STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966474	04/09/2019
NAME OF PROVIDER OR SUPPLIER **PERSONAL ELDER CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 ORCHARD WAY** **WEST PALM BEACH, FL 33417**	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on . . . . . at Personal Elder Care II (Lic#10658). The facility had 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 review and interview, the facility failed to ensure that a -to- health assessment was completed by a licensed healthcare professional after a significant change, for 1 of 2 sampled residents (Resident#1).

The Findings Included:

On at approximately 9:00AM during the facility tour it was observed Resident#1 uses as needed. During a record review for Resident#1 revealed a physician order dated for / 2 Liters with diagnosis of and Hypoxemia. A review of Resident#1's Agency for Healthcare Administration health assessment (AHCA Form 1823) dated revealed, theform was not reflective of Resident#1's new diagnosis and significant change which resulted in a new use order. Further review revealed the resident receives home health services to maintain the and it also is not documented on the resident's AHCA Form 1823.

During an interview with the Administrator on , at approximately 2:15PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure that all newly hired staff received a house Pre-service orientation prior to providing care services to residents for 1 of 4 sampled staff (Staff C).

The Findings Included:

On at approximately 12:00PM, a employee record review was completed for Staff C whose hire date was ; no signed statement documenting completion of the required 2 hour Pre-Orientation training prior to interacting with residents could be located within the file. At this time, the

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Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 2:20PM, she acknowledged the findings and provided no additional documentation for review.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that all staff received 1 hour of / training within 30 days of hire for 1 of 4 sampled staff (Staff C).

The Findings Included:

On at approximately 11:00AM, an employee record review was completed for Staff C (hired on 03/042019); no certificate for completion for 1 hour of / training. At this time, the Administrator was provided an opportunity to locate the documentation.

During an interview with the Adminisitrator at approximately 2:30PM, she acknowledged the findings and provided no additional documentation for review.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings INcluderd:

On at 9:45AM, the facility approved CEMP was requested. The Administrator stated the facility currently does not have an approved CEMP. The last approved CEMP was valid through - . Further review revealed the 2nd revision was submitted on and rejected on . At this time, the facility does not have an approved CEMP.

During an interview with Administrator on at approximately 2:30PM, she acknowledged the findings an provided no additional documentation for review.

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Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review, observation, and interview, the facility failed to maintain the required amount of fuel on site to maintain the facility emergency power source in the event of a power outage. The facility also failed to ensure that all residents / guardian was notified of the facilities compliance with the Emergency Enviromental Control Plan (EECP) for 1 of 3 sampled residents (Resident#1, #2, #3).

The Findings Incuded:

On at approximately 10:30AM the facility EECP checklist was reviewed. At this time, the facility alternate power source and fuel was observed. The facility had 2 full propane fuel tanks on sight and according to the approved EECP, one propane tank provided 10 hours of generator usage and the required 48 hour power source would not be maintained. Further review revealed the facility failed to notify all residents / guardians of the facility's compliance and implementation of the EECP.

During an interview with the Administrator on at approximately 2:30PM, she acknowledged the findings and provided no additional documentation for review.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to register all staff in Agency for Healthcare Administration (AHCA) background screening clearinghouse within 10 days of hire for 1 of 4 sampled staff (Staff D).

The Findings Included:

On .2019 at approximately 11:00AM, the facility AHCA background screening facility roster was reviewed along with the facility current staffing schedule. Staff D (live-in maintenance staff) was hired on . Further review revealed Staff D was not registered with the clearinghouse within 10 days of hire. During an interview with the Administrator at this time, she stated she wasn't sure if he needed to be registered due to him not providing resident care.

During an interview on at approximately 2:15PM with the Administrator, she acknowledged the findings and provided no additional documentation fro review.

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Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure a new Agency for Healthcare Administration (AHCA) background screening was completed for staff who had a 90 break in service from an employer who conduct Level II background screenings for 1 of 4 sampled staff (Staff C).

The Findings Included:

On at approximately 11:00AM, a record review was completed for Staff C whose hire date was . Staff C had a AHCA background screening dated . At this time, during an interview with the Administrator she stated Staff C worked for a sister facility that closed in 2016. There was no verification completed to determine if Staff C had a break in service of more than 90 days from a employer who conducted Level II background screenings. The Administrator stated she was not aware that a new background screening was required.

During an interview on at approximately 2:30PM, the Administrator acknowledged the findings and provided no additional documentation for review.

Unclassified

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

Based on record review an interview, the facility failed to ensure that all staff completed a Affidavid of compliance with the background screening requirements, for 3 of 3 sampled staff (Staff A, B, and C).

The Findings Included:

On at approximately 12:30PM, employee record reviews were conducted for Staff A whose hire date was , Staff B whose hire date was , and Staff C whose hire date was , and Staff D whose hire date was . Review of staff Level II background screenings revealed, Staff A completed the Level II background screening on , Staff B completed the LevelI II background screening on , and Staff C completed the Level II background screening on , and Staff D completed the Level II background screening on . Further review of the employee files revealed, none of the staff had signed and dated a Affidavit of Compliance with background screening requirements. At this time, the Administrator was

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provided an opportunity to locate the documentation.

During a interview with the Administrator on at approximately 2:30PM, she Acknowledged the findings and provide no additional documentation for review.

Unclassified