| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968079** | **05/09/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BALMORE PLACE ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14315 83RD LN N**<br>**LOXAHATCHEE, FL 33470** | |

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

**0000 - Initial Comments**

A biennial relicensure survey was conducted at Balmore Place Assisted Living Facility on . . . . . .
The Provider had deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that all staff received an annual negative exam by a licensed heath care professional fro 1 of 3 sampled staff (Staff A).

The Findings Included:

On . . . . . at approximately 10:30AM, an employee record review was conducted for Staff A (Administrator), and revealed no documentation of a negative exam by a licensed health care professional for 2018 and 2019. The last negative exam on file was dated . . . . . . At this time, the Administrator was provided an opportunity to locate the documents.

During an interview with the Administrator on at approximately 2:45 PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review an interview, the facility failed to ensure that all staff hired prior to , received the required signed and dated pre- service orientation training prior to providing care for 1 of 3 sampled staff (Staff C).

The Findings Included:

On at approximately 12:15PM an employee record was conducted for Staff C whose hire date was . . . . . The review revealed no documentation of receipt of the required pre-service orientation, signed and dated by Staff C.

During an interview with the Administrator on at approximately 2:45PM, she acknowledged the findings and provided no additional documentation for review.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class

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

Based on record review and interview, the facility failed to ensure all staff received the required two hour course that focused on updated medication topics for 2 of 3 sampled staff (staff B and StaffC).

The findings included:

On at 12:00PM, an employee record review was conducted for Staff B and revealed, no documentation of the required two hour course focusing on updated regulation topics in 429.256 (1) (b), F.S. sub-paragraph (6)(b)2.h.n.. At this time the facility was provided an opportunity to locate the documentation.

On at 12:15PM, an employee record review was conducted for Staff C and revealed, no documentation of the required two hour course focusing on updated regulation topics in 429.256 (1) (b), F.S. sub-paragraph (6)(b)2.h.n.. At this time the facility was provided an opportunity to locate the documentation.

During an interview with the Administrator at approximately PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure the facility Comprehensive Emergency Management Plan (CEMP) was submitted to the local Emergency management agency for review and approval on a annual basis.

The Findings Included:

On /23019 at approximately 9:45AM, the facility approved CEMP was requested. The Administrator provided a CEMP dated with an expiration dated of . During an interview with the Assistant Administrator, she stated she was notified on today that the CEMP book was ready for submission and it would be submitted. At this time, the facility does not have an approved CEMP on file.

During an interview with the Administrator on at approximately 2:50PM, she acknowledged

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

the findings and provided no additional documentation for review.

Class III

**0200 - Emergency Environmental Control - 58A-5.036 FAC**

Based on record review and interview, the facility failed to ensure the approved Enviromental Emergency Management Plan (EECP) was implemented by the extension expiration date.

The Findings Included:

On at approximately 10:00AM, the facility approved EECP was requested. The facility provided a EECP approval letter dated . Further review revealed the facility received an implementation extension until . During an interview with the Asst. Administrator at this time, revealed the EECP plan has not been implemented and they do not have a approved variance due to more documentation requested from Elder Affairs.

During an interview with the Administrator on at approximately 2:45PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff were registered in the Agency for Healthcare Administration (AHCA) Clearinghouse within 10 days of hire for 3 of 3 sampled staff (Staff A, B, and C).

The Findings Included:

On at approximately 9:30AM, the facility AHCA background screening clearinghouse roster was reviewed and the following staff were not registered:

Staff A (Administrator) whose hire date was
Staff B whose hire date was
Staff C whose hire date was

During an interview with the Administrator on at approximately 2:45PM, she acknowledged

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

the findings.

Unclassified