STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on through at The Allegro At Abacoa, License #12270. The facility had deficiencies at the time of the survey.

(An unannounced licensure complaint survey, CCR #2018013028, was conducted in conjunction with the above Relicensure survey. Please see separate report for findings.)

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

Based on interviews and record reviews it was determined the facility failed to ensure each resident's health assessment accurately reflected their care needs for 3 of 5 resident records reviewed (Resident #16, Resident #18, and Resident #7).

The findings include:

1) During interview and record review conducted with the (Resident Service Director), on beginning at approximately 11:40 AM, she was asked to explain why Resident #16's health assessment (dated) reflected this resident's needs cannot be met in an assisted living facility, which is not a medical, nursing or , facility. The stated the physician checked the incorrect area on this form and that this is an error. She was asked who is responsible for reviewing each resident's health assessment for accuracy and to ensure they are completed. She replied that she is responsible and so is her ARSD (Assistant Resident Service Director). She could not provide an explanation as to why this was not noticed prior to this review.

2) During interview and record review conducted with the (Resident Service Director), on beginning at approximately 11:40 AM, she was asked to explain why Resident #18's health assessment (dated) reflected this resident requires 24-hour nursing or , care (patient with gait and). The stated the physician assistant must not have understood the question correctly and that this is an error. She was asked who is responsible for reviewing each resident's health assessment for accuracy and to ensure they are completed. She replied that she is responsible and so is her ARSD (Assistant Resident Service Director). She could not provide an explanation as to why this was not noticed prior to this review.

3) The admission health assessment for Resident #7 was reviewed and did not have a date of the exam noted.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE JUPITER, FL 33458**	

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

AHCA Form 1823 information was not complete on the forms for these residents. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessments did not have the erroneous or omitted information obtained and documented. The facility provided no additional information for review at this time.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure each resident was provided with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. for 36 out of 78 residents on 3 of 3 floors of the facility and in the memory care unit.

The findings include:

During observational tour and interview conducted with the BOM (Business Office Manager), on beginning at approximately 9:20 AM, she acknowledged each resident of this facility does not have a cell phone or a method to make a private local or long distance call from their apartment. She was asked where telephones were located in the facility that residents could access without having to ask a staff member to assist them with providing them with the phone. She stated each nurse's station on each floor has a land line behind the nurse's station desk and a resident could always ask to use the phone at the reception desk. She was asked about the memory care unit. She stated there is a land line at the nurse's desk and all a resident would have to do is ask a staff member for the phone. She stated they discourage use of the phone, by residents, in memory care because they may call 911. The BOM was asked if residents are to go behind the nurse's station to gain access to the telephone. She acknowledged no they would have to ask and she also acknowledged if it is a land line then the resident's conversation would not be private at this location. She was asked if the facility maintains a resident phone list that identifies which residents have their own phones. The BOM stated they do have a list of cell phone numbers and she can identify which residents only have internal (room to room within the facility only) access.

The BOM provided this list on at approximately 10:00 AM. This list reflected out of 78 current residents, 36 current residents only have internal calling ability.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO AT ABACOA, (THE)	**1031 COMMUNITY DRIVE JUPITER, FL 33458**

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

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure an accurate daily medication observation record was maintained for each resident who receives assistance with the self administration of medications or medication administration for 4 of 9 sampled residents monitored during mediation observation (Residents #14, #15, #2, and #6) and for 2 of 2 staff observed (Staff A & Staff C).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medication for Resident #14, on beginning at approximately 8:10 AM, this resident was provided with 5 oral medications in tablet or capsule form. The following 2 medications had identified concerns related to dosage and method of ingestion:

a) Florajen 3 caps give 1 tab once daily (per label on medication): Staff A placed 1 capsule in the plastic medication cup with this resident's other pills. The MOR (Medication Observation Record) for indicated "Florajen 3 caps (orig) take 1 tablet by daily for ." Staff A was asked to clarify if this resident is to receive 1 capsule or 3 capsules, as the label and MOR were not clear. She stated she only gives 1 capsule. She failed to verify this discrepancy to the medication order prior to providing this medication to Resident #14.

b) 500mcg (under the) take 2 tablets (1000mcg) by once daily for supplement (per label on medication): Staff A placed 2 tablets in the plastic medication cup with this resident's other pills. The MOR for indicated " 500mcg take 2 tablets (1000mcg) by once daily for supplement." Resident #14 placed all of her medications in her and swallowed them with water. Resident #14 was asked if she placed any medication under her . She replied that she had not. Staff A was asked why the tablets (x 2) were not provided separately to this resident so she could take them . Staff A stated she was not aware of the need to provide this medication to this resident under her .

