STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911596	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA WILLOW WOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2855 WEST COMMERCIAL BLVD** **FORT LAUDERDALE, FL 33309**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Relicensure survey was conducted on [redacted] at Atria Willow Wood. The facility had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to determine the appropriateness of continued residency based upon assessment of the strengths, needs and preferences of the resident, along with the care and services offered and arranged by the facility, for 2 of 5 resident records reviewed. (Specifically, Resident # 1 and # 8).

The findings included:

a) On [redacted] at 10:00 AM, an interview was conducted with Resident # 1 in the Memory Care Unit of the facility. She was observed as thin and frail, ambulating with a rolling-walker. She indicated that she was very distressed, because for several weeks she has not had her upper and lower [redacted]. She says she has been going [redacted] and forth to the dentist. She stated she was having problem eating; because they have been serving her regular food, and it has been difficult for her to chew. She stated the staff was aware.

On [redacted] at 12:00 PM, an observation was made of the resident in the lunch dining room. She was observed being served the following regular meal: Grilled Fish Sandwich, French fries, and Cole Slaw. The food remained left uneaten.

On [redacted] at 12:25 PM, an observation was made between Resident # 1 and the Executive Director. She was observed telling him about her problems with eating regular menus without her [redacted]. He requested that the staff bring her over cottage cheese, yogurt and applesauce to replace the regular meal.

On [redacted] at 02:00 PM, an interview was conducted with the Executive Director and the Director of Nursing (DON). They indicated that the facility did not offer Therapeutic Diets. i.e., mechanical soft, or puree. The facility policy was requested, but never produced.

On [redacted] at 03:00 PM, an interview was conducted with the Food Service Manager. He confirmed that he does not provide any therapeutic diets other than No Added Salt, Low Concentrated Sugar, He confirmed that the texture of the diets were all "regular".

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On a review of the resident records was conducted. A review of the Florida Health Assessment (form 1823) revealed that Resident # 1 was admitted into the facility in into the Memory Care Unit. The last medical exam date was . Resident # 1 is a adult suffering form the infirmities of aging. She suffers from the following diagnosis: Difficulty walking, , Major , and . Resident # 1 is impendent with transfers and locomotion as she ambulates freely with a rolling walker. She requires assistance with self-administration of medication. She is independent with all of her activities of daily living except bathing. She as of . She is 5. " . The diet order is regular consistency.

A review of the medical record notes was conducted. The note indicated on the resident was going to the dental . The note reads: Resident # 1 return from with new order. Order fax to pharmacy awaiting delivery resident remains stable. Additional notes refer to dental on the following dates: . A note indicated the resident returned from a dental on . It was revealed throughout the note history, there was no request for physician orders to change the consistency of the diet from regular to mechanical soft or puree to accommodate the resident The medical records did not provide a 45-day discharge letter to the resident, since the facility did not offer therapeutic diets.

b) On a review of the medical record for Resident # 8 was conducted. It was revealed that Resident # 8 was admitted into the facility in . The last health assessment was completed on . She is a adult suffering from the infirmities of aging. She suffers from the following: of overlapping Sites, Ataxia, and of unspecified veins, . She needs assistance with self-administration of medication. She requires assistance with all of her activity of daily living except eating. The Resident is receiving hospice services. The 1823 form is blank as it relates to the "diet order".

A review of the notes from the hospice provider was conducted. It revealed the following regarding the resident's diet: Admissions Orders/Hospice Certification Initial Plan Of Care states diet Mechanical soft and thick liquids dated . This is not indicated on 1823. No physician order in the file. The diet order was never clarified, or discharged. Based on the facility policy; the resident was not appropriate for continued residency since they did not admit residents reacquiring a therapeutic diet.

On at 03:30 PM, an interview was conducted with the DON and the Executive Director. They acknowledged the findings.

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

Based on observation, interview and record review, the facility failed to display the telephone numbers to lodge complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents for the following agencies: Agency for Health Care Administration (AHCA, licensing agency) and the , Rights Florida. The facility also failed to demonstrate that such procedures are implemented upon receipt of complaints for residents in the general Assisted Living Facility (ALF), and the Memory Care Unit.

The findings included:

On at 10:00 AM, a tour was conducted in the general ALF and the Memory Care Unit. It was revealed that the Advocacy posters were not seen for the following agencies: Agency for Health Care Administration (AHCA, licensing agency) and the , Rights Florida.

