STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953238	**03/12/2019**
NAME OF PROVIDER OR SUPPLIER **HOLLYWOOD BEACH RET. HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1722-26 MADISON STREET** **HOLLYWOOD, FL 33019**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Hollywood Beach Retirement Home, License #5026. The facility had deficiencies at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that all medications be kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times for 1 of 1 medication carts observed.

The findings included:

On [redacted] at 09:15 AM, an observation was made in the Activity Room. It was revealed that the medication cart was left unattended by Staff A. It was further revealed that the second drawer of the medication cart was pulled out. The entire cart was unlocked. There were 5 residents present in the activity room at this time in the Limited Mental Health Facility. The Surveyor remained beside the medication cart for approximately 5 minutes, until Staff A returned. (Photo included).

On [redacted] at 09:25 AM, an interview was conducted with Staff A. She stated she didn't realize that she had left the cart open. She stated that she was trying to contact the Administrator and became nervous.

On [redacted] at 10:00 AM, an interview was conducted with the Administrator. She stated that Staff A had been trained to keep the medication cart locked at all times. She acknowledged the findings.

Class III

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

Based on interview and record review, the facility failed to ensure that the signed attestation form was maintained in each employees personnel file, for 4 of 4 employee records reviewed (Specifically, the Administrator, Staff A, B, and C).

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

The findings included:

On a review of the employee personnel files was conducted. It was revealed that the following did not have a signed attestation form indicating they meet the requirements for qualifying for employment:

a) The Administrator was hired on .
b) Staff A was hired on to provide direct care.
c) Staff B was hired on to provide direct care.
d) Staff C was hired on to provide direct care.

On at 03:00 PM, an interview was conducted with the Administrator. She acknowledged the findings.

Unclassified