provided no additional documentation of the required training for review at this time.

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 2 out of 2 sampled unlicensed staff members (Staff A and B) who provided assistance with self-administered medications had successfully completed a minimum of 6 hours initial training on providing assistance with self-administered medications and safe medication practices in an ALF (Assisted Living Facility).

The findings included:

a) The personnel file for Staff A was reviewed for documentation of a minimum of 6 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. The last documented training was a 4 hour course completed on [redacted].

b) The personnel file for Staff B was reviewed for documentation of a minimum of 6 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. The last documented training was a 4 hour course completed on [redacted].

There was no documentation to show completion of the additional 2 hours of training that focuses on

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syringes, [illegible] stockings, [illegible] bags and vital signs described in (6)(b)2.h.-n., F.A.C. (Florida Administrative Code), effective [illegible].

During interview with Staff A on 11/13/18 at 11:00 AM, she confirmed that she assisted residents with medication. The facility provided no additional documentation for review at the time of the survey.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) had training certificates for inservice training completed.

The findings included:

Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on [illegible].

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Facility's [illegible] Policy and Procedure (1 hour)
3. Safe Food Handling (1 hour)
4. Facility's Elopement Policy and Procedure

Staff A and Staff C were interviewed at 11:00 AM on [illegible] and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for Staff A at this time.

Class

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

Based on record review and interviews, the facility failed to ensure that meal items served with substitutions of equal nutritional value were noted before or when the meal is served.

The findings included:

On [illegible] at 12:30 PM, Staff C was observed serving chicken with ketchup, macaroni and cheese,

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green beans and salad to the residents for lunch. The dietician approved menu dated . . . . . indicated that the residents were to be served curry chicken, rice, carrots and salad. Substituted meal items that had been served were not documented by the end of the meal at 1:30 PM. During review of facility records, no documentation of substituted meal items were available for review. These findings were acknowledged by Staff C during interview on 11/13/18 at 1:30 PM.

Class