STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969122	**11/14/2018**
NAME OF PROVIDER OR SUPPLIER **THE RESIDENCE AT DANIA BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 STIRLING RD** **DANIA BEACH, FL 33004**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on and at The Residence at Dania Beach (License #12950). The facility had deficiencies at the time of the survey.

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

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 3 out of 8 sampled residents reviewed for medications (Resident #5, Resident #19 and Resident #20).

The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Staff E on the following was observed:

Staff E donned gloves, took the medication out of the med cart, took the pill from the medication package after reading the label, put the pill in the medication cup, took it to the resident, explained to the resident what they were getting, observed Resident #20 take the medications, than signed the Medication Observation Record (MOR).

Staff E gave the medication to Resident #20, observed the resident take the medication, and signed MOR for given without reviewing the MOR to determine that the right medication was given, at the right time, right route, or right dosage amount . The same process was followed by Staff E for Resident's #19 and #5.

During an interview with the Administrator, the Assistant Administrator, the Business office Personnel and the Director of Nursing (DON) on at 4:06 PM, the findings were discussed and acknowledged. No additional information was provided for review.

Class III

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

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

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employee files reviewed (the Assistant Director) had a current ( ) evaluation indicating that he was free from .

The findings included

During the employee record review on , it was noted that the Assistant Director hired on had a negative test that expired on . There was no current testing documentation in the employee's record.
During an interview with the Assistant Director of operations on 11/14/2018 at about 1:00 PM, he indicated that he was not aware that his test had expired. He reported that he will address that issue as soon as possible.

Class III

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

Based on observation, record review and interview, the facility failed to ensure that all meals are served at safe and palatable temperatures and that appropriate dietary standards are followed by the Dietary Manager.

The findings included:

On at 11:50 AM, during the kitchen tour multiple food items were observed not labeled and dated. The Refrigerator temperature, in the kitchen area that contained prepared deserts, therapeutic meals for the residents, was at 50 degrees Fahrenheit.

There was no temperature log kept to monitor the refrigerator's temperature. There were left over Pancake dated ; left over pre-cooked chicken dated . A container had a brown food item that was unlabeled; a container of dough was left in the refrigerator unlabeled; Left over Meatloaf dated ; many bags of left over bread were not labeled. There were multiple unidentified food items that were unlabeled; a deep pan contained soup that was prepared on . In addition, the garbage bins in the kitchen containing trash were uncovered. The facility did not have a current menu for the three-day disaster emergency food supplies, the provided menu dated and expired .
Many cans of food in the 3-day disaster emergency food supplies were expired (photographic evidence retained). The dining menu was not dated with the current date.

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	AL11969122	**11/14/2018**
NAME OF PROVIDER OR SUPPLIER **THE RESIDENCE AT DANIA BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **150 STIRLING RD** **DANIA BEACH, FL 33004**	

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

During an interview with the Food Service Director on at 12:30 PM, she reported that she has requested a new thermostat for the refrigerator and consequently has not kept a log of the temperature. She also indicated that she was new at the position and that she was in the process of progressively implementing all necessary changes.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on observations, interviews and record review, the facility failed to maintain an up-to date admission and discharge log that clearly identifies all limited mental health (LMH) residents and ensure that each Limited Mental Health resident has on file a community living support plan (CLSP) or agreement for 1 of 1 sampled LMH residents residing at the facility (Resident #1).

The findings included:

While reviewing the facility's Admission and Discharge log on 11/14/2018 it was revealed that Resident #1 was not identified on the Admission and Discharge log as limited mental health. During a record review of Resident #1's file it was observed no documentation of the Community Living Support Plan or Agreement.

During an interview with the Assistant Administrator on 11/14/2018 at 3:00 pm it was stated that the facility currently only has 1 LMH resident at the facility, and that he does not recall having a Community Support Plan or Agreement for the resident, and that he will double check. Prior to exiting the facility at 4:00 PM on the documentation was requested for a second time. No documentation was ever provided.

During an interview with the Administrator, the Assistant Administrator, the Director of Nursing, And the Business Office Personnel at 4:06 pm on the findings were discussed and acknowledged, no further information was provided during this time.

Class III