STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966400	**11/21/2018**
NAME OF PROVIDER OR SUPPLIER **PHOENIX SENIOR LIVING II, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5882 NW 73RD COURT** **PARKLAND, FL 33067**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 11/21/2018 at Phoenix Senior Living II Inc., License #10598. The facility had deficiencies at the time of the survey.

(An unannounced licensure complaint survey, CCR #2018013657, was conducted in conjunction with the above Relicensure survey. Please see separate report for findings).

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

Based on observation, interview and record review, it was determined the facility failed to ensure a resident's health assessment (AHCA form 1823) was accurate and reflective of the resident's current diagnosis and care needs (including enrollment into hospice), for 3 out of 3 sampled residents (#1, #2 & #4)

The findings include:

a) During a record review of Resident #1's file, revealed no documentation of a Resident Health Assessment (AHCA form 1823). During an interview with both Staff A and B on 11/21/18 at 1:30 PM, they stated that Resident #1 receives Hospice services and requires feeding. During an observation of mealtime, on at noon, Staff B assisted Resident #1 to the table and fed her. A record review of Resident #1's file revealed no evidence of a Resident Health Assessment (AHCA form 1823).

b) Review of Resident #2's file revealed no evidence of a Resident Health Assessment (AHCA form 1823). During an observation of Resident #2 during the survey on from 9:00AM -4:00 PM, noted that she is non-verbal and makes vocalization sounds. It was observed that Resident #2 is non-ambulatory and Staff A and B (two 2 person) transfer to a wheelchair to sit at the table for lunch time and fed by Staff A. During an interview with both Staff A and B on 11/21/18 at 1:30 PM, they stated that when Resident #2 was admitted she was able to walk and now she requires total care and can be aggressive.

c) Record review of Resident#4's file notes a Resident Health Assessment (AHCA 1823) dated and does not reflect the current health status of receiving Hospice services including care for left heel and puree diet. During an observation of Resident #4 and interview, with Staff A and B on at 1:30PM, they state she requires feeding and total care.

The Administrator was not present during the survey dated 11/21/18. This writer received an email from

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Administrator, on with (2) two Resident Health Assessment (AHCA form 1823) for Resident #1 dated and . In addition, Resident Health Assessment (AHCA form 1823) for Resident #2 dated . A record review of the documents, note the information is not current or accurate. Based on record review, interview, and observation, Resident #1; #2; and #4 needs re-assessment for continuous residency.

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 3 of 3 sampled employee records reviewed (Administrator; Staff A and Staff B).

The Findings Included:

During personnel record review on for three staff members indicate the Administrator, Staff A and Staff B's file did not have documentation from a health care provider stating; that the individual does not have any signs or symptoms of communicable , including annually.

During interviews with Staff A and B on 11/21/18 at 1:45PM, they confirmed the findings and no further documentation or information provided.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on employee record review, staffing schedule, and staff interview, the facility failed to ensure 2 of 3 staff members has a completed course in First Aid/ and holds a currently valid card documenting completion of such courses (Staff A and B).

The findings include:

During employee record review for Staff A (hire date of), there was no documentation contained within the employee's file, showing completed an approved course in First Aid/ and holds a currently valid certification card (expiration date of).
Further review of employee record for Staff B (hire date of) there was no documentation contained within the employee's file, showing completed an approved course in First Aid/ and holds

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a currently valid certification card.

Review of the facility's staffing schedule revealed Staff A and B are scheduled to work on the same days and shift. Therefore, it was determined neither had proof of meeting aforementioned requirement. The facility was unable to have at least one person present with First Aid/ certification.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled unlicensed staff members (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; 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) two hour training conducted by a Pharmacist or Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents effective .

Staff A hire date of with an initial (4) four- hour medication course dated and the last (2) two hour update ; no additional (2) two hour update Effective .

Staff B hire date of with an initial (4) four-hour medication course dated and the last (2) two hour update ; no additional (2) two hour update Effective .

During interviews with Staff A and B, on at 1:45 PM, they stated that they have not received the additional (2) two hour medication course focusing on additional responsibilities such as , , , and , and they confirmed the findings and no further information provided.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, resident interview, and staff interview the facility failed to provide a safe living

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environment free of hazard for 5 of 5 sampled residents (Resident #1,2,3,4,and #5).

Findings include:

While touring the facility with Staff A, on at 9:20 AM, a dark, mold like substance with water stains was observed in the dining room corner ceiling. During an interview with Staff A, on at 11:00 AM, regarding the leak, she stated that water does not come pouring out, it is a leak that has trickled down to the ceiling from the roof. Staff B interview, on at 11:10AM, regarding the leak, she stated that it really does not pose a problem but it is mold and it is over the dining room where residents eat their meals.

During a tour of the interior and exterior of the facility with the Administrator's son on at 11:15AM, observation made of a blue tarp on the roof and is in the process of repair. During an interview with Administrator's son, on at 11:15 AM, he stated that the roof had some damage during Hurricane Irma last year. It was increasing getting worse each rainstorm, which caused a leak down to the dining room ceiling and has mold that needs repair after the roof is complete. The facility plans to repair the corner ceiling of the dining room after the roof is completed. He was unable to provide any documentation on the repairs or status.

The Administrator's son confirmed the findings on at 11:55 AM; and no additional information or documents as to when the repairs be completed was presented at the time.

Class III

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

Based on observation, record review and staff interview, the facility failed to provide a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division.

The findings included:

During a tour on , observation of the facility did not have evidence of a current CEMP Comprehensive Emergency Management Preparedness Plan approved by the local Emergency Management Division. The Administrator was not present during the survey. However, the Administrator's son arrived with some paper work regarding the generator.

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During an interview with the Administrator's son on at 11:45AM, he stated that he was not able to find it and that the Administrator will fax it. On , this writer received an email from the Administrator and stated, "She couldn't find the last approval for the emergency plan."

The facility failed to submit a new plan to the local Emergency Management officials for review and approval annually. The facility is required to submit the new plan 60 days prior to the expiration date.

The Administrator confirmed the findings and no further documentation provided.

Class III

Based on record review, observation, and interview the facility failed to notify each resident/resident representative in writing of the emergency plan and failed to develop written policies and procedures to ensure the facility can effectively operate and maintain the alternate power source. In addition, any fuel required for the operation of the alternate power source.

The findings included:

During an interview, on the Generator Assessment with the Administrator's son, on at 12:30PM, he stated that the facility does not have a written policy and procedure on how to maintain, test and operate the alternative power source with documentation. Including any additional fuel that is necessary to operate the generator; monitor air temperature not to exceed 81 degrees and document; and monitor resident's vital signs, temperature, and hydration with documentation. The staff required receive training on the facility's plan. In addition, the facility has not notified the residents and their representative in writing of the facility's implementation of the plan.

The Administrator confirmed the findings.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview the facility failed to maintain the employment status of all employees by having a Level II Background Screening completed every (5) five years for 1 out of 3 staff member; Staff A.

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The findings included:

An employee record review conducted on revealed documentation of a Level II Background Screening for Staff A dated . Level II Background Screening is required to be completed every (5) five years. During an interview with Staff A, on at 1:30 PM, she confirmed that she has not had another Level II completed since .

No further documentation or information provided by the Administrator.

Class III