STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969187	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **LAURIN MANOR ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5170 ST JOHN AVE S** **BOYNTON BEACH, FL 33472**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Laurin Manor Assisted Living Facility Llc (Lic#13002). There were deficiencies identified at the time of the survey.

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

Based on record and interview, the facility failed to ensure that all residents Agency for Healthcare Administration Health Assessement (AHCA Form 1823) was updated upon a significant change (Hospice) for 1 of 2 sampled residents (Resident#5).

The Finings Included:

On at approximately 1:00PM, a resident record review was conducted for Resident#5 whose admission date was . The record review also revealed Resident#5's initial AHCA Form 1823 was dated and she had a diagnosis of , , HLD, PNA, Non-ST-elevation , infraction ( ), Lumbago with rediculopathy, , collapsed , and , . Resident#5 was admitted to Hospice Care on . Further record review failed to reveal a reassessment and an updated AHCA 1823 form after the admission to hospice.

During an interview with the Administrator on at approximately 1:30PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation and interview, the facility failed to follow appropriate steps when assisting a resident with his/her self-administered medications, for 2 out of 2 residents (Resident #1 & #2) observed during the medication pass.

The findings included:

During observations of the medication pass on at 9:12 AM, Staff A (unlicensed) was noted to review Resident #1's Medication Observation Record (MOR) and the pre-packaged medications for all of Resident #1,s medications in the presence of this surveyor. After ensuring the correct medications, Staff A went to the Resident #1 and gave him the medications without telling Resident #1 what the

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medications were and what they were for.

Staff A then went to the medications to prepare the medications for Resident #3. Following the same process, Staff A retrieved the medications and reviewed the MOR and the prepackaged medications for all of Resident #3's medications in the presence of this surveyor. After ensuring the correct medications, Staff A went to Resident #3 and gave him the medications without telling Resident #3 what the medications were and what they were for.

During an interview with the Administrator, on at approximately 10:00 AM, she stated that the residents and/or their POA signed a waiver stating that it was not necessary for staff to review the medication with the residents at the time the medications are given to them for self-administration.

Class III

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

Based on record review and interview, the facility failed to ensure that a Resident's MOR was accurate and updated at the time assistance is provided, for 1 out of 2 sampled residents (Resident #3).

The finding included:
During observations of the medication pass conducted on at approximately 9:12 AM, the following was noted.
Resident #3 had a prescription for "Furosamide 20 mg by once a day" -written in the resident's MOR. Resident #3's medication packet and MOR for documents "Furosamide 20 mg 1 tablet by once a day". A review of Resident #3's physician orders revealed that the order was for "Furosamide 20 mg 1 tablet by every other day"

During an interview, on at 1:12 PM, with the Administrator, she stated that she would have an in-service with the staff to make sure that they are following the proper orders and that she was not aware of the orders not being transcribed inaccurately on the resident's MOR.

Class III

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

Based on record review and interview, the facility failed to ensure that all residents were receiving

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medication as prescribed by the physician for 1 of 2 sampled resident (Resident#5). The facility also failed to notify the Healthcare Provider regarding any concerns for a resident's medications.

The Findings Included:

On at approximately 10:00AM, the facility Medication Observation Record (MOR) was reviewed for Resident#5. The MOR revealed Resident#5 was scheduled to receive the following medications: 150MCG Tablet, 1 tablet by everyday on an empty , at 7:00AM, 300Mg. Capsule 1 capsule three times a day 8AM, 2PM, and 8PM, CL ER 20Meg tablet one tablet by daily 8AM, 25mg. tablet 1 tablet by daily 8AM, 25000 MCG tablet 1 tablet everyday 8AM, 15mg. 1 tablet by with food daily 8AM. At this time, a interview was conducted with the Administrator and Staff C who stated Resident#5 is not awake at the times her medications are schedule, and she receives them when she wake up (no specific time given). Further observation revealed Resident#5 received her medication at approximately 11:15AM just prior to receiving her breakfast.

During an interview with Resident#5 at approximately 11:25AM, she is not an early riser, she takes her medications when she gets up. She usually get up around 9:30PM, however , today was an exception as she got up much later. She stated she does receives her medications and there have not been any problems. It was also revealed the facility had no documentation indicating notification to Resident #5's Healthcare Provider regarding the need to change the medication times due to the resident's daily preference to sleep late in the morning delaying medications and possible overlaping medications.

During an interview with the Administrator at approximately 1:35PM, she acknowledged the findings.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff received a annual exam by a licensed professional documenting evidence of freedom of , for 1 of 2 sampled staff (Staff C).

The Findings INcluded:

On at approximately 12:30, a employee record review was completed for Staff C whose hire

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date was . Staff C works as a CNA at the facility, and upon hire a communicable statement was provide and dated . Further review revealed Staff C's file did not have any documentation of a annual screening documenting evidence of freedom of . At this time the Administrator was provided an opportunity to locate the documentation..

During an interview with the Administrator on at approximately 1:30PM, she acknowledged the findings, and provided no additional documentation for review.

Class III

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

Based on observation and interview, the facility failed to maintain the minimum amount of required emergency water on , for 5 of 5 residents.

The Findings Included:

On at approximately 11:30AM, the facility emergency food and water storage was observed with the Administrator. There was one case of 1 liter bottles of water (approximately 4 gallons) and a partial case of 16oz waters (approximately 1 gallons). The required amount of water for a census of five is a minimum of 45 gallons. At this time, the Administrator stated they have a water contract with a Wholesale company, but was unable to provide a copy of the contract.

During an interview on at approximately 1:30PM, she acknowledged the findings, and provided no additional documentation for review.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure the facility Enviromental Emergency Control Plan (EECP) was implemented by the extension date, the facility also failed to obtain a variance extension. The facility also failed to ensure there was an alternate power source and fuel stored at the facility.

The Findings Included:

On at approximately 12:45PM, the facility EECP was reviewed. The EECP was approved by

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the local emergency management agency on . The review revealed the facility had received an extension until , as of , the facility had not implemented there emergency power plan and did not have a variance extension on file. At this time, an interview was conducted with the Administrator who stated the facility has a generator as the alternate source, but the generator is stored at an off site location. At this time, the facility does not have an alternate power source on site.

During an interview with the Administrator on at appropriately 1:40PM, she acknowledged the findings and provided no additional documentation for review.

Class III