STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911449	**12/18/2018**
NAME OF PROVIDER OR SUPPLIER **PLAZA OF HALLANDALE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3535 SW 52ND AVENUE** **PEMBROKE PARK, FL 33023**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) with Extended Congregate Care (ECC) survey was conducted on - at Plaza of Hallandale Beach, License #5120. The facility had deficiencies at the time of the survey.

(An unannounced licensure complaint survey, CCR #2018014390, was conducted in conjunction with the above CHOW with ECC 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 was re-assessed for continued residency upon significant health changes to ensure that the resident's needs could be met in the facility, for 1 out of 10 sample residents reviewed (Resident #14).

The findings included:

During a tour of the facility, on at 9:45 AM, Resident #14 was seen with yellowish looking skin, dry cracked , and . An interview with Resident #14, on at 9:50 AM, she stated that she has lived in the facility for about 2 years and expressed no concerns. Inquired if, she was thirsty and want something to drink, and Resident #14 refused even though she stated that her medications makes her dry.

Observation of Resident #14 during mealtime, on between 12:00-1:00 PM, revealed poor appetite and refused food or anything to drink. Resident #14 requested chicken wings and the chef prepared some for her and she ate it however, did not drink any fluid (water, juice, coffee). Observation of a manager (DON) supervising mealtime, attempt to encourage Resident #14 to drink something, and she refused.

During a record review on and of Resident #14's file and revealed the Health Assessment (AHCA form 1823) dated , an admission date to the facility on , required assistance with all activities of daily living (i.e. ambulation; bathing; ; toileting, and transferring). A recorded on the 1823 dated /8 states . and another recorded on 1823 dated state . Recent progress notes for the past 2 weeks (-) reveal Resident #14 refusing food or drinks with poor appetite. The POA (Power of Attorney) Resident #14's daughter notified of decline and refuse to send her mother to the hospital. The physician notified and ordered labs drawn and facility waiting on results. No documentation of recorded to identify any loss of

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and no dietary assessment for any nutritional supplement.

Observation made on at 9:30 AM, Resident #14 eating breakfast independently however, no fluids. During an interview with the DON, on at 10:00 AM, he stated that he is still waiting on lab results. Further interview, he stated, that Resident #14's input and output is not monitored, or assessed for , however, stated a physician's order for puree diet dated was given.

During an interview with the DON, on at 10:30 AM, confirmed the lack of re-assessing Resident #14 for continued residency upon significant health changes to ensure that the facility can meet the resident's needs.

Class III

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

Based on record review and an interview, the facility failed to ensure 1 out of 4 sampled staff had submitted a written statement from a health care provider documenting freedom from ( ) annually, for 1 out of 4 sampled staff (Administrator).

The findings included:

Record review of the Administrator's file revealed the file lacked evidence from a health care provider documenting the Administrator's freedom from ( ) on an annual basis. Further record review revealed a written statement from a health care provider with an expired date of 11/28/17. The Administrator was given the opportunity to locate the missing information on at 1:48 PM. However, no further documentation was provided for review.

Class III

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

Based on observation, interview, and record review, the facility failed to ensure 1 of 4 sampled staff (Staff B) received the required 3 hour of in-service training within 30 days of employment that covers the following subjects: Resident behavior and needs; and providing assistance with the activities of daily living.

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The findings included:

During an employee record review, on with the Office Manager, revealed Staff B (hire date), there was no documentation showing the completion of the regulatory required 3 hour in-service training on Resident behavior and needs; and providing assistance with the activities of daily living within 30 days of hire.

During an interview, with the Administrator, on at 2:00 PM, she acknowledged the absence of documentation for the employee confirming their completion of this required staff training. No further documentation or information provided at that time.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on interview record review and observation, the facility failed to receive the required training in and Related (ADRD) for 1 out of 4 sample employee records who interact and provide care on a daily basis to residents with ADRD (Staff B)

The findings included:

During a record review of employee records on at 1:35 PM with the Office Manager, to determine compliance reveal one current staff member (Staff B, hire date) did not receive required training Level I and II in 's and Related that address the following subject areas:
1. Understanding 's and related
2. Characteristics of 's
3. Communicating with residents with 's
4. Family issues
5. Resident environment
6. Ethical issues

and Related Level II Training must address the following subject areas:
1. Behavior management
2. Assistance with ADLs
3. Activities for residents
4. Stress management

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This training is required for staff members who have regular contact by providing care and interacting on a daily basis with residents with ADRD. The facility has a secured memory unit with 24 residents in addition to other residents with . Observations made during the survey conducted on - reveal most residents have demographics of with ADRD, , and memory loss.

