STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AL RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6051 S. VERDE TRAIL** **BOCA RATON, FL 33433**	

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

0000 - Initial Comments

A Relicensure survey was conducted at the Oakbridge Terrace Al Residence on - . The facility 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, interview, and record review the facility failed to ensure the Resident Health Assessment (AHCA form 1823) was accurate and reflected the Resident's needs, for 3 out of 7 sample resident records reviewed (Resident #2, #9, and # 11).

The findings include:

A record review of Resident # 2's AHCA form 1823 with a was conducted for accuracy. The following discrepancies were revealed:

1) Resident # 2's initial AHCA form 1823 dated states under Physical or Sensory Limitations: in Left , Gait Imbalance / . The latest AHCA form 1823 dated states under Physical or Sensory Limitations: Gait imbalance, B & B Ambulance w/ walker. The facility failed to update the latest form with all of the previous diagnoses.

Resident # 2's latest AHCA form 1823 dated states under Medical History and Diagnoses: See Sheet/ POS. The Sheet dated states under Diagnosis Information: Prostatic Hyperplasia without Lower Tract Symptoms, , (Primary) , and History of Falling.

The medical review report dated shows diagnoses: , , , Acute Sytolic ( ) , without Obstruction or Recurrent, , and other Malaiose (other Seborrheic Keratosis), Overactive , Difficulty in walking, , and Rhabdomyolysis. The medical review report diagnoses are not listed on the AHCA form 1823.

The hospice client coordination note report, dated , states the primary diagnosis: , Hospice secondary diagnosis: ATHSCL of Naive , w/o ANGPCTRS. Hospice and the diagnoses are not listed on the AHCA form 1823.

2) Rivew of Resident #9's file revealed discrepancies. The Resident Health Assessment AHCA form

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBRIDGE TERRACE AL RESIDENCE	**6051 S. VERDE TRAIL BOCA RATON, FL 33433**

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

1823 Medication Records, consults, progress notes, contract, and admission agreement reveal missing information regarding the resident's health issues and needs. Resident #9 records revealed notes stating loss and poor appetite. A record review of Resident #9's conducted reflects a loss of (6) six pounds. A physician's order dated for nutritional supplement was prescribed to Resident #9. In addition, a physician's order for dated found in resident's records. These health concerns of loss and prescribed nutritional supplement and services are not documented on Resident #9's AHCA form 1823.

3) A record review of Resident #11's AHCA form 1823; Medication Records, consults, progress notes, contract, and admission agreement reveal missing information regarding the Resident's health issues and needs. Record review of Resident #11's medication records reveal medication prescribed for , epidemic , and D deficiency. The AHCA form 1823 doesn't state these diagnosis.

During an interview with the Administrator and Director of Nursing, on at 4:48 PM, they confirmed and acknowledged the findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled unlicensed staff members (Staff B) who provided assistance with self-administered medications had successfully completed a minimum of 6 hours initial training on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

The personnel file for Staff B Date of Hire: as reviewed the 2 hours of continuing education training annually was completed on . There was no documentation of the initial 6 hour training.

On at 4:48 PM and interview was conducted with the Administrator. She acknowledged the findings and no additional information was provided.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	**04/24/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKBRIDGE TERRACE AL RESIDENCE	**6051 S. VERDE TRAIL BOCA RATON, FL 33433**

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

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff member (Staff B) who was the responsible for the facility's food service and the day-to-day supervision of food service staff had obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

The findings included:

The Administrator was interviewed on at 4:48 PM and stated that Staff B was responsible for the facility's food service and the day-to-day supervision of food service staff. Documentation of a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF for the Staff B was requested at this time. There was no documentation of this training dated within the previous year for Staff B.

The Administrator acknowledged the findings and no additional documentation was presented and available for review at this time.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff had received the required one hour training in the facility's policy and procedures regarding training ( ) within 30 days after employment for 2 out of 3 sampled employees (Staff B & Staff C).

The findings included:

On the personnel files for Staff B and Staff C was reviewed and the following was revealed:

a) Staff B's file (hire date) was reviewed for documentation of the one hour training in the facility's policy and procedures regarding . The training was not located in Staff B's employee record.

b) Staff C's file (hire date) was reviewed for documentation of the one hour training in the facility's policy and procedures regarding . The training was not located in Staff C's employee record.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911184	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE AL RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6051 S. VERDE TRAIL** **BOCA RATON, FL 33433**	

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

During interview with the Administrator, on at 4:48 PM the findings were discussed and acknowledged. No further information was provided for review.

Class III