STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968563	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **MORNING BREEZE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5940 NW 19TH COURT** **LAUDERHILL, FL 33313**	

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

0000 - Initial Comments

An unannounced Relicensure survey with Limited Mental Health was conducted on at Morning Breeze ALF License #12455. The facility had deficiencies at the time of the visit.

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

Based on interview and record review, the facility failed to ensure that the Florida Health Assessment form (form 1823), was completed accurately and completely by a Physician, ARNP of Nurse Reactionary for 1 of 2 resident records reviewed. Specifically (Resident # 1).

The findings included:

On a resident record review was conducted for resident # 1. The review revealed that he Health Assessment form (form 1823), dated indicates Resident was admitted into the facility on . He suffers from , History of , and Chronic Kidney , and a .

Further review of the 1823 form reveals the Cognition, Sensory Limitations and Nursing and Services sections remain blank. The Resident has a current diagnosis of Sleep , which was captured on the previous 1823 form dated , but is not listed on the current 1823 form dated .. The Resident received a new Continuous Positive Airway Pressure (CPAP) machine in the mail during the survey. The medical chart did not include a Physician Order for this durable medical equipment (DME) treatment machine.

On at 04:00 PM, an interview was conducted with the Owner of the facility. He acknowledged the findings. He stated that he would obtain an updated and completed 1823 form. He also stated he would also obtain a prescription for the CPAP machine.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that unlicensed staff follow the proper process of assistance with self administration of medication for 2 of 2 Residents observed. Specifically, (Resident # 11 and # 14).

The findings included:

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On at 12:00 PM, Staff A was observed assisting with self administration of medication. Staff A is an unlicensed direct care Staff. She was hired on . She was observed dawning her plastic gloves. She retrieved the Medication Observation Record (MOR) binder and pre-signed indicating she had assisted the Resident in taking the medication. She placed the following medication into the pill cup for Resident # 14 (, 10 mg and , 600 mg). She took the medication to the Resident at the dining . She announced to Resident # 14,"Here are your medicine." She failed to announce the names of the medications.

During the same medication observation, Staff A assisted with self administration of medication to Resident # 11. She repeated the same process. She dawned her gloves. She retrieved the MORA and pre-signed the entry, indicating she had assisted the Resident take the medication. She placed the medication into the cup. She took the following medication to the Resident: , 10 mg. She advised the Resident that she was giving him his medicine, but failed to announce the name of the medication.

On , at 12:05 PM, an interview was conducted with the Owner of the facility. He was advised of the findings. He acknowledged that Staff A had been trained differently. He stated he had advised her to announce the medications and sign the MOR after the medication was given. He stated she had expressed that she has trouble pronouncing the names of the medication. He stated he advised her to practice pronouncing the names of the medicines.

Class III

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

Based on interview and record review, the facility failed to ensure that the direct care Staff obtain an annual statement from a Physician or Nurse Practioner, indicating that they are free from Communicable and ( ), for 3 of 3 Staff reviewed. (Specifically, the Administrator, Staff A and Staff B).

The findings included:

On a review of the employee personnel records was conducted. It revealed that the Administrator, who was hired had a statement for communicable dated . The date of the statement was .

On a further review of the employee personnel record revealed that Staff A, who was hired and works as an unlicensed care giver had a and communicable statement that

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was expired. The most recent communicable statement was dated . The date of the test was .

A review of the employee personnel record for Staff B, who was hired on as an unlicensed caregiver reveals that the communicable statement and the statement was expired. The communicable statement expired and the date of the statement was .

On an interview was conducted with the Owner. He acknowledged the findings. He indicated he failed to ensure that this form was updated last year. He stated the Physician usually comes at the beginning of the year to update the forms.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review the facility failed to ensure that the Administrator obtain the annual 3 hour Limited Mental Health, (LMH) continuing education training requirement for 1 of 3 Staff records reviewed. Specifically (Administrator).

The findings included:

On a review of the employee personnel records for the Administrator was conducted. The review revealed that the last training certificate displayed a date of .

On at 04:00 PM, an interview was conducted with the Owner of the facility. He stated that he would ensure that the Administrator provide her 3 hour continuous education for LMH training.