

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967572	(X3) DATE SURVEY COMPLETED 02/12/2019
NAME OF PROVIDER OR SUPPLIER TOUCH OF KLAS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 560 SW 60TH AVENUE PLANTATION, FL 33317	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on _____ at Touch of Klass ALF, License #11583. The facility had deficiencies at the time of the survey.

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

Based on records review and interview, the facility failed to ensure that 1 of 3 residents' records (Resident #3) were updated to reflect her current health and physical status.

The findings included:

During record review on _____, it was noted that Resident#3's health assessment (AHCA form 1823) dated _____ reflected that the resident needed assistance with ambulation. The form revealed that Resident #3 had gait instability secondary to _____ Ataxis. It further indicated that Resident#3 needed assistance for all activities of daily living including ambulation. Review of the Hospice revised Interdisciplinary Plan of care dated _____ indicated that Resident #3 receives hospice services and that staff would maintain safety measures as related to Resident #3's _____ increase and _____ and _____.

During an interview with the Administrator on _____ at 1:16 PM, she reported that the resident was admitted to hospice in _____. She said that the resident has not been able to stand for more than three years.

At the time of the exit meeting with the Administrator on _____, she provided no additional information as to why the Health Assessment was not updated to reflect that the resident was receiving hospice services and that she was unable to stand and required total assistance for ambulation.

Class III

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

Based on observation and interviews, the facility failed to follow the regulatory requirements while assisting 1 of 3 residents (Resident #2) with self-administration of medications.

The findings included:

While observing Employee B perform the task of assisting residents with self-administration of their

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medications on at 12:13 PM, it was noted that Employee B washed her , retrieved the medication container from the cabinet and placed them on the table next to Resident #2. She then took and placed the MOR next to the resident on the table and sanitized her . Then, she told the resident "I am going to give you your medications". She put a pill in a small plastic cup and then placed it next to the resident and signed the medication observation record (MOR). Without observing the resident take the medication, and without informing the resident about the name of the medication, she left and informed this writer upon inquiry that she had completed the task. Review of the Health Assessment (AHCA form 1823) for Resident #2 showed that she needed assistance with self-administration of medications. During a follow-up interview with Employee B on at 12:20 PM, she acknowledged her errors, no additional information. During an interview with the Administrator on at the time of the exit meeting at 3:06 PM, she indicated that she had done multiple medication in-services with her staff in addition to the trainings they had received. She was surprised that Employee B had not performed that task as she should have. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to obtain and record, 1 of 3 residents' (Resident #3) bi-annually, as required. The findings included: Review of the record showed that Resident #3's was last updated on . There were no additional recorded since. Resident #3 was admitted to the facility on according to the Admission Records. Review of the Health Assessment (AHCA form 1823) dated indicated that Resident #3's and 2 inches. However, there was no recorded on the form. Review of the Hospice revised Interdisciplinary Plan of care dated indicated that Resident #3 receives hospice services and that staff would maintain safety measures as related to Resident #3's increase and and . However, no was recorded or reported. Review of the resident's records registered in a three-ring binder revealed that no taken since for Resident #3.		

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During an interview with the Administrator on at 1:16 PM, she reported that the resident was admitted to hospice in . She said that the resident has not been able to stand for more than three years. She also informed that she does not have the proper balance such as the wheelchair balance in order to the resident. Class		