STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	12/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF HOLLYWOOD	**2480 NORTH PARK ROAD HOLLYWOOD, FL 33021**

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

0000 Initial Comments

An unannounced biennial relicensure survey was conducted on 11/30/15 - 12/1/15 at Five Star Premier Residences Of Hollywood . The facility had deficiencies identified at the time of the visit.

0054 Medication - Records

Based on observations, interviews and record reviews. the facility failed to immediately update the Medication Observation Record each time the medication was offered or administered for 13 of 13 sampled residents (Residents #2. #3, #12, #13, #14, #15, #16, #17). Specifically, the 2 Nurses on the 7:00 A.M.- 3:00 P.M. shift were observed pre-signing the Medication Observation Record.

The findings included:

During an observation of a medication pass observed on / at 01:15 PM, it was determined that the RN passing medications on the third floor unit, initialed the Medication Observation Record (MOR) prior to offering or administering 600 mg of a tablet to Resident # 24.

In an interview conducted with the RN on the same day immediately after she passed the medication to the Resident, it was revealed that she was instructed by the facility to sign the MOR prior to administering the medication. She went on to state that she was also instructed to update the back of the MOR form to reflect that the Resident refused the medication by circling her initials under the date of time of the medication pass.

During an observation of several medication passes observed on / beginning at 09:56 AM, it was determined that the LPN on the second floor unit initialed the MOR prior to offering or administering medications to the following Residents:

a) On / at 09:56 AM, Resident # 12 was administered 81 mg , 625 mg Fiberlax, 8.5 mg , 137 mg Levathyroxine, 500 mg , 1,000 units -D, and a Theratab multi-.

b) On / at 10:05 AM, Resident # 3 was administered 125 mg , 30 mg , 100 mg , 250 mg Florstar, 1,000 units of -D and 1 tab of essentials.

c) On / at 10:21 AM, Resident # 13 was administered 1 drop each eye of tears, 100 mg Donnepezil, 1,000 units -D and 500 mcg - .

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d) On 12/01/2015 at 10:32 AM, Resident # 14 was administered 20 mg , 25 mg , 28 mg XR, 1,000 units D-3, 1,000 units - and a drop of Vaseline in the right nostril.

e) On / at 10:44 AM, Resident # 15 was administered 100 mg , 0.5 mg Anegrelide, 40 mg Pantroprozale, 1,000 units D-3, 60 mg Nepedepine and 10 mg .

f) On / at 10:49 AM, Resident # 16 was administered 20 mg Lasiks, 10 1/2 meq , 20 mg , 250 mg , 1,000 units , 12.5 mg Metroprolol and 0.4 mg .

g) On / at 11:21 AM, Resident # 17 was administered 2 mg Dilaudud.

During an interview on / at 12:23 PM with the Administrator, she stated their policy states the Nurse should initial the MOR prior to giving the Meds and circled if the Resident refuses. She says this is the Nursing school policy that they follow. A request was made to review the policy, information was not provided.

Class III

0056 Medication - Labeling and Orders

Based on interview and record review, the facility failed to store prescription drugs for self administration with the proper label. Specifically, the facility failed to include the Resident's name on a drug stored on the second floor medication storage .

The findings included:

On / at 12:47 PM, a bottle with the # 326 for DOK PLUS displayed an expiration date of . The Nursing Supervisor was unable to determine the owner of the medication.

On this same date a review of the facility policy indicates's all medications stored must include the following:

(1) Prescription name,
(2) Resident name,
(3) Prescription number,
(4) Drug name, strength;
(5) Date dispensed and expiration date;

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(6) Directions for use,
(7) Name and address of pharmacy dispensing the drug

During an interview on / at 12:13 PM with the Administrator and the Nursing Supervisor of the facility, it was revealed that medications kept in the Medication Storage display a label.

Z816 Background Screening-Compliance Attestation

Based on record review, observation and interview, it was determined the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days in 1 of 6 staff (Staff B) records reviewed.

The findings include:

In an interview conducted on / / at 2:55 PM with Staff B she stated she is employed as a CNA , her duties include helping residents with all of their needs, such as dressing, , assisting with transfers, showers, feeding if necessary, changing them, anything they need.

In an observation conducted on / at 3:10 PM Staff B was observed escorting a resident back to her , by direct contact.

On / / a review of the facility's staffing schedule for / - / revealed that Staff B is scheduled as a CNA on the 3 PM-11 PM shift on / / , / / , / and - / .

A record review of Staff B ' s personnel file revealed that her date of hire was and her last Level II Background Screening was completed on / / . Her employment application reveals her last employment end date was , further review revealed a reference check from her last employer which confirmed her employment dates were from / - .

In a subsequent interview conducted on / at 12:08 PM with Staff B, she confirmed she was unemployed from until when she began working at this facility.

On / a search was conducted on the AHCA background screening website revealed a background screen date of / .

In an interview conduct on / at 12:20 PM, with the Director of Human Resources, she reviewed the record and confirmed the findings.

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

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Five Star Premier Residences Of Hollywood
2480 North Park Road
Hollywood, FL 33021

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2015 through , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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
XG90

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