On at 09:45 AM, an interview was conducted with Resident # 1. She complained that she has not had any for the past several weeks. She says she has told the staff that she can't eat regular food. At this same time, the Receptionist in the Memory Care Unit confirmed that she was aware and this was true. There was no record of this concern logged in the grievance log.

On at 12:55 PM, an interview was conducted with the family member for Resident # 11. She stated that the concerns of the families of the residents in Memory Care, go unaddressed. She stated they have told the Administrator several times that they feel they do not have enough staff in the facility at night and weekends. She says they only have one staff on duty at night. She says they lock the doors of the residents rooms on the Memory Care Unit to keep out. She says they have told the Administrator 3 times and he hasn't responded. She says she has complained to staff that they are using her mother's diapers excessively. She says she doesn't feel that the staff are toileting the residents as they should.

On at 02:00 PM, a review of the facility grievance log revealed that following issues were documented: - Food issues. Resident security in door. - heat and maintenance issues. These were the only concerns logged for the year. There were no grievances generated from the Memory Care Unit. There was no evidence of the grievances and concerns mentioned by the family members.

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On a review of the Residence Council minutes binder was conducted. The following concerns were observed: A review of the resident council minutes was conducted. : Too much fried foods - More healthy choices on the menu, : Would like more options, 10 minute wait for dining room seating. Designated seating for residents, Wants more variety options for lunch and dinner. : Pasta for 4 days in a row. Running out of meal items. : Sample meals should be displayed more consistently.

On at 09:35 AM, an interview was conducted with the family member of Resident # 12. She stated she has been the advocate for the families in the Memory Care. She says she made a visit one night at 8:00 PM, and found the door of her mother's apartment locked. She stated she has made the Administrator aware in the past. She says the families have complained about the lack of staffing in the evening and on the weekends.

On at 10:00 AM, an interview was conducted with the Administrator. He stated that he had never been told about this requirement in the past regarding the Advocacy posters. He acknowledged the findings. He proceeded to work on posting the Advocacy phone numbers. He stated he had never been told about these grievances and concerns. He acknowledged the findings.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on observation, interview and record review, the facility failed to observe residents, and document on the appropriate resident's record and report to the resident's physician. The facility Administrator failed to determine the resident receiving services is appropriate for residence in the facility for 2 of 5 sampled resident records reviewed. (Specifically, Resident # 1 and # 8).

The findings included:

a)On a review of the resident record for Resident # 1 was conducted. Resident # 1 was admitted into the facility in . She suffers from Difficulty walking, , Hyperlioidemia, , Major , and . The last Florida Health Assessment form (1823 form) was completed on . She is independent with all of her activities of daily living, (ADL's), except supervision with bathing.

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A physician order was reviewed in the medical chart dated for to treat and .

Based on a review of the nursing progress notes dated from - , there was no mention any third party services received by the resident. It is unclear what type of third party services are being received by the resident. It is unknown the frequency of the nurses visits to the facility. It is unclear if the physician order was followed based on the entries in the notes. On a nursing progress note indicates the following: Spoke to resident's daughter regarding increase in level of care. Explained to daughter, increase in cost and due to med management and not related to care. The daughter stated that she understands and is aware that mom requests frequency of medication due to c/o in .

b) On a review of the resident record for Resident # 8. She was admitted in . The last 1823 form was completed on . She suffers from: of overlapping Sites, Ataxia, and of unspecified veins, . She has hospice services provided by a third party provider.

The progress notes dated 7:45 AM stated that resident out of bed trying to transfer self from bed to chair. Son and hospice were contacted and they stated they would send a nurse to assess patient. 11:54 AM ( ) Evaluation was done the day before. 1:20 PM stated the hospice nurse came by to see resident and staff continued with to assist resident with care. No further information documented if was continued. No additional information was provided. Failed to continue documentation for third party services and maintain updated progress notes.

A review of the physician order dated indicates that the resident is to receive a evaluation.

On at 02:00 PM, an interview was conducted with the DON. She stated that Resident # 1 was being seen by a Nurse. She could not provide any progress notes documenting observations regarding this third party service. The DON stated that she does not know if is still continued for Resident # 8. No additional information was provided.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that unlicensed staff

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assisting with self-administration of medication; follow the proper policy and procedure for 1 of 3 staff observed (Specifically, Staff B).

The findings included:

On at 12:20 PM, an observation was made of the medication pass with Staff B on the Memory Care Unit. Resident # 19 refused the , 25 mg pill after 2 attempts by Staff B, an unlicensed Medication Technician (Med Tech). She threw the pill away in the trash. The Surveyor reviewed the Medication Observation Record (MOR) and noted that Staff B signed on the , that Resident # 19 refused the pill.

