STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	**05/03/2019**
NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD** **FORT PIERCE, FL 34952**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Harbor Place At Port St Lucie on . . . . . /19. The facility had
deficiencies at the time of the visit.

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

Based on observation and interview it was determined the facility failed to provide ;
a) access to adequate and appropriate health care which is consistent with established and recognized standards within the community, specifically related to staff failure to wash and/or sanitize . . . during the provision or resident medications for 1 of 4 sampled staff observed (Staff G).

b) convenient access to a telephone to facilitate the resident's right to unrestricted and private communication on each floor of the facility (when the facility has a licensed capacity of 17 or more residents). In addition, the required advocacy numbers must be posted in close proximity to the phones that provide unrestricted and private communication to the residents of the facility.

The findings include:

1) During medication observation conducted with Staff G, on . . . . . beginning at approximately 11:55 AM, she failed to wash and/or sanitize prior to providing Resident #5 with her oral medication. During subsequent interview conducted with the RCD (Resident Care Director) on beginning at approximately 9:25 AM she was informed of this observation. The RCD acknowledged that the expectation is for staff to wash and/or sanitize their . . . between resident contact.

2) During tour of the facility conducted with the RCD (Resident Care Director), on beginning at approximately 11:20 AM, she was asked if all residents of this facility have their own telephones. She stated they do not and that some have cell phones. She was asked if the facility maintains a list of resident phone numbers, which a copy was obtained from the concierge at the time of this observation. The RCD was asked to point out the location of the phones, on each floor, that residents can use to make a phone call. She stated they can use the phone in a staff member's office; the phone in the medication room; and that all the resident had to do was ask to use one of these phones. The RCD was asked if a resident would be left alone, for privacy, in the medication room to make a phone call. She confirmed that they would not be left unattended. She was asked if staff offices were unlocked at all times for residents to gain access to make a phone call. She confirmed that staff offices are locked

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when not in use. She was asked to point out the posting of the required advocacy numbers on each floor. These advocacy numbers could only be located on the first floor.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure that each staff member that provides medication administration or assistance with the self-administration of medications immediately updated the MOR (Medication Observation Record) each time the medication is offered or administered for 1 of 4 staff observed (Staff G).

The findings included:

During medication observation, conducted with Staff G on . . . . . beginning at approximately 11:55 AM, Resident #5 was provided with 0.5mg of Requip. Staff G initialed the , . MOR prior to Resident #5 begin provided with her oral medication. During subsequent interview conducted with the RCD (Resident Care Director), on beginning at approximately 9:25 AM, she acknowledged medications should not be initialed on the MOR as having been provided until the medication has been provided and consumed.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each staff member's record contained evidence of a negative . . . . . examination on an annual basis for 1 of 4 sampled staff (Staff D).

The findings included:

During interview and personnel record review conducted with the BOM (Business Office Manager), on . . . . . beginning at approximately 12:20 PM, she acknowledged that the last negative annual examination for Staff D (date of hire noted as) was dated . The BOM was provided the opportunity to locate this required documentation for 2018 for Staff D. She was not able to locate it.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each new assisted living facility employee who have not previously completed core training, received at least 2 hours (preservice orientation) that cover resident's rights and the facility's license type and services offered by the facility for 1 of 3 sampled staff (Staff C).

The findings included:

During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:20 PM, she was provided the opportunity to locate Staff C (date of hire noted as) preservice orientation that cover resident's rights and the facility's license type and services offered by the facility. The BOM stated she was not aware of this requirement. She acknowledged Staff C is on the facility's work schedule and is not noted as being in orientation.

Class III

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

Based on interview and record review it was determined the facility failed to ensure each staff member that provides assistance with the self administration of medications received their annual 2 hours of continuing education training on provided assistance with self-administered mediations and safe mediation practices in an assisted living facility for 1 of 3 sampled staff (Staff A).

The findings included:

During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:20 PM, she was provided the opportunity to locate the required annual 2 hour medication update for Staff A (date of hire noted as). The only medication training located in Staff A's file was dated for 6 hours. The BOM acknowledged a 2 hour medication update is due for Staff A.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review it was determined the facility failed to ensure that each staff

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member that provides assistance with the self administration of medications had the required training provider's name; dated signature and credentials; and their professional license number on their medication training certificate for 1 of 3 sampled staff (Staff C).

The findings included:

During interview and personnel record review conducted with the BOM (Business Office Manager), on [redacted] beginning at approximately 12:20 PM, Staff C's 4 hour medication training certificate (dated [redacted]) was reviewed. This certificate contained an illegible signature of the trainer and did not contain the trainer's credentials or professional license number. The BOM acknowledged the trainer's credentials or professional license number was not included on this training certificate (copy of this certificate was obtained).

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review it was determined the facility failed to ensure its CEMP (Comprehensive Emergency Management Plan) was submitted and approved in a timely manner.

The finding included:

During interview and record review conducted with the RDO (Regional Director of Operations, Southeast Division), on [redacted] beginning at approximately 1:45 PM, she acknowledged the last facility's CEMP approval letter was dated [redacted]. The RDO provided copies of emails in which various agencies were requesting additional information in order to approve the facility's CEMP. The RDO acknowledged it had still not been approved.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review it was determined the facility failed to ensure a detailed Emergency Environmental Control Plan (that serves as a supplement to the Comprehensive Emergency Management Plan) was developed and maintained in a timely manner.

The finding included:

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During interview and record review conducted with the RDO (Regional Director of Operations, Southeast Division), on beginning at approximately 1:45 PM, she acknowledged the last facility's CEMP and Environmental Control Plan approval letter was dated - . The RDO provided copies of emails in which various agencies were requesting additional information in order to approve the facility's CEMP and Environmental Control Plan. The RDO acknowledged it had still not been approved.

Class III

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

Based on interview and record review it was determined the facility failed to ensure there was not a break in service greater than 90 days for 2 of 4 sampled staff (Staff C and Staff D).

The findings included:

During interview and personnel record review conducted with the BOM (Business Office Manager), on beginning at approximately 12:20 PM, she was provided the opportunity to locate the required documentation for the following staff:

1) Staff C (date of hire noted as): her last eligible level 2 background screening date was noted as ; a 10 month break in service is represented by these dates; the BOM acknowledged Staff C did not have a signed Attestation or any employment reference checks to verify if there had been a break in service that exceeded 90 days (as the background screening indicates there was).

2) Staff D (date of hire noted as): her last eligible level 2 background screening date was noted as ; a 12 month break in service is represented by these dates; the BOM acknowledged there were no employment reference checks currently on file that could verify if there had been a break in service that exceeded 90 days (as the background screening indicates there was).

Unclassified.