STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912077	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Prosperity Oaks	11381 Prosperity Farms Road Palm Beach Gardens, FL 33410	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility biennial standard relicensure survey was conducted on and Prosperity Oaks, had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure complete and accurate health assessments (AHCA Form 1823), for 2 of 3 sampled residents (Resident #4 and #12).

The findings include:

1. Review of Resident #4's medical examination dated was conducted on The following concerns were noted:
a. There was no height listed
b. The section titled Service Requirements was left blank.
c. Page 2, Item A disclosed the resident was independent with toileting. The facility's Personal Service Plan dated documented he was assessed as requiring supervision and assistance with toileting. Also, the medical examination disclosed he needed supervision with bathing, dressing and but the extent and type of supervision were left blank.
d. Page 3, Item A disclosed the resident required supervision and/or assistance with preparing meals, shopping, making phone calls, handling personal and financial affairs, but the extent and type of supervision were left blank.
e. Page 4, Item B disclosed the resident required help with taking his medications, checked off as "Yes". However, whether the resident required assistance with self-administration with medications or required a licensed nurse administrate medications to him was left blank
This was brought to Employee E's (a Licensed Practical Nurse) attention at the time of review.

2. On during record review for Resident #12, it was noted the resident's Health Assessment was not complete. Section 1 part A, specific to "Transferring", and Section 1 part D, which specifies whether the resident's needs can be met in an assisted living facility, were not completed by the

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examining physician (items left blank). Section 2 part B of the Health Assessment documents the resident needs medication "assistance" and "administration"; there is no additional information as to what medications require "assistance" and which medications require "administration" by staff.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview and record review, it was determined the facility failed to ensure a Resident (#8) was not allowed to keep potentially hazardous items in his apartment. The facility also failed to ensure that each employee providing medication administration washed their hands prior to and after resident contact, per facility protocol (Employee E).

The findings include:

1. During a tour of the facility's memory care unit conducted at 10:28 AM while accompanied by the Memory Care Director, Resident #4 and his observed. A small first aid kit was noted on the end table to the right of the resident. He granted permission for this writer to look inside the box and the following potentially hazardous items were observed in the box:
a. A folding pocket multi-tool with multiple sharp tools.
b. A small pocket knife with two blades.
c. A small pair of scissors with sharp blades.
d. Two packets of cream listing 5%, the coloring had faded with age.
e. One packet containing an wipe.
During an interview at this time, the resident stated, he had them for "just in case". He allowed the Memory Care Director to remove the potentially hazardous items.

2. On at 11:17 AM, Employee E was observed to prepare to perform a sugar test on Resident #8. She applied sanitizer to her hands and donned gloves but did not wash her hands prior to these steps. When questioned, she stated she was following "hospital protocol" for sugar testing. On at 3:23 PM, this was discussed with the facility's Administrator. She provided the facility's written policy related to hand washing. She presented a written policy titled, "Hand Washing - DS-03.01001" which included, "... 1. Hand washing is to be done ... Before and after resident contact."

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility failed to ensure the Food Service Designee (FSD) responsible for the facility's day-to-day food service and food service staff (Employee D) had received the required training.

The findings include:

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Review of Employee D's personnel record was conducted on . . . . . There was no evidence showing he received a minimum of two hours of training in nutrition and food service in an assisted living facility by either a Certified Food Manager, Licensed Dietician, Registered Dietary Technician or Health Department Sanitarian.

This was discussed with and acknowledged by the facility's Administrator on . . . . . at 11:30 AM.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations, interviews and record review, the facility failed to provide a therapeutic diet as ordered, and failed to ensure recommended dietary allowances were met for 1 of 3 sampled residents (Resident #7). A order for pureed foods was not followed and meal items were not served according to the menu.

The findings include:

During the entrance conference conducted on . . . . . at 9:00 AM, Resident #7 was identified by the facility's Administrator as requiring pureed foods. The facility's Nutritional Tracker Tool also listed Resident #7 as requiring a puree diet and on the resident's most recent medical examination (AHCA Form 1823).

Resident #7 was observed in the facility's memory care unit during lunch on . . . . . at 12:10 PM. She was served minced chicken on a bed of shredded lettuce. Employee I was asked and presented a letter-sized page with the word "Puree" written it, she stated it was taped to Resident #7's meal. This was brought to the attention of the Memory Care Director who instructed staff to remove the plate. Resident #7 was then served potato and leek soup and was observed eating chunks of potatoes and leeks, the soup was not pureed. Employees I and H were interviewed at that time and were not able to verbalize the proper texture for pureed foods.

On . . . . . at 8:17 AM, the Memory Care Director was asked to pull Resident #7's meal from the hot foods cart. It had the same type of label attached as the day before. Observation of the meal revealed one large serving of a light-colored pureed food which was not identified at that time. At 8:25 AM, an attempt to interview the Food Service Designee (FSD) was made to find out what exactly was prepared for Resident #7, but he was not available. The facility's Executive Director and Memory Care Director arrived at the entrance to the kitchen shortly thereafter and stated the pureed food was Quiche Lorraine with no bacon added. When asked if any other foods was intended to be served, they both stated, "No." A request for the corresponding dietician-approved menu with directions for puree was requested at that time.