On at 09:20 AM, an observation was made of the medication pass with Staff B on the General Assisted Living unit in the Canopy building. Staff B assisted Resident # 1 with the following medications: , 0.5 mg, , 5 mg, She failed to announce the names of the medication.

On at 11:00 AM, an interview was conducted with the Director of Nursing. She stated that the facility policy is for the Med Techs to announce the medications in front of the resident. She also stated the unlicensed staff should attempt to offer and assist with medication 3 times before signing in the Medication Observation Record (MOR) that the resident refused to take the medication.

Class III

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

Based on interview and record review, the facility failed to maintain an accurate and up-to-date Medication Observation Record (MOR) with the reason for missed dosages and immediately sign the MOR at the time the medication was given for 2 of 6 sampled residents (Resident # 17 and Resident # 18) medication record reviewed.

The findings include:

a) On at 12:41 PM a random review of the MOR dated - was conducted for accuracy. The Surveyor reviewed Resident # 18 medications that revealed the MOR was not signed on the dates thru for the 9AM medication , 5 mg give 1 tab by once daily. The Surveyor spoke to Staff A regarding this and Staff A stated the resident's record was locked in Staff F's office and they will have to check the record once the office is open. Staff A looked through the MOR

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cabinet and could not locate the medication. Staff A stated that she did not know why the MOR was not signed for this medication. Staff A provided no additional information.

At 1:00 PM, the Surveyor spoke with Staff F regarding Resident # 18's medication not being signed in the MOR. Staff F stated the medication was discontinued but the MOR was not updated. No additional information was provided.

b) On at 11:00 AM a random review of the MOR dated - was conducted for accuracy. The Surveyor reviewed Resident # 17 medications that revealed the MOR was not signed for the 9AM 1000 mg take 1 tablet by once daily. The 9AM Probiotic Supplement 1 equate was not signed. The Surveyor informed Staff E and she stated, oh I'm sorry and signed the MOR.

At 12:24 PM The Surveyor informed Staff F that the MOR was not signed for Resident # 17 and she acknowledged the findings and no additional information was provided.

During an interview at 3:30 PM , the Administrator acknowledged the findings and no additional information was provided.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on record review and interview, the facility failed to label the over the counter (OTC) medication prescribed by a health care provider with the resident's name for 1 of 6 sampled residents (Resident # 23).

The findings included:

On at 12:28 PM a random review of the medication storage cabinet was reviewed for accuracy. The surveyor observed Resident # 23 9:00 AM medication for 500 mg with D 3 1,000 IU and K 40 mcg chewable by daily as an OTC medication with a physician order. The medication was not labeled with the resident's name, but did list the manufacturer's label with directions for use. At 12:31 PM, the surveyor informed Staff A. Staff A stated that the OTC medication was ordered by the physician and there is an order on record. She stated normally the resident's name is on the medication but there was no name on the medication. Staff A provided no additional information.

At 2:20 PM, the Surveyor spoke with Staff F regarding the OTC medication. Staff F stated that the name

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should be listed on the medication. She stated that we must have missed writing the name on one of the medications. No additional information was provided.

During an interview with the Administrator, the findings were acknowledged and there was no additional information provided.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) who provides direct care to residents had received the required 1-hour in-service training within 30 days of employment.

The findings include:

A review of personnel file for Staff A hired on , who provides direct care to residents, revealed there was no documentation of the required 1 -hour in-service training dated within 30 days of employment for Incident Report Training.

During interview with the Administrator, on at 3:30 PM the findings were discussed and acknowledged. No further information was provided for review.
On a review of the employee personnel files was conducted. A review of the following staff employee records reveal tha the one (1) hour of incident reporting training certificates were missing:

1. Staff B was hired on as a Medication Technician (Med Tech). She is a Certified Nursing Assistant (CNA). She works as an unlicensed staff providing direct care to residents on the 3:00 PM - 11:00 PM shift.

2. Staff C was hired on as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an unlicensed staff providing direct care on the 11:00 PM - 7:00 AM shift.

On at 02:00 PM, an interview was conducted with the Human Resources Director (HR), She acknowledged the findings.

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

Based on interview and record review, the facility failed to ensure Staff involved with the management of medications and assisting with the self-administration of medications complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff, for 2 of 4 employee personnel records reviewed (Staff B and Staff C).

The findings included:

On , a review of the employee records was conducted. It was revealed that unlicensed staff who assist with the self-administration of medication did not have the 4 hour initial certificate indicating completion of self-administration of medication.

