

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968848	(X3) DATE SURVEY COMPLETED 05/01/2019
NAME OF PROVIDER OR SUPPLIER MORSE LIFE MEMORY CARE RESIDENCE	STREET ADDRESS, CITY, STATE, ZIP CODE 4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417	

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

0000 - Initial Comments

A biennial re-licensure survey was conducted at Morselife Memory Care Residence on Deficiencies were identified at the time of survey.

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

Based on interview and record review, it was determined the facility failed to ensure each new staff members (that has not completed core training) had completed the minimum of 2 hours of preservice orientation prior to interacting with residents and once this training is complete, and that the employee and the facility administrator must signed a statement that the employee completed the preservice orientation to be maintained in the employee's personnel record, for 3 of 3 recently hired direct care staff (Staff A, Staff B, and Staff C).

The findings included:

1) During interview and personnel record review conducted with the HR (Human Resources) Business Partner, on beginning at approximately 8:45 AM, she was provided the opportunity to locate a statement signed by the following employees and the Administrator that indicated they had received 2 hours of preservice orientation prior to interacting with residents:

- a) Staff B: date of hire noted as
- b) Staff C: date of hire noted as

The HR Business Partner acknowledged this statement was not located in the personnel files of the above noted staff members and that she was not aware of this requirement.

2) During subsequent interview and personnel record review conducted with the HR Business Partner, on beginning at approximately 11:30 AM, she was provided the opportunity to locate a statement signed by the following employee and the Administrator that indicated they had received 2 hours of preservice orientation prior to interacting with residents:

- c) Staff A: date of hire noted as

The HR Business Partner acknowledged this statement was not located in the personnel files of the above noted staff members and that she was not aware of this requirement. She also acknowledged that Staff A, Staff B, and Staff C are noted on the current schedule and they interact with residents.

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Class III Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS Based on interview and record review, it was determined the facility failed to ensure that each staff member subject to a level 2 screening must be registered with the clearinghouse and that their employment status be maintained and any changes must be reported within 10 days, for 1 of 5 sampled staff reviewed (Staff E). The findings included: During entrance conference conducted with the Senior Vice President of Housing (a/k/a the Administrator), on beginning at approximately 9:30 AM, she was asked who is responsible for the day-to-day operations of the kitchen and if that person is identified as the facility's Food Service Designee. She replied the Culinary Director is responsible for the day-to-day operations of the kitchen and that he is the Food Service Designee for this facility. During interview and staff record review conducted with the Director of Human Resources and the Human Resources Business Partner, on beginning at approximately 12:45 PM, they were provided the opportunity to locate Staff E on the facility's clearinghouse roster. They acknowledged Staff E was not on the clearinghouse roster for this facility, but that he probably is for other provider types on campus. They could not provide an explanation as to why Staff E (date of hire noted as) was not noted on the clearing house roster for this facility. Unclassified		