During subsequent interview conducted with the (Resident Service Director), on beginning at approximately 8:52 AM, she was informed of the above noted concerns regarding Staff A and the assistance of self administration of medication for Resident #14. The stated these concerns must be pharmacy transcription errors. She was reminded Staff A did not verify medication orders prior to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

provision of the above noted medications. Review of Resident #14's health assessment noted could be provided PO or . The also obtained information from the pharmacy that Florajen was originally named Florajen 3 and that is why the MOR and label were not correct. However, the acknowledged Staff A did not know this at the time of the medication observation and that she provided these medication without clarifying medication orders.

2) During observation of Staff A providing assistance with the self administration of medication for Resident #1, on beginning at approximately 8:27 AM, this resident was provided with 1 oral medication in tablet form and 1 spray. The following spray had identified concern as to whether is was the correct spray.

a) 120 50mcg spray; spray 2 sprays into each nostril once daily for recurrent major , . The medication order, dated , indicated the same information for this medication. However, Staff A obtained an OTC (over-the-counter) bottle of (noted for relief) 50mcg per spray (spray 1 spray in each nostril daily). She was going to provide the to Resident #15 when this surveyor intervened and stated she needed to clarify with the nurse or which is the correct spray and dose to provide to Resident #15. This surveyor turned to enter data/notes into her computer and Staff A provided the to Resident #15 (2 sprays each nostril). This surveyor asked Staff A to call the to this medication room. She did so. During subsequent interview conducted with the , on beginning at approximately 8:42 AM, she was informed of the above noted observation. The acknowledged she was not familiar with spray and would contact the pharmacy for more information.

During subsequent interview and review of a print out from the Internet with the , on beginning at approximately 12:30 PM, this documentation indicated is the generic form of (not that was provided to Resident #16). However, the pointed out the / is for . She stated the family must have asked the pharmacist for a more cost effective spray (instead of). The was asked who is responsible for verifying the accuracy of the MORs for the residents of this facility. She replied all of the nurses. The was reminded Staff A provided the 2 sprays each nostril (the instructions on the bottle indicate 1 spray each nostril) prior to verifying if this was the correct medication and dose, as the MOR indicated spray for recurrent major , .

During review of the MOR's, the following omissions and errors were identified:

3) Resident #2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

a. 7:00 AM dose on was not initialed as given for .

4) Resident #6
a. 7:00 AM dose on was not initialed as given for .

During interview with Staff C on 11/28/18 at 10:30 AM, she confirmed that these medication were not documented as given, and showed as "missed" on the electronic MORs. Additionally, the medications were not documented as given on the substitute hard copy of the MORs for these residents. Staff C stated it could not be determined whether the residents did not receive the medication, or if the staff had omitted the documentation of receipt of these medications. The facility provided no additional documentation 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 1 out of 2 sampled unlicensed staff members (Staff 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 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 initial training was a 4 hour course completed on , signed by a "Director of Education". The training had not been conducted by a licensed Registered Nurse (RN) or Pharmacist, as required.

There was no documentation to show completion of the initial 4 hour plus additional 2 hours, or of 6 hours of initial training in self-administration of medication for Staff B.

During interview with Staff F on 11/29/18 at 12:30 PM, she confirmed that the documentation of the required training for Staff B was not available. The facility provided no additional documentation for review at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

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

Based on interview and record review it was determined the facility failed to submit its CEMP (Comprehensive Emergency Management Plan) for review and approval to the local emergency management agency within the required timeframe and it continues not to pass the review process.

