STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969248	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **ARENAS BLANCAS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4380 NW 175TH ST** **MIAMI GARDENS, FL 33055**	

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

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

Based on record review and interview, the facility failed to maintain an accurate employee roster in the background screening clearinghouse. One of four sampled staff was not listed (Staff B).

Findings included:
A review of the staffing pattern reflected Staff B (hired) working in the facility.

A review of the background screening clearinghouse database did not show Staff B as a facility employee.

On at 1:00 pm Staff A stated, "I do not understand, I thought that Staff B was included in the facility's roster."

Unclassified

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

Based on observation, record review, and interview, the facility failed to have an updated Level II Background Screening for one of four sampled staff (B).

Findings included:

Observation on from 9:00 am - 12:00 pm revealed that Staff B was working in the facility, and the facility's staffing pattern posted at the board reflected Staff B listed on the schedule .

A review of the background screening clearinghouse database for Staff B showed, "A New Screening Is Required."

On at 11:00 am, Staff A confirmed that Staff B needed an eligible background screening.

Unclassified

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0000 - Initial Comments

A re-licensure survey was conducted at Arenas Blancas Corp on . The facility had deficiencies found at the time of the survey.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, record review and interview the facility failed to have a licensed staff to administer the medications for one of six sampled residents that required medication administration (Resident #1).

Findings included:

Observation on at 10:00 am showed a Hospice Staff (Med-Tech) arrived to administer medication to Resident #1. At 12:30 pm, another hospice Staff stated, "I am a Nurse from hospice, and I am here to assess for care, and I do not administer medications for Resident #1.

Record review revealed that Resident #1 (admitted) health assessment showed that the resident needed total assistance for all ADL (activities of daily living). The Resident needed administration of medications. There was a doctor's order for crushed medication.

On at 1:00 pm Staff B and D stated, "Resident #1 could not take the spoon with his ; he needs total assistance."

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint a qualified administrator.

Findings included:

Review of the facility's roster in the background screening and facility/provider locator databases showed Staff A as the Administrator of the facility. However, a record review revealed no documentation that Staff A was a core trained and certified administrator.

On at 11:30 am Staff A stated, "I am aware that the facility needed to appoint an administrator

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with a passing CORE."

Class III

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

Based on observation, record review and interview, the facility failed to have an update ... ... (..) exam for two of four staff sampled (Staff A and B).

Findings included:

Record review revealed mo documentation that that Staff A (hired ..) and Staff B (hired .) had current freedom from duberculosis. Staff B's last . test result was dated 11/24/17, and there was no documented test result on file for StaffA.

On . . at 11:30 am, Staff A acknowledged that the update tests were not in file. Staff A stated, "I forget that they are annually."

Class III

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

Based on record review and interview the facility failed to provide documentation of in-service training for two of four sampled staff (Staff B and C). The facility failed to provide verification of two hours of pre-service orientation for one of four sampled staff (Staff D).

Findings included:

Record review revealed no documentation that Staff B (hired) received training on elopement response, ADL (activities of daily living), reporting adverse incidents, emergency procedures or resident's rights.

Record review revealed no documentation that Staff C (hired . .) received training on elopement response, reporting adverse incidents, emergency procedures or residents' rights.

Record review revealed no documentation that Staff D (hired)) received two hours of pre-service orientation.

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On at 11:30 am, Staff A confirmed that Staff B, C and D's files were missing these training records. Staff A stated, 'I will update the staff records.'

Class III

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

Based on record review and interview, the facility failed to provide verification that two of four sampled staff received two hours continuing education in topics pertinent to nutrition and food service (Staff B and C).

Findings included:

Observation on from 11:30 am - 12:30 pm showed Staff B and C preparing and serving the lunch.

Personnel record review found no documentation that Staff B and C received two hours training for nutrition and food service.

On 4/419 at 12:30 pm Staff A acknowledged that Staff B and C needed two hours of training regarding nutrition and food service.

Class III

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

Based on observation, record review and interview, the facility failed to provide documentation of training ( ) for one of four sampled staff (Staff C).

Findings included:

Record review revealed no verification of training for Staff C (hired).

On at 11:40 am Staff A acknowledged that Staff C's record was incomplete.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

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Based on record review and interview the facility failed to maintain verification of an eligible level II background screening onsite for two of four sampled staff (Staff C and D). The facility also failed to provide documentation of an employment application or references for one of four sampled staff (Staff D).

Findings included:

A review of the background screening clearinghouse database revealed that Staff C (hired), Staff D (hired), and had an eligible level II background screening. No record of the eligible screenings was found in the personnel files.

Record review revealed that Staff D (hired) had no employee application or reference information on file.

On at 9:20 am Staffs B, C and D stated, "Staff D will cover Staff B who is going out on vacation."

On at 12:45 pm Staff A confirmed that Staff C's and D's records were missing verification of an eligible level II background screening. Staff A stated, "Staff D starts to work two days ago, she is still on training."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview the facility failed to have an updated health assessment for one of six sampled residents (Resident #1). The facility failed to have the (updated) care plan with care information for one of six sampled residents (Resident #1). The facility failed to keep the observation log updated for Resident #5 who was hospitalized.

Finding included:

Observation on at 12:30 pm revealed a hospice nurse providing , care for Resident #1.

Record review revealed that the facility did not have an updated health assessment for Resident #1. Further review revealed that Resident #5's progress notes did not reflect hospitalization information. The health assessment did not reflect any updated information regarding the 's stage and/or

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improvement. There was no monthly care information.

On at 1:11 pm, the hospice nurse stated, " Resident #1 has care on the , at right medial malleolus, Lateral right and a middle upper . He is improving, but I do not have the updated care plan right now. I will ask the office to send it to you by email." Staff A stated, "I was waiting for my consultant to put the information in file."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review and interview, the facility failed to follow their Emergency Power Plan (EPP).

Finding included:

Observation on at 10:00 am revealed that the facility did not have gasoline for the generator; the gallon containers were empty.

Review of the facility's EPP stated, "Facility will test the generator every 6 months and will have gasoline for 48 hours."

On at 1:00 pm Staff A stated, "We have no gasoline for the generator because I do not feel comfortable, but if it is requirement, I will store it."

Class III