On . . . . . at 10:20 AM, the FSD was interviewed and stated he prepared a separate pureed quiche

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for Resident #7 with no bacon. A second request was made for the dietician-approved menu with directions for puree. He returned shortly with the documents. The instructions confirmed serve pureed Quiche Lorraine with no bacon and did not provide for a nutritional substitute. The menu stated to serve the Quiche Lorraine with a fruit cup and toast. The FSD was asked and stated he could puree both with no problem. He confirmed Resident #7 received only pureed Quiche Lorraine for breakfast and did not receive pureed fruit cup and toast as called for in the menu.

This was discussed with and acknowledged by the Administrator on [redacted] at 11:00 AM.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interviews, the facility failed to ensure building appurtenances were maintained in good working order.

The findings include:

1. During a tour of the facility's locked memory care unit conducted [redacted] at 10:59 AM, around a dozen small soiled spots or stains were observed throughout the carpet in the hallway. The carpet in the dining [redacted] in this unit had several large unsightly stains, especially near the pantry area. The carpet was worn and two rows of stitching were missing, leaving a gap about 3/4" wide that ran most of the length of the dining [redacted]. The carpet was frayed in numerous locations and was very unsightly.

A large unsightly stain was observed on the carpet located on the second floor hallway near the right doors of the Theatre [redacted].

2. During tour conducted on the 5th floor with the Administrator, on [redacted] beginning at approximately 9:15 AM, the following concerns related to the carpeting (light green with dark green insets) were noted, in the entire 5th floor hallway was observed and the Administrator acknowledged awareness that the carpeting needs to be replaced and is to be replaced during remodeling:

a. Upon entrance to the 5th floor Assisted Living unit there was a heavily soiled area measuring approximately 5' X 3'.

b. The threshold to [redacted] was heavily soiled (high traffic area in threshold)

c. There is, what the Administrator described as, a concrete seam that reaches across the entire width of the hallway (located outside of [redacted] 502 & 503). This "concrete seam" is raised

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approximately 1/2" and is covered by the carpet. During interview with Resident #32, conducted on beginning at approximately 10:15 AM, she stated that she has observed residents with walkers trip on this raised area.

d. : there is 2 rust colored stains measuring 2" and 1" on the flooring

e. : there was approximately 30 small white dots/spots (possible bleach spots) on the flooring.

f. 506 & 507: the carpeting from threshold to threshold was heavily soiled

g. 512 & 513: the carpeting from threshold to threshold was heavily soiled

h. 514 & 515 (where medication carts are stored): this entire carpeted area was heavily soiled

i. : the doorway threshold was heavily soiled

j. The 5th floor dining (brown colored) had approximately 5 streaks that carpeting was missing, located in the entrance to the dining

3. On at 11:02 AM, the surveyor observed the following in the Memory Care Unit:
a) Two worm-shaped insects on the carpet between the dining side hal where a trash located.
b) The door to the trash observed with a large splatter on lower half of the door.
c) The metal threshold was excessively soiled with debris build-up in it, the laminate flooring was curling up next to threshold and was deteriorating.
d) The floor of the trash excessively soiled, four used latex gloves were observed on the floor, the right wall had excessive splattering and a foul odor was present. This was discussed with and acknowledged by the Memory Care Director immediately after the observation was made. This was brought to the Administrator's attention on at 3:23 PM.

4. The carpet in the 4th floor hallways observed during a tour conducted at 9:30 am on was observed to be very dirty in the area by the Trash Chute to resident . Also, it was observed that the carpet in the dining , the activity area, and the loft adjacent to , had many torn or ripped sections and as unsightly. At the entrance door of the residents' living quarter on the fourth floor, the carpet was observed to be stained, very dirty and in disrepair.

During a conversation with Employee J, a maintenance worker, around 10:00 am, he reported that he had no knowledge of a work order to have the carpet replaced as Employee G, a CNA, had indicated during a 9:00 am interview.

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During an interview with the Housekeeping Director, at 10:31 am, he reported that the facility's administration had informed him that the building would be renovated since last year. However, he has been continuously cutting "peeled and run down carpet" in the dining area on the fourth floor and other areas of the facility.

5. On at 8:40 AM, upon entrance into the facility, the carpet in the lobby area was observed to be frayed along the seam/edges in several places.
During initial tour beginning at 9:05 AM, the second floor hallways are observed to be stained in several areas, and the overall appearance of the carpet looks soiled and in need of vacuuming. Spanning the entire width of the carpet outside of , there is a "bump" under the carpet which presents a potential tripping hazard.

6. Observation during an initial tour of the third floor conducted on at 9:40 AM, revealed multiple stains on the hallway carpet, with prominent soiled areas outside #310, #316; entrance to the dining , and next to the lounge areas.

7. On during initial tour beginning at 9:05 AM, public on 2nd floor, next to B, has large rust-colored stain on plastic dropped-ceiling tiles; the walls next to and in front of the toilet were streaked with unidentifiable liquid substance; and the wall area located underneath the soap dispenser is coated with soap drippings from the soap dispenser. There is an indented wall area for shelving which contains protruding wall brackets, one of which is half-way pulled from wall, with no shelving.

8. On at 11:30 AM, the upholstered chairs in lobby area next to elevators on 2nd floor are observed to have tears in the fabric (2 chairs have tears in seat area, and 1 chair has tear in the arm). The chair fabric is visibly stained in the seat and arm areas.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Prosperity Oaks
11381 Prosperity Farms Road
Palm Beach Gardens, FL 33410

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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