STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	01/15/2019
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT GREENACRES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3400 JOG RD** **GREENACRES, FL 33467**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was completed on . . . . . at Arbor Oaks of Greenacers (Lic#9996). The facility had deficiencies identified at the time of the survey.

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

Based on observation and record review, the facility failed to ensure that all residents who use bedrails as a . . . . , was reviewed annually by a licensed physician, for 1 of 4 sampled residents (Resident#9).

On at approximately 9:50AM, during the observational tour, Resident#9's bed was observed with . siderails on both side of the bed. Resident#9 was admitted to Hospice on . . . . and the bedrail order was written . Further review revealed, as of , the order has not been reviewed or updated by a licensed physician.

During an interview with the Administrator on at approximately 3:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation, record review and interview, the facility failed to accurately update the Medication Observation Record (MOR) for 1 of 5 sampled residents (Resident#3).

The Findings Included:

On at approximately 10:09AM, a medication administration was observed with Staff A. During review of Resident# 's MOR it was revealed the resident has an order for D 50,000 Units to be given once a week on Friday's. Further review revealed the MOR was signed daily to reflect the resident receives the medication daily. Review of the Medication on Time Pharmacy medication package revealed the medication is only packaged for the Friday dose, verifying the medication is only given on Friday. During an interview with Staff A at this time she stated the medication is only given on Fridays and she is not sure why the MOR's are signed daily.

On at approximately 3:00PM during an interview with the Administrator, she acknowledged

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the findings.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review, it was determined the facility failed to ensure that any change in direction for use of a medication for which the facility is providing assistance with is accompanied by a written medication order and signed by the resident's health care provider, and as for 4 of 5 sampled residents observed (Resident #11, Resident #12, Resident #13, and Resident #14). The facility also failed to follow the instruction of the physician order for 1 of 5 sampled residents (Resident#2).

The findings included:

a) Review of the facility's policy on crushing medications revealed the following:

Medications will be crushed in accordance with physician's orders and regulatory guidelines without infringing on the resident's personal rights.

1. The facility nurse obtains a physician's order prior to crushing a resident's medications.
2. The pharmacist is consulted to verify appropriate foods the medication may be mixed with . This phone conversation must be documented in the residents chart
3. The physician's order and documentation of the telephone consult is maintained in the residents chart.

While observing a medication pass between the times of 12:00 PM and 1:00 PM on with Staff D the following was observed:

Resident #11- Staff D washed her , donned gloves, reviewed the MOR, took the medication from the medication cart, reviewed the medication label, than took the pill out and put it into a clear small plastic bag. Staff D than took the bag with the pill in it, inserted it into the pill crusher, put the crushed pill in a medication cup filled with apple sauce, mixed it together, than put the medication package in the medication cart. Staff D than took the crushed pill in apple sauce and a cup of water to Resident #11, fed the resident the apple sauce with the medication, observed the resident swallow the mixture, offered the water, took off the gloves, than signed the MOR.

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Staff D continued the same process for Resident #12, Resident #13, and Resident #14. During an interview with Staff D at 12:15 PM on it was stated that everyone here in Memory Care gets their med's crushed because it is easier for them to swallow.

Review of the files and the MOR's for each resident observed (Resident # 11, Resident #12, Resident #13, and Resident #14) revealed that not one resident had instructions listed from the pharmacy or the physician that their medications is to be crushed daily.

b) On at approximately 10:25AM, during a medication observation, Resident#2's MOR was compared to the label on the medication package. Resident#2 receives 75mcg. 1 tablet by daily on an empty . Further review of the MOR revealed the recommended medication time is documented as 7AM. The resident was given the medication at 10:25AM after breakfast was eaten. At this time Staff A was questioned as to why the resident did not receive the medication on an empty (before breakfast) as directed. She was unable to give an answer, and she was also unable to provide any information as to what time the resident routinely receives the medication.

During an interview with the Administrator on at 3:00 PM, it was stated that all of the Nursing staff just recently had a training on medications from the pharmacy last month , and that Staff D knows that all medications that are crushed requires an order. During this time, the finding were discussed and acknowledged, no further information was provided for review.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that at minimum, the Administrator had a Diploma or GED on file in the facility (Staff A).

The Findings Included:

On a approximately 1:00PM, a review of Staff A's file revealed no high school diploma, GED, or proof of any higher education. At this time the Administrator was provided an opportunity to locate the

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documentation.

During an interview with the Administrator on at approximately 3:00PM, she acknowledged the findings, and provided no additional documentation for review.

Class

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

Based on record review and interview, the facility failed to maintain document dates of regular and therapeutic menus and substitutions on file for six months.

The finding included

During an interview with the Food Service Manager, On at approximately 1:45 PM, the Food Service Manager was unable to locate the document dates of regular and therapeutic menus and substitutions on file for six months.

During an interview with the Administrator, on at approximately 2:00 PM, she stated that she thinks that they might have been thrown out when the new Food Service Manager started and cleaned out the office. She further stated that the new Food Service Manager started about 3 weeks ago.

Class III

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

Based on observation, interview, and record review the facility failed to maintain proof of an attestation of compliance for the Background Screening Clearinghouse for 1 of 4 Staff files reviewed (Staff D).

The findings included:

Review of the file for Unlicensed Staff (Staff D) hired on revealed that Staff D had no documentation of proof of compliance by attestation that there has not been a break in service from employment of more than 90 days and that Staff D had no previous disqualifying offenses prior to the background screening.

During an interview on at 1:00 PM with the Business Office Manager (BOM) and the

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Administrator, the missing documentation was requested and unable to be found by both staff upon given the opportunity to locate the documentation. The Administrator stated that she was sure it has been done because the staff had been working at the facility for so long. The findings were discussed and acknowledged during this time, no further information was provided for review.

Unclassified