STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943069	**10/26/2018**
NAME OF PROVIDER OR SUPPLIER **ATLANTIC SHORE RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1500 NORTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on [redacted] at Atlantic Shore Retirement Residence, License #5954. The facility had deficiencies identified at the time of the visit.

(An unannounced licensure complaint survey, CCR #2018011136, was conducted in conjunction with the above Relicensure survey. Please see separate report for results.)

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

Based on observation, record review, and interview, the facility failed to have all residents reassessed after the resident exhibited a signficant health decline to ensure that all residents met the criteria for continued residency and that the residents Health Assessment Form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 2 of 2 sampled residents. (Resident #1 & #2).

The findings Included:

a) Record review was conducted for Resident #1 AHCA form 1823 dated [redacted]. The 1823 revealed diagnosis of [redacted] and [redacted]. Medication management was listed under the nursing and [redacted] services portion of the 1823 and required supervision with eating. Further record review revealed on [redacted] doctors orders referred Resident #1 for a hospice evaluation. Resident #1 was evaluated and admitted into Vitas hospice care on [redacted] with a diagnosis of [redacted] and [redacted] with behavioral disturbance. The hospice Integrated Care Plan (IDCP) was on file in a separate folder accompanied with a 6 month certification period between [redacted]. The hospice care notes also revealed that Resident #1 should be served a mechanical soft diet

Observations during the lunch hour revealed that Resident #1 was served a whole sandwich at 12:05 PM. The Resident did not touch the food until 12:25 PM. Staff D went to the table where Resident #1 was seated and began assisting Resident #1 with eating her food. On this day, there were several observations of Resident #1 refusing to eat and Staff D would encourage her to continue eating in which she would continue eating.

An interview was conducted with Staff D on [redacted] at 2:01 PM. Staff D confirmed that Resident #1 does require assistance with eating and before assisting with Resident #1, she always chopped her food because it is easier for her chew when it is bite size pieces rather than the residents taking big bites.

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An interview was conducted on [redacted] at 1:45 PM with the designee regarding the AHCA form 1823 not being reflective of the Resident's current health status due to hospice not listed on the AHCA form 1823, special diet instructions reflect resident to be served a regular diet and resident needing supervision with eating. The designee brought the resident hospice care team folder and admitted that the resident is currently under hospice care and acknowledges all of hospice notes requiring the resident to have a mechanical soft diet. The designee confirmed the findings and provided no further explanation.

b) Review of an undated AHCA form 1823 Resident #2 on [redacted] revealed that the resident has a history and medical diagnosis of [redacted] and [redacted], the resident is hard of hearing, hypoverbal and needs total assistance with ADL's.

Observations of Resident #2 on [redacted] between the times of 9:00 AM and 9:30 am revealed the resident was eating oatmeal and French toast and required feeding assistance which was provided by the personnel that cooks and prepares the food. Review of the Facility's menu for lunch signed by the licensed dietician revealed the following menu items were served: a bologna sandwich, vegetable soup, and a side of peaches with a beverage of choice.

Observations of Resident #2 for lunch being assisted by Staff D revealed that the staff member cut the Bologna sandwich into multiple cubed pieces, poured it into Resident #2's bowl of soup, then mixed it together, than feed the mixed goulash to Resident #2. Resident #2 has no [redacted] to chew the food that is served and prepared on the menu, and therefore all food served to the resident is made softer than originally prepared from the kitchen by the staff that assist the resident.

Review of the most current 1823 form dated for [redacted] reveals that the resident only requires supervision with eating and that she is on a regular diet. The resident is nonverbal and only mumbles when spoken too. The resident is unable to communicate her care needs.

During an interview with the Administrator on [redacted] at 3:34 pm, it was stated that Resident #2 is able to feed herself sometimes when the food is put in front of her. Until Surveyor intervention, the Administrator was unaware of Resident #2's decline and that the facility staff has been feeding the resident for all meals and mixing the food together to make it softer for the resident to eat. During this time, the administrator acknowledged that the facility failed to have the resident reassessed, no further information was provided for review during this time.

Class III

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

Based on review, observation, and interview; the Assisted Living Facility (ALF) failed to follow the assistance with self- administration of medications process for 2 of 16 residents (#8 and #9). The Assisted Living Facility staff member (ALF) also failed to wash her in-between resident #8 and #9; while assisting with self-administration.

Findings include:
During a review of the Medication Observation Record (MOR) on at 12:15pm, it was observed that the MORs book was signed prior to the commencement of the Medpass for both resident #8, and resident #9.

During observation of the medication pass; and prior to starting the next medpass, the DON/Designee was observed not washing, sanitizing or applying gloves in-between assisting with self-administration for resident #8 and resident #9.

During an interview with the facility DON/Designee on at 12:40pm, she stated that she always signs the Medication Observation Record book; when she retrieves the resident medications; not when she administers. The DON/Designee stated that she always initials the MORS book before giving out the medication. The DON/Designee also stated that she forgot to use her pocket sanitizer, while doing medpass.

Class III

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

Based on observation, record review and interview, the facility failed to ensure that all staff who provide direct care to residents received all of the required 1-hour in-service trainings within 30 days of employment.

The findings included:

Employee Record review of the file for Unlicensed Staff (Staff B) hire date , revealed that the required 1 hour in- service training certificate of Emergency preparedness & Evacuation was missing the number of hours on the certificate.

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During an interview with the Administrator on at 3:30 PM the findings were discussed and acknowledged. The Administrator was given the opportunity to locate the documentation, no additional documents were provided for review

Class III

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

Based on record review and interview, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) readily available for the agency review.

The Findings Included:

On at approximately 9:00 AM, the CEMP was requested during the entrance conference. The plan was requested again at 10:26 AM, 11:59 AM and 1:40 PM. At 2:30 PM the designee admitted that she cannot locate the documents requested. She further stated she submitted them to the county and she received a rejection letter stating the plan did not meet AHCA criteria. The surveyor requested to provide the last aproved CEMP and the designee was unable to provide documentation for the request as well. The designee provided no further documentation and acknowledge the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to submit an Emergency Environmental control plan to the local Emergency Management Agency for review and approval.

The Findings Included:

On at approximately 9:00 AM, the emergency environmental control plan was requested during the entrance conference. The plan was requested again at 10:26 AM, 11:59 AM and 1:40 PM. At 2:30 PM the designee admitted that she cannot locate the documents requested. She further stated she submitted them to the county and she recieved a rejection letter stating the plan did not meet AHCA criteria. The designee provided no further documentation and acknowledge the findings.

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Class III