STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965694	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **NEWPORT HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2811 CLEVELAND STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

A Relicensure survey was conducted on at Newport Home Care, Inc. The facility had deficiencies at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, records review and interviews, the facility failed to meet the required standard for assisting residents with self-administration of medications as exemplified by 1 of 3 employees (Employee A)'s failure to follow the required protocol for this task.

The findings included:

On at 10:00 AM, Staff A was observed assisting Resident #1 take his medications. She opened up the medication cabinet, took the medications already placed in a plastic cup and placed the cup on the table in front of Resident #1. Then she walked away to sign the medication observation record (MOR) in the kitchen. As this writer observed, Resident #1 attempted to take the pills out of the cup and dropped one of them on the floor. Resident #1 picked up the pill off the floor and was getting ready to put all the pills in his , all at once when Employee A quickly intervened and informed Resident not to. Employee A did not tell Resident #1 the names of any of the medications and what they were for. Additionally, she signed the MOR without observing Resident #1 take swallow the pills.

Review of Resident #1's health assessment indicated that Resident #1 needed assistance with self-administration of medications.

During an interview with Employee A, on at about 10:00 AM, she agreed with this writer's observation and provided no explanation for her actions.

During the Exit meeting with the Administrator on at 3:30 PM, she expressed disbelief and said that Employee A knew better.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure that the Medication Observation Records (MOR) was signed soon after providing assistance to 2 of 4 sampled residents

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(Resident #1, & #4).

The findings included:

On at 10:20 AM, Staff B was observed assisting Resident #1 with self-administration of medication. Soon after, she was observed signing the MOR. However, as she was signing Resident #1's MOR, she was also noted signing Resident #4's.

Review of the Medication observation record showed that the staff was signing at 10:25 AM for medications she gave to Resident #4 in the Morning. The record showed that Resident #4 had 325 mg tab and 50 mg scheduled for 9:00 AM. During an interview with Employee B on at 10:25 AM, she said that Resident #4 usually leaves the house before 9 AM. Therefore, she said that she had given Resident #4 his medications before he left and forgot to sign the MOR.

Further review of the MOR revealed that Resident #1's MOR had missing signatures for the 15th and 16th of , , 2019. The last date the MOR was signed was on the 14th. 2019. Resident #1 has 11 medications scheduled to be taken every morning (photographic evidence retained).

During an interview with the Administrator on at 3:00 PM, she reported that she has reviewed the medication process multiple times with her staff. She said that she will ensure that retraining is provided.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on records observation and interview, the facility failed to promptly discard expired medications belonging to 2 of 4 Residents (Resident #2 & #3).

The findings included:

On during review of the medication storage, this writer observed and noted the following expired medications:
1) Resident#1

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a) 0.1 mg/day patch expired on
b) 5-325 mg expired on
c) Guconate 0.12% expired on

2) Resident #2
a) 2 mg tablets expired on
b) expired on

3) Resident #4
a) Cream USP 2.5 % expired on

4) Nighttime and expired on . Belonging to no one.

During an interview with the Administrator on at 11:30 AM, she acknowledged the findings and stated that she would discard the medications accordingly.

Class III

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

Based on records review and interview, 1 of 3 sampled staff (the Administrator) failed to have an updated annual health screening that reflected her freedom from communicable ( ).

The findings included:

On during employees' record review, it was noted that the Administrator's health screening had expired as of . During an interview with the Administrator on at 3:00 PM, she reported that she works at the facility three days during the week with Staff B who had her updated status updated effective . When asked, the Administrator was not able to provide evidence of her days and hours of work at the facility. She reported that the staffing schedule was in her computer at home.

During the exit interview on at 3:30 PM, the Administrator provided no additional records.

Class III

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0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, records review and interview, the facility failed to ensure that a staffing schedule reflecting all employees' daily hours of work was readily available upon request for review.

The findings included:

Observation conducted on at around 9:00 AM showed that there was no currently dated and posted schedule at the facility. The last schedule posted was dated .

During an interview with Employee A at 9:10 AM on , she reported that she did not know where the current schedule was.