Staff B was hired on as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an
unlicensed staff providing direct care on the 3:00 PM - 11:00 PM shift.

Staff C was hired on as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an unlicensed staff providing direct care on the 11:00 PM - 7:00 AM shift.

On at 02:00 PM, an interview was conducted with the Human Resources Director (HR). She stated that she was sure that the staff had the initial training, but could not produce the certificates at this time.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on interview and record review, the facility failed to ensure that staff who interact on a daily basis with residents who suffer from 's and Related (ADRD) or who maintain secured areas obtain four (4) hours of I and 's II training certificates for 2 of 4 sampled records reviewed. (Specifically, Staff B and C).

The findings included:

On a review of the employee records was conducted. It was revealed that staff who provide direct resident care did not have training certificates for 's I and II.

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Staff B was hired on [redacted] as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an
unlicensed staff providing direct care on the 3:00 PM - 11:00 PM shift.

Staff C was hired on [redacted] as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an unlicensed staff providing direct care on the 11:00 PM - 7:00 AM shift.

On [redacted] at 03:00 PM, an interview was conducted with the Administrator He indicated the staff did complete the training, but the proper certificate was not generated.

Class III

0090 - Training - [redacted] - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to ensure that direct care staff receive one (1) hour of training of the facility's policies and procedures regarding [redacted] ( ) for 1 of 4 sampled employee records reviewed (Staff C).

The findings included:

On [redacted] a review of the employee personnel records was conducted. Staff C was hired on [redacted] as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an unlicensed staff providing direct care on the 11:00 PM - 7:00 AM shift. The employee record revealed that the staff received [redacted] training of 30 minutes on the dates of [redacted] - [redacted].

On [redacted] at 02:00 PM, an interview was conducted with the Human Resources Director (HR). She acknowledged the findings,

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to serve comparable subsidization meals to the residents residing in the Memory Care Unit. The facility also failed to follow the certified planned menu issued by the facility Dietitian. The facility failed to note that the substitution was to be served before or when the menu was served for all 26 residents in the Memory Care Unit.

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The findings included:

On at 12:00 PM, an observation was made of the lunch dining meal in the Canopy building of the Memory Care Unit. The following menu was issued by the facility Dietitian: Soup of the Day: Chicken Gumbo, Ham, Broccoli & Cheese Stuffed Potato, Grilled Fish Sandwich on Wheat , Cole Slaw, Asparagus, Assorted Desserts, Fresh Fruit. An observation was made of all of the menu items recommended by the Dietitian, except the Memory Care residents received French fries instead of the Ham, Broccoli & Cheese Stuffed Potato.

On at 12:20 PM, an interview was conducted with the family member of Resident # 4. She stated that she visits her mother everyday and they serve them French fries practically every day. She says the facility should offer less fried starchy foods for the residents.

On at 09:55 AM, an interview was conducted with the family member of Resident # 5. She stated that in the Memory Care Unit, the facility does not honor the food preferences of the residents. She stated the food quality was poor. She stated that they serve these residents too often.

On 02:30 PM, an interview was conducted with the Food Service Manager. He stated that the server in the Memory Care Unit had made a mistake by serving the French fries instead of the Ham, Broccoli & Cheese Stuffed Potato. He stated the residents should have received the same item as the general Assisted Living building. He acknowledged the findings.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record Review, it was determined the facility failed to ensure that each staff member must contain an employment application with references as required for 4 of 4 sampled staff records (Staff A, Staff B, Staff C, and Administrator).

The findings included:

a) Staff A (hire datee of) An employee record review was conducted on . No documentation of an application for employment, but references were located in the personnel file.

On a review of the employee records was conducted for the Administrator, Staff B and C. The Administrator was hired on . Staff B was hired on as a Medication

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Technician (Med Tech). She is a Certified Nursing Assistant (CNA). She works as an unlicensed staff providing direct care to residents on the 3:00 PM - 11:00 PM shift. Staff C was hired on as a Medication Technician (Med Tech). She is a Certified Nursing Assistant. She works as an unlicensed staff providing direct care on the 11:00 PM - 7:00 AM shift.

A review of the employee personnel files for the Administrator, Staff B and C reveal that the completed employment application with signatures.

On at 02:00 PM, an interview was conducted with the Human Resources (HR) Director and Assistant. They confirmed that the previous owner removed the original applications during the change of ownership. The applications provided did not provide the employment history nor the signature. Only the demographic information was provided. They acknowledged the findings.

Class III