STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968763	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **CAYMAN CIRCLE ADULT FAMILY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5843 CAYMAN CR WEST WEST PALM BEACH, FL 33407**	

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

0000 - Initial Comments

An unannounced Relicensure survey was completed on at Cayman Circle Adult Family Care, License #12609. The facility had deficiencies at the time of the survey.

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

Based on record review and interview, the facility to ensure that all resident Agency for Health Care Administration Health Assessment (AHCA Form 1823) was complete and reflective of the residents care needs for 1 of 2 sampled residents (Resident#2).

The Findings Included:

On .2018 at approximately 1:00PM, a resident record review was complete for Resident#2 and revealed on page four Section B of the AHCA Form 1823 that documents the level of assistance needed by the residents for medication was left blank on the AHCA Form 1823.

During an interview on at approximately 1:45PM, the Administrator acknowledged the findings and verified the resident receives assistance with Self-Administration of medications.

Class III

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

Based on observation and interview, the facility failed to obtain a written order for the use of (bedrails), for 1 of 2 sampled residents (Resident#2).

The Findings Included:

On at approximately 9:00AM during the observational tour, Resident#2 was observed in bed with bed rails in place, further observation revealed the resident is unable to operate the bedrails. Review of the resident record revealed no physicain signed order for the use of bedrails.

During an interview with the Administrator on 11/15/2018 at approximately 1:50PM, she acknowledged the findings, and provided no additional documentation for review.

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Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record review and interview, the facility failed to ensure that two facility wide Elopement Drills were completed annually with staff.

The Findings Included:

On at approximately 10:30AM, the facility Elopement Drills were requested. The Administrator was unable to provide any Elopement Drills for the facility.

During an interview with the Administrator at approximately 1:50PM, she acknowledged the findings and provided no additional documentation for review.

Class

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on record review and interview, the facility failed to ensure that staff assisting with self-administration of medication received the required 6 hour medication training in compliance with Rule 58A-5.0191, for 1 of 3 sampled staff (Administrator).

The Findings Included:

On at approximately 1:00PM employee files were reviewed and revealed, the Administrator does not have a certificate on file documenting completion of 6 hours of Medication Training. Further review revealed the Administrator received an update 4 hour training on .

During an interview on at 1:55PM with the Administrator she acknowledged the findings, and provided no additional documentation for review.

Class III

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

Based on observation, record review, and interview, the facility failed to document resident refusal of

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medication on the Medication Observation Record (MOR) for 1 of 1 sampled resident (Resident#1)

The Findings Included:

On at 12:55PM, a medication pass observation was completed with the Administrator. During the medication pass it was observed medication (, 25mg. & 667mg to be given three times a day) was not given to the resident on noon dose, noon dose , noon dose, and noon dose, had not been given to the resident. At this time the Administrator was asked why the resident did not receive the medication on these dates ? She responded the resident sometimes refuses the medication. Further review of the MOR revealed no documentation of medication refusal and the MOR was signed as given. During an interview with Resident#1 at this time, he stated he takes his medication regularly and he dose not recall refusing any medications. Further review of Resident#1's record revealed no documentation of the resident refusing medications and no notification was made to the physician.

During an interview with the Administrator on 11/15/2018 at approximately 1:55PM she acknowledged the findings.

Class III

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

Based on observation, interview, and record review, the facility failed to ensure physician orders were followed, for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at 12:55PM, a medication pass observation was completed with the Administrator. During the medication pass it was observed medication (, 25mg. & 667mg to be given three times a day) was not given to the resident on noon dose, noon dose , noon dose, and noon dose, had not been given to the resident. At this time the Administrator was asked why the resident did not receive the medication on these dates ? She responded the resident sometimes refuses the medication. Further review of the MOR revealed no documentation of medication refusal and the MOR was signed as given. During an interview with Resident#1 at this time, he stated he takes his medication regularly and he dose not recall refusing any medications. Further review of Resident#1's record revealed no documentation of the resident refusing medications. The facility failed to notify the doctor that the resident was refusing medications.

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During an interview with the Administrator, she acknowledged the medication was not given, and that she failed to notify the physician.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure the Administrator of record had a high school diploma, or equivalent on file, for 1 of 3 sampled Staff (Administrator).

The Findings Included::

On at approximately 11:00AM, employee record review was conducted for the Administrator and revealed there was no high school diploma in the Administrator's employee file. At this time, the Administrator was provided an opportunity locate the documentation.

During an interview with the Administrator on 11/15/2018 at approximately 1:45PM, she stated the diploma was in the file and she removed it. She acknowledged the findings and provided no additional documentation for review.

Class

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

Based on record review an interview, the facility failed to ensure that all staff received a written statement form a licensed professional stating no signs or symptoms of communicable to include , within 30 days of hire and annually for 2 of 3 sampled staff (Staff A and Staff C)

The Findings Included:

On at approximately 11:15AM a employee record review was completed for Staff A and Staff C and revealed Staff A whose hire date was and Staff B whose hire date was had any documentation of receiving a written statement form a licensed professional documenting freedom from signs and symptoms of communicable to include . There is no documentation of yearly statements and the only documented statement in the files are dated .

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Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to ensure that all staff received the required staff in-service training's within 30 day of hire. for 2 of 3 sampled staff (Staff B & Staff C).

The Findings Included:

On at approximately 1:15PM, employee files were reviewed and revealed Staff B whose hire date was //2018 , and Staff C whose hire date was , were missing the followings in-service training's:

1) ADL ad Behavioral Need Training 3 Hours
2) Incident Reporting Training 1 hour

At this time the Administrator was provided an opportunity to locate the documentation.

On at approximately 1:55PM, she acknowledged the findings and provided no additional documentation fro review.

Class III

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

Based on observation and interview, the facility failed to ensure menus were planned and dated a week in advance.

The Findings Included:

On during the observational tour, the facility menu was observed. The menus displayed was for Week 2 and did not have a date. A review of the facility menus revealed no dated menus. Further review revealed the facility had not maintained prior menus and no documentation of substitutions. At this time, the Administrator was asked if substitutions are ever used and she stated yes, but she did not know to document it. There was no past menu's stored in the in the facility.

On .2018 at approximately 1:45 PM, the Administrator acknowledged the findings and provided no

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additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

On .2018 at approximately 9:30AM, the facility CEMP was requested from the Administrator. The Administrator stated she was waiting on an approval. She provided a submittal receipt dated . The Administrator stated the facility has never had an approved CEMP.

On at approximately 1:55PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III