STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965503	06/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Presidential Place	3880 South Circle Drive Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [illegible] S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [illegible] at Presidential Place. The facility had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, record reviews and interviews, the facility failed to ensure that the residents had a face to face medical examination documented on the 1823 Health Assessment form after a significant change as part of the continued residence requirement, for 2 out of 17 sampled residents (Resident #1 and #2).

The findings are:

1. During a review of the record for Resident #1, it was noted that the resident was admitted to the facility in [illegible] of 2012. The medical examination (Health Assessment) form was dated [illegible] and documented that the resident was independent with activities of daily living and had no pressure sores.

The resident was observed on [illegible] at 11:10 AM and was observed to require assistance with activities of daily living (ADLs). In addition, the resident had a large bandage covering most of his left foot and heel. Further record review revealed that currently the resident is receiving care from the [illegible] care center for a [illegible] pressure [illegible] to the left heel and was receiving hospice services. The Health Assessment form was not updated and so did not contain any documentation of the [illegible] or the hospice services. On [illegible] at 2:35 PM, the Director of Nurses was interviewed and stated she was in the process of reviewing all the Health Assessments.

2. Resident #2 was observed on [illegible] at 11:00 A.M. in bed, half side rails in the up position. The resident did not respond to questions, and had a private duty assistant with her. The resident required total assistance with ADLs and had to be fed and was unable to walk. The record was reviewed and

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documented that the resident was admitted . . . . The Health Assessment in the record was dated . . and documented that the resident was independent for ambulation and supervision for other ADLs, and so had not been updated. Further record review revealed that the resident is now on hospice services as well. Upon request of a current 1823 reflecting aforementioned, the Director of Nursing (DON) , stated no further information was available for review.

On . . . . . at 2:35 PM, the DON was interviewed and stated she was in the process of reviewing all the Health Assessments.

Class III

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

Based on interview and record review, the facility failed to ensure that 2 out of 5 staff members (Employee B and G), submitted an annual statement from a physician indicating that the person was was free from . . . . . .

The findings include:

1. During a record review of the personnel file for Employee B, a direct care staff member, revealed a hire date of . . . . . The file did not contain documentation of an annual . . test statement since . . . . . .

1. During a record review of the personnel file for Employee G, a direct care staff member, revealed a hire date of . . . . . The file did not contain documentation of an annual . . test statement since . . over a year ago.

On . . at 12 PM, the Administrator was interviewed and acknowledged the findings. The Administrator stated no further documentation was available for review.

Class III

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

Based on record review and interview, the facility failed to ensure that 2 out of 5 sampled staff (Staff B and G) had documentation of 1 hour of training on the facility's policy and procedures regarding [illegible].

The Findings:

A record review conducted on [illegible] revealed that Staff B and C's date of hire was [illegible]. Review of the employee files revealed no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding [illegible] within 30 days of employment.

In an interview conducted on [illegible] at 12 PM, the Administrator acknowledged the findings and stated no further information was available for review.

Class III