During an interview with the Administrator on at about 12:15 PM, she reported that the schedule was not at the facility, but at her home. Therefore, the facility was unable to verify that the facility had a 24 hour staffing pattern for a census of 4 .

Class III

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

Based on record review and interviews, the facility failed to ensure that 1 of 3 employees (Employee B) completed all required training within 30 days of employment.

The findings included:

Review of Employee B's file revealed she was hired on and worked as an assistant to the Administrator on the days the Administrator worked. Further review showed that Employee B did not complete the 2 hours preservice orientation, the control and the ADL and Behavior Needs training.

During an interview with Employee B on at 1:37 PM, she confirmed that she has been working at the facility for a while; but, she could recall the exact date her employment began. She reported that she assist with food preparation and all housekeeping chores. However, she indicated that she did not assist residents with self-administration of medications.

During an interview with the Administrator on at 3:30 PM, she reported that Employee began

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working at the facility on the date indicated above and agreed that Employee B had not completed all the required training.

Class III

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

Based on record review and interviews, the facility failed to ensure that 1 of 3 employees (Employee B) completed all required training within 30 days of employment.

The findings included:

Review of Employee B's file revealed she was hired on and worked as an assistant to the Administrator on the days the Administrator worked. Further review showed that Employee B did not complete the / training
During an interview with Employee B on at 1:37 PM, she confirmed that she has been working at the facility for a while; but, she could recall the exact date her employment began. She reported that she assist with food preparation and all housekeeping chores. However, she indicated that she did not assist residents with self-administration of medications.

During an interview with the Administrator on at 3:30 PM, she reported that Employee began working at the facility on the date indicated above and agreed that Employee B had not completed all the required training.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interviews the facility failed to ensure that 2 of 3 employeess (the Administrator & Employee B) completed training in , , ( ) and first Aid and that at least one staff with a current is available at the facility at all times.

The findings included:

Review of the Administrator's file showed that she did not have a current card on file. Her last completed card expired in .

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Employee B hired on [redacted] had not yet completed the [redacted] training.

Request to review the current staffing scheduled was denied since the current schedule was not available at the facility.
During an interview with the Administrator on [redacted] at 3:30 PM she reported that she along with Employee B work at the facility at least 3 times a week. Yet, neither has a current [redacted] card.

Class III

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

Based on employee record review and a staff interview, the facility failed to ensure that 2 of 3 employees (the Administrator and Employee A) were registered in the clearing house. .

The findings included:

On [redacted] during review of the Administrator and Employee B's file the following were noted:
A)Administrator
1)The Administrator was hired on [redacted].
2) Her background screening was completed on [redacted].
3) The Administrator was not registered in the background screening Clearing House.

B) Employee B
a) Employee B's Hire Date was [redacted].
b) Employee B was not registered in the background screening Clearing House.
During with the Administrator on [redacted] at 3:30 PM, she confirmed that both she and Employee A are current employees on a regular basis. The Administrator agreed with the findings.

Unclassified

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

Based on record review and interview, the facility failed to ensure that 2 of 3 employees (Administrator & Employee A) had a Background Screening completed prior to being hired and every five years thereafter.

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The findings included:

A) The Administrator record revealed she was hired on . Her last background screening was completed on . Record review failed to reveal a current Level II screening.

B) Review of Employee A's record revealed that she was hired on . During an interview with Employee A on at 11:16 AM, she reported that she has been working at the facility for nearly 7 months. She said that she stays at the facility 5 days a week and performs all the required duties at the facility.

In an interview conducted on at 3:30 PM with the Administrator, she was unable to provide evidence of having completed a background screening and that of Employee A. She said that they have not yet updated and completed the background screening. Review of Background screening website confirmed that employee A did not have a background screening. .

Unclassified

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

Based on employee record review and a staff interview, the facility failed to obtain a background screening compliance attestation affidavit for 1 of 3 employees (Employee B).

The findings included:

On during review of Employee B's file the following was noted:

a) Employee B's Hire Date was .
b) There was No Background Screening Attestation Affidavit in Employee B's file.
During with the Administrator on at 3:30 PM, she confirmed that Employee has been working at the facility since . She agreed that the Background Screening Attestation Affidavit was not completed.

Unclassified