STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911234	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **BETHESDA ON TURKEY CREEK**	STREET ADDRESS, CITY, STATE, ZIP CODE **2800 FORDHAM ROAD, NE** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

A Complaint Investigation #2018017015 was conducted on . Bethesda on Turkey Creek Assisted Living Facility with Limited Nursing Services (LNS); License #4788 had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review and interview, the facility failed to contact 1 of 3 sampled residents (#1) health care provider and legal representative for a significant change as required.

Findings:

Resident #1's record review revealed, the resident complained of , and went to the hospital on . There was no documented evidence the physician or legal representative were notified. Further review revealed there was no documentation when the resident returned to the facility.

On , resident #1 went to the Emergency room (ER) for and there was no documented evidence that physician or legal representative were notified. Further review revealed there was no documentation when resident returned to the facility.

On at 1:30 PM, an interview with the Administrator reviewed the progress notes and confirmed the finding.

Photographic evidence obtained

Class III

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

Based on tour observation and interview, the facility failed to treat with consideration and respect of personal dignity for 1 of 8 residents (#4) as required for a need of privacy.

Findings:

Posted on resident #4, A was " , hard of hearing, awake for meals. Bydureon shot on Sunday, Thank you".

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On [redacted] at 11 AM, an interview with the Administrator acknowledged and confirmed the findings.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on observation and interview, the facility failed to provide a list identifying residents at risk for elopement and residents with a history of elopement. Also, there was no photo identification in the resident's record to give to law enforcement in case of an elopement.

Findings:

Observation on [redacted] at 1:50 PM, the facility had no system in place to identify residents in the facility that were at risk for elopement.

On [redacted] at 1:52 PM, an interview with the Administrator confirmed that the facility did not have a system in place to identify residents in the facility that are at risk for elopement. According to the administrator residents that are at risk of elopement are placed in the Memory Care unit. The Administrator further stated that he was not aware of the regulations for a photo identification in the residents file and did not know about identification must be on their person for at risk elopement residents. The Administrator confirmed the findings and later said he will review the elopement regulations.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 3 of 5 newly hired staff (A, B & C) had received the 2 hours pre-service orientation training that includes: 1. Resident's rights; and 2. the facility's license type and services offered by the facility.

Findings:

1. Staff A's personnel record review revealed hire date [redacted] and there was an online 2 hours pre-service orientation training certificate completed on [redacted] in the file with no signature of the Administrator or no signature of the employee as required.

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SUMMARY STATEMENT OF DEFICIENCIES
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2. Staff B's personnel record review revealed hire date and there was no documented evidence of the 2 hours pre-service orientation training completed in the file.

3. Staff C's personnel record review revealed hire date and there was no documented evidence of the 2 hours pre-service orientation training completed in the file.

On at 3 PM, an interview with the Administrator, who looked through the personnel records and confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 1 of 5 sampled staff (A) had the required one-time education course on ( ) and ( ) training within 30 days of employment.

Findings:

Staff A's personnel record review revealed a hire date of and there was no documented evidence of the / training completed in the file.

On at 4 PM, an interview with the Administrator confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 1 of 5 sampled staff (A) completed the 1 hour ( ) training as required within 30 days after employment.

Findings:

Staff A's personnel record review revealed hire date and there was no documented evidence of the training completed in the file.

On at 4 PM, an interview with the Administrator confirmed the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on personnel record review and interview, the facility failed to ensure that the Attestation of Compliance with Background Screening Requirements AHCA Form 3100-0008 was signed and dated by 2 of 5 sampled staff (B and C) in the file as required.

Findings:

Staff B's personnel record review revealed hire date . . . . . and there was no documented evidence of the Level 2 BGS attestation of compliance form in the record.

Staff C's personnel record review revealed hire date and there was no documented evidence of the Level 2 BGS attestation of compliance form in the record.

On . . . . . at 4:10 PM, an interview with the Administrator confirmed the findings.

Unclassified