During an interview with the Office Manager and Administrator, on at 2:00 PM, they acknowledged and confirmed the findings and no further documentation or information provided.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required one hour training in the facility's policy and procedures regarding training ( ) within 30 days after employment for 1 out of 4 sampled employees (Staff A).

The findings included:

On the personnel files for Staff A was reviewed and the following was revealed:

Staff A's file (hire date) was reviewed for documentation of the one hour training in the facility's policy and procedures regarding . The training was not located in Staff A's employee record.

The Administrator during an interview at 1:48 PM on provided no further information for review.

Class III

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

Based on observation, interview and record review, the facility failed to follow dietary standards. The facility failed to provide the appropriate therapeutic diet for 1 of 20 residents observed in the dining room (Specifically, Resident # 16). The facility failed to serve residents their lunch meal with dignity and respect.

The findings included:

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On at 12:00 PM, an observation was made of the lunch dining meal in the Memory Care Unit. It was revealed that Resident # 16, who suffers from (Trouble swallowing) was given a regular consistency bowl of Spinach soup. The resident began to aspirate. The resident had to be removed from the dining room and taken to her room for a . The Nurse provided a prn (as necessary) , per doctor's orders.

A review of the Florida Health Assessment (form 1823) for Resident # 16 dated reveals the resident has precautions. The physician ordered a puree diet with thickened liquids.

The dining observation further revealed that there were 20 residents in the dining room. There were 10 residents who required assistance or supervision with eating. There were 3 facility staff present to assist with 8 residents. There were 2 residents observed being fed by Hospice Staff. Staff E was observed feeding 2 residents . This practice indicated a break in control. The resident's were not being treated with respect, dignity and individuality. The staff was not providing personalized attention to the two residents.

On at 12:30 PM, an interview was conducted with the Memory Care Unit Supervisor. She acknowledged that Resident # 16 had been initially given the wrong bowl of soup. She retrieved the puree bowl of soup after the resident began choking. She also admitted that one of their staff had to leave early. She confirmed that they were short one staff member.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member must contain an employment application with references and job description as required for for 2 out of 4 sampled staff records (Administrator and Staff C).

The findings included:

(a)An employee record review was conducted on at 1:48 PM with the Administrator, found no documentation of an application and a job description as required for the Administrator hire date of .

(b)A review of the personnel file for Staff C was conducted. It was revealed that Staff C, who is a

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Licensed Practical Nurse, (LPN), who was hired on . It was revealed that the employment application with references was missing from the file. On at 01:48 PM, an interview was conducted with the Human Resources Manager. She stated that a new company had purchased the facility and the new application had been omitted from the file.

In an interview conducted on at 1:48 PM the Administrator was made aware of the record reviews and acknowledged no documentation of the application with references and job description on file in the Administrator and Staff C employee file at the facility. The Administrator provided no additional information.

Class

E210 - ECC - Training - 58A-5.0191(8) FAC

Based on employee record review and staff interview, the facility failed to ensure 1 of 4 sampled staff (Staff B) received the required 2 hour of specialized in-service training within 6 months of hire in providing care to residents in an extended congregate care program (ECC) .
The findings included:

During an employee record review, on with the Office Manager, revealed Staff B (hire date), there was no documentation showing the completion of the regulatory required 2 hr. in-service training in extended congregate care program and providing care to residents in the ECC program. The training must address extended congregate care concepts, requirements, and delivery of personal care and supportive services in an extended congregate care facility.

During an interview, with the Administrator, on at 2:00 PM, she acknowledged the facility has a specialty license of ECC and the absence of documentation for the employee confirming their completion of this required staff training. No further documentation or information was provided at that time.

Class III

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

Based on employee record review and a staff interview, the facility failed to obtain a background screening compliance attestation affidavit in the employee file, for 1 of 4 sampled employees reviewed (Administrator).

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The findings included:

Record review of the Administrator's file revealed the file lacked evidence of a Background Screening Attestation Affidavit. Further record review revealed a hire date of . . . . . . The Administrator was given the opportunity to locate the missing information on at 1:48 PM. However, no further documentation was provided for review.

Unclassified