STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968847	04/15/2019
NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted at Blue Ribbon Care Assisted Living Facility, LLC on . The Provider had deficiencies at the time of the visit.

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

Based on observation, record review, and interview, the facility failed to assess resident for continued residency after a significant change and the residents inability to transfer without assistance of a for 1 of 2 sampled residents (Resident#2).

The Findings Included:

On at approximately 9:15AM during the observational tour, a was observed at the of Resident#2's bed. Observation of Resident#2 revealed limited mobility of his and uses a wheelchair for ambulation. The resident is unable to transfer without assistance. A review of Resident#2's admission Agency for Healthcare Administration Health Assessment (AHCA Form 1823) dated: revealed a medical history of , Unspecified , communication deficient, and a , . It is documented that the resident ambulates with a wheelchair, is alert and oriented, and requires assistance with self-administration medication. Further review revealed Resident#2 requires assistance with all ADL's and no special precautions were required. On at approximately, a review of the resident record reveal on a lifter with sling was ordered for Resident#2. During an interview with the Administrator at approximately 2:00PM, she verified that a was being used to transfer Resident#2, due to his inability to assist with transfer. She stated the facility has not used the Hoyer for a while as the resident is able to assist with transfer. She also confirmed a -to health assessment was not completed to assess his significant change and continued residency.

During an interview with the Administrator on at approximately 2:10 PM, she acknowledged the findings an provided no additional documentation for review.

Class III

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

Based on observation record review and interview, the facility failed to ensure physical used in the facility (full and half bed rails) were reviewed annually by a physician, for 3 of 3 sampled residents (

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident's #2, #3, and #5).

The Findings Included:

On at approximately 9:30AM during the observational tour Resident#2's bed was observed with a full bed rail in place, Resident#3's bed was observed with a full bed rail in place and Resident#5's bed was observed with a half bed rail. Resident#2 requires assist with transfer and ambulation, Resident#3 requires supervision with ambulation and transfer, and Resident#5 requires assistance with ambulation and transfer. A record review for Resident#2, Resident#3, and Resident#5 revealed no annual review or order for full or half bed rails. None of the sampled residents are receiving Hospice Services. During an interview with the Administrator at approximately 1:30PM , she confirmed the residents are not able to operate the bed rails on there own. At this time the Administrator was provided opportunity to locate the documentation.

During an interview with the Administrator at approximately 2:30PM, 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 all staff received the required pre-service orientation in-service prior to interacting with the residents, for 1 of 3 sampled staff (Staff C).

The Findings Included:

On at approximately 1:00PM, the facility employee record for Staff C was reviewed and revealed, Staff C was hired on . Further review revealed no documentation of completion for the required 2 hour pre-service orientation, prior to Staff C interacted with the residents. At this time, the Administrator was provided an opportunity to locate the documentation.

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

Class

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

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NAME OF PROVIDER OR SUPPLIER **BLUE RIBBON CARE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 AINSWORH CIR** **PALM SPRINGS, FL 33461**	

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

Based on observation adn interview, the facility failed to ensure the required amount of emergency water was stored in the facility for a census of 6 residents,

The Findings Included:

On at approximately 9:30AM during the observational tour, the facility emergency water supply was observed. The facility has a census of six residents and does not have the required amount of emergency water stored for drinking. Further review revealed the facility does not have a water contract with a local vendor to supply water during a state of emergency.

During an interview with the Administrator on at approximately 2:15PM, she acknowledged the findings.

Class III