| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953616 | 12/20/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**FIVE STAR PREMIER RESIDENCES OF HOLLYWOOD** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2480 NORTH PARK ROAD HOLLYWOOD, FL 33021** | |

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

**0000 - Initial Comments**

An unannounced relicensure survey as conducted on and at Five Star Residence Hollywood (Lic#5622). There were deficiencies during the time of the survey.

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on observation, record review and interview, the facility failed to ensure that the resident's Agency for Health Care Administration Health Assessment (AHCA Form 1823) was accurate and reflective of the resident current care needs fro 1 of 3 sample residents (Resident#16).

The Findings Included:

On at 10:00AM, during the observational tour, Resident#16 was observed in her a treatment to herself. During an interview with the resident, she revealed that she and her son manage her medication, and she does not receive assistance with mediation administration from the facility.

Review of Resident#16's Agency for Health Care Health Administration Health Assessment (ACHA Form 1823) dated that documental her Medical History as: , , Chronic , and , . She has gait , and uses a walker. Further review revealed Section B of the AHCA 1823 form that addresses the level of assistance required for medication, documents that Resident#16 requires assistance with self- administration of medication.

During an interview with the Administrator on at approximately 2:00PM she verified the resident administers her own medications, acknowledged the findings, and provided no additional documentation for review.

Class III

**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 obtain a new Agency for Health Care Administration Health Assessment (AHCA Form 1823) that documents a significant change, for 2 of 3 sampled residents (Resident#12 & Resident#18).

The Findings Included:

a) On at approximately 11:40AM Resident#12 was observed in the dining the

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| FIVE STAR PREMIER RESIDENCES OF HOLLYWOOD | 2480 NORTH PARK ROAD HOLLYWOOD, FL 33021 |

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Memory Care Unit. He was gathering the eating utensils from the other residents. One resident would not allow him to take her eating utensils and Resident#12 got very upset and began yelling. He was easily redirected by the Memory Care Manager and returned to the dining was observed calm as if nothing had happened.

On at 12:00PM a record review of Resident#12's AHCA Form 1823 dated: , his medical history is documented as: , , , , Chronic Kidney III, , , and documented no mental heath related or behavioral issues. Further review of the AHCA Form 1823 revealed he resident is independent with all ADL's. In Section B of the ACHA Form 1823 documents the resident does not require assistance with medications. The box that indicates the type of assistance needed for medications is left blank. and behavioral issues are documented as "Normal". Further review of the residents observation record revealed the resident has had increasing levels of agitation starting . He was prescribed , 0.5 mg. every 8 hours as needed for agitation. On the resident was prescribed , 25mg. once a day for agitation. On the , dosage was increased to , 25mg twice a day for agitation. On the medication was increased to , 50mg twice a day (9AM & 9PM). Further review revealed on on the resident was diagnosed as having , .

b) On during the entrance conference the Administrator identified all Hospice residents that included Resident#18 who has a healing , . Resident was observed laying in bed on her right side. During an interview with the Memory care Manager at this time, he confirmed Resident#18, requires total assistance with all her ADL's, she in non-ambulatory, and she currently has a healing to her sacrum. Resident was alert. On at approximately 12:30PM a record review was conducted. Resident#18's AHCA Form 1823 Dated: documents her medical history as: and with Several years of memory loss. The and behavioral Status is documented as Severe Loss. The AHCA Form 1823 documents the resident ADL's as being independent with ambulation and transfer and requires supervision with all other ADL's. Further review does not document the resident as having any , . Review of the resident observation and monthly Resident Review form documents as of documents the Resident as being on Hospice as of and has a Lt Hip and a unstagable Sacral , . Further review reveals on the resident is non-ambulatory, requires a wheelchair for ambulation, and documents the Lt , as being resolved, with a , to Sacrum. care being provided by Hospice. care was provided on . Last measure documented in documents provided was on and measured 0.2 x 0.1. With documents provided \, surveyor was unable to determine the onset of the , . The AHCA form 1823 has no documentation of the resident being on Hospice or having any , III, or , .

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

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During an interview with the Administrator on at approximately 2:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III

**0086 - Training - ADRD - 58A-5.0191(9) FAC**

Based on record review and interview, the facility failed to ensure that 1 of 3 employees (Employee's C)'s record was complete.

The findings included:

During employees' record review on , it was noted that Employee C is an active employee of the facility hired on . Review of Employee C' work schedule revealed that she works 11:00 to 7:00 PM shift. Employee C's records also revealed that she is a certified nursing assistant (CNA). Record review revealed Employee C completed 's training Level I on . However, she has not completed the 4 hours training level II.

During an interview with the Administrator on at 12:40 PM, she indicated that Employee C did not complete the level II training because she does not work in the Memory Care Unit. Nevertheless, she attested to the fact that the facility advertises that they accept 's residents.

During the exit meeting on , the Administrator provided no additional information.

Class III