STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965789	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **TERRACE COMMUNITIES TEQUESTA ,**	STREET ADDRESS, CITY, STATE, ZIP CODE **400 NORTH US ONE TEQUESTA, FL 33469**	

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

0000 - Initial Comments

An unannounced Re-Licensure survey with Limited Nursing (LNS) services and Extended Congregate Care (ECC) services was conducted on , 29-30, 2018 at Terrace Communities Tequesta, LLC (License #10124). The facility had deficiencies identified at the time of the survey.

Note: The Limited Nursing Services (LNS) portion of the Re-Licensure survey was conducted on a separate date. Please refer to the separate report for the findings.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was completed for 7 out of 7 sampled residents (Resident #7, #8, #9, #10, #11, #12 and #13) who required administration or assistance with self-administration of medication.

The findings included:

During review of the , 2018 MOR's, the following omissions were identified