The findings include:

During interview and review of CEMP (Comprehensive Emergency Management Plan) conducted with the ED (Executive Director), on beginning at approximately 1:35 PM, the last approved CEMP letter was reviewed. This letter, dated , indicated the CEMP is approved until and the next plan review submittal date is . This letter reflects the facility's plan year of - , of each year. (Picture obtained).

The Initial Review letter (that was not approved by the county) was dated . The First Revision Review letter (that was not approved by the county) was dated . The Second Revision Review letter (that was not approved by the county) was dated . The receipt for the Third Revision Review was dated . (Pictures obtained).

The ED was asked why the CEMP was not submitted within the required timeframe of . The ED produced a letter related to the Emergency Environmental Control Plan Submission Review that was dated . This letter indicated, "This approval does not change your annual CEMP submission requirements or expiration." He acknowledged this statement was in the body of this letter. The ED located a receipt, dated , for the Initial Review of the facility's CEMP. He acknowledged the CEMP was not submitted within the required timeframe as it was due to be submitted on .

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and a staff interview, the facility failed to obtain proof that a break in employment greater than 90 days from the date that the Level II Criminal Background Screening was completed and the employee's date of hire had not occurred for 1 out of 3 staff reviewed (Staff B).

The findings included:

On , during record review for Staff B, it was noted Staff B's date of hire was and the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

date of the background screening was .

A review of Staff B's employment history showed Staff B had no break in employment greater than 90 days between the date the background screening was completed and the employee's date of hire at this facility. However, there was no verification by the facility that the employment history documented by Staff B was accurate.

An interview was conducted with Staff F on 11/29/18 at 12:30 PM. At this time, Staff F could provide any documentation or information showing Staff B did not have a break in service of more than 90 days from a previous position that required a criminal background screening by a specified agency. References from the staff member's previous employers had not been obtained. On at 1:43 PM, Staff F stated that a check of Staff B's previous employer was conducted and it is now verified that Staff B did not have a break in service since 2013.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on through at The Allegro At Abacoa, License #12270. The facility had deficiencies at the time of the survey.

(An unannounced licensure complaint survey, CCR #2018013028, was conducted in conjunction with the above Relicensure survey. Please see separate report for findings.)

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

Based on interviews and record reviews it was determined the facility failed to ensure each resident's health assessment accurately reflected their care needs for 3 of 5 resident records reviewed (Resident #16, Resident #18, and Resident #7).

The findings include:

1) During interview and record review conducted with the (Resident Service Director), on beginning at approximately 11:40 AM, she was asked to explain why Resident #16's health assessment (dated) reflected this resident's needs cannot be met in an assisted living facility, which is not a medical, nursing or , facility. The stated the physician checked the incorrect area on this form and that this is an error. She was asked who is responsible for reviewing each resident's health assessment for accuracy and to ensure they are completed. She replied that she is responsible and so is her ARSD (Assistant Resident Service Director). She could not provide an explanation as to why this was not noticed prior to this review.

2) During interview and record review conducted with the (Resident Service Director), on beginning at approximately 11:40 AM, she was asked to explain why Resident #18's health assessment (dated) reflected this resident requires 24-hour nursing or , care (patient with gait and). The stated the physician assistant must not have understood the question correctly and that this is an error. She was asked who is responsible for reviewing each resident's health assessment for accuracy and to ensure they are completed. She replied that she is responsible and so is her ARSD (Assistant Resident Service Director). She could not provide an explanation as to why this was not noticed prior to this review.

3) The admission health assessment for Resident #7 was reviewed and did not have a date of the exam noted.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE JUPITER, FL 33458**	

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

AHCA Form 1823 information was not complete on the forms for these residents. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessments did not have the erroneous or omitted information obtained and documented. The facility provided no additional information for review at this time.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure each resident was provided with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. for 36 out of 78 residents on 3 of 3 floors of the facility and in the memory care unit.

The findings include:

During observational tour and interview conducted with the BOM (Business Office Manager), on beginning at approximately 9:20 AM, she acknowledged each resident of this facility does not have a cell phone or a method to make a private local or long distance call from their apartment. She was asked where telephones were located in the facility that residents could access without having to ask a staff member to assist them with providing them with the phone. She stated each nurse's station on each floor has a land line behind the nurse's station desk and a resident could always ask to use the phone at the reception desk. She was asked about the memory care unit. She stated there is a land line at the nurse's desk and all a resident would have to do is ask a staff member for the phone. She stated they discourage use of the phone, by residents, in memory care because they may call 911. The BOM was asked if residents are to go behind the nurse's station to gain access to the telephone. She acknowledged no they would have to ask and she also acknowledged if it is a land line then the resident's conversation would not be private at this location. She was asked if the facility maintains a resident phone list that identifies which residents have their own phones. The BOM stated they do have a list of cell phone numbers and she can identify which residents only have internal (room to room within the facility only) access.

The BOM provided this list on at approximately 10:00 AM. This list reflected out of 78 current residents, 36 current residents only have internal calling ability.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO AT ABACOA, (THE)	**1031 COMMUNITY DRIVE JUPITER, FL 33458**

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

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure an accurate daily medication observation record was maintained for each resident who receives assistance with the self administration of medications or medication administration for 4 of 9 sampled residents monitored during mediation observation (Residents #14, #15, #2, and #6) and for 2 of 2 staff observed (Staff A & Staff C).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medication for Resident #14, on beginning at approximately 8:10 AM, this resident was provided with 5 oral medications in tablet or capsule form. The following 2 medications had identified concerns related to dosage and method of ingestion:

a) Florajen 3 caps give 1 tab once daily (per label on medication): Staff A placed 1 capsule in the plastic medication cup with this resident's other pills. The MOR (Medication Observation Record) for indicated "Florajen 3 caps (orig) take 1 tablet by daily for ." Staff A was asked to clarify if this resident is to receive 1 capsule or 3 capsules, as the label and MOR were not clear. She stated she only gives 1 capsule. She failed to verify this discrepancy to the medication order prior to providing this medication to Resident #14.

b) 500mcg (under the) take 2 tablets (1000mcg) by once daily for supplement (per label on medication): Staff A placed 2 tablets in the plastic medication cup with this resident's other pills. The MOR for indicated " 500mcg take 2 tablets (1000mcg) by once daily for supplement." Resident #14 placed all of her medications in her and swallowed them with water. Resident #14 was asked if she placed any medication under her . She replied that she had not. Staff A was asked why the tablets (x 2) were not provided separately to this resident so she could take them . Staff A stated she was not aware of the need to provide this medication to this resident under her .

During subsequent interview conducted with the (Resident Service Director), on beginning at approximately 8:52 AM, she was informed of the above noted concerns regarding Staff A and the assistance of self administration of medication for Resident #14. The stated these concerns must be pharmacy transcription errors. She was reminded Staff A did not verify medication orders prior to the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

provision of the above noted medications. Review of Resident #14's health assessment noted could be provided PO or . The also obtained information from the pharmacy that Florajen was originally named Florajen 3 and that is why the MOR and label were not correct. However, the acknowledged Staff A did not know this at the time of the medication observation and that she provided these medication without clarifying medication orders.

2) During observation of Staff A providing assistance with the self administration of medication for Resident #1, on beginning at approximately 8:27 AM, this resident was provided with 1 oral medication in tablet form and 1 spray. The following spray had identified concern as to whether is was the correct spray.

a) 120 50mcg spray; spray 2 sprays into each nostril once daily for recurrent major , . The medication order, dated , indicated the same information for this medication. However, Staff A obtained an OTC (over-the-counter) bottle of (noted for relief) 50mcg per spray (spray 1 spray in each nostril daily). She was going to provide the to Resident #15 when this surveyor intervened and stated she needed to clarify with the nurse or which is the correct spray and dose to provide to Resident #15. This surveyor turned to enter data/notes into her computer and Staff A provided the to Resident #15 (2 sprays each nostril). This surveyor asked Staff A to call the to this medication room. She did so. During subsequent interview conducted with the , on beginning at approximately 8:42 AM, she was informed of the above noted observation. The acknowledged she was not familiar with spray and would contact the pharmacy for more information.

During subsequent interview and review of a print out from the Internet with the , on beginning at approximately 12:30 PM, this documentation indicated is the generic form of (not that was provided to Resident #16). However, the pointed out the / is for . She stated the family must have asked the pharmacist for a more cost effective spray (instead of). The was asked who is responsible for verifying the accuracy of the MORs for the residents of this facility. She replied all of the nurses. The was reminded Staff A provided the 2 sprays each nostril (the instructions on the bottle indicate 1 spray each nostril) prior to verifying if this was the correct medication and dose, as the MOR indicated spray for recurrent major , .

During review of the MOR's, the following omissions and errors were identified:

3) Resident #2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

a. 7:00 AM dose on was not initialed as given for .

4) Resident #6
a. 7:00 AM dose on was not initialed as given for .

During interview with Staff C on 11/28/18 at 10:30 AM, she confirmed that these medication were not documented as given, and showed as "missed" on the electronic MORs. Additionally, the medications were not documented as given on the substitute hard copy of the MORs for these residents. Staff C stated it could not be determined whether the residents did not receive the medication, or if the staff had omitted the documentation of receipt of these medications. The facility provided no additional documentation 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 1 out of 2 sampled unlicensed staff members (Staff 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 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 initial training was a 4 hour course completed on , signed by a "Director of Education". The training had not been conducted by a licensed Registered Nurse (RN) or Pharmacist, as required.

There was no documentation to show completion of the initial 4 hour plus additional 2 hours, or of 6 hours of initial training in self-administration of medication for Staff B.

During interview with Staff F on 11/29/18 at 12:30 PM, she confirmed that the documentation of the required training for Staff B was not available. The facility provided no additional documentation for review at the time of the survey.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	11/29/2018
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

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

Based on interview and record review it was determined the facility failed to submit its CEMP (Comprehensive Emergency Management Plan) for review and approval to the local emergency management agency within the required timeframe and it continues not to pass the review process.

The findings include:

During interview and review of CEMP (Comprehensive Emergency Management Plan) conducted with the ED (Executive Director), on beginning at approximately 1:35 PM, the last approved CEMP letter was reviewed. This letter, dated , indicated the CEMP is approved until and the next plan review submittal date is . This letter reflects the facility's plan year of - , of each year. (Picture obtained).

The Initial Review letter (that was not approved by the county) was dated . The First Revision Review letter (that was not approved by the county) was dated . The Second Revision Review letter (that was not approved by the county) was dated . The receipt for the Third Revision Review was dated . (Pictures obtained).

The ED was asked why the CEMP was not submitted within the required timeframe of . The ED produced a letter related to the Emergency Environmental Control Plan Submission Review that was dated . This letter indicated, "This approval does not change your annual CEMP submission requirements or expiration." He acknowledged this statement was in the body of this letter. The ED located a receipt, dated , for the Initial Review of the facility's CEMP. He acknowledged the CEMP was not submitted within the required timeframe as it was due to be submitted on .

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and a staff interview, the facility failed to obtain proof that a break in employment greater than 90 days from the date that the Level II Criminal Background Screening was completed and the employee's date of hire had not occurred for 1 out of 3 staff reviewed (Staff B).

The findings included:

On , during record review for Staff B, it was noted Staff B's date of hire was and the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968333	**11/29/2018**
NAME OF PROVIDER OR SUPPLIER **ALLEGRO AT ABACOA, (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1031 COMMUNITY DRIVE** **JUPITER, FL 33458**	

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

date of the background screening was .

A review of Staff B's employment history showed Staff B had no break in employment greater than 90 days between the date the background screening was completed and the employee's date of hire at this facility. However, there was no verification by the facility that the employment history documented by Staff B was accurate.

An interview was conducted with Staff F on 11/29/18 at 12:30 PM. At this time, Staff F could provide any documentation or information showing Staff B did not have a break in service of more than 90 days from a previous position that required a criminal background screening by a specified agency. References from the staff member's previous employers had not been obtained. On at 1:43 PM, Staff F stated that a check of Staff B's previous employer was conducted and it is now verified that Staff B did not have a break in service since 2013.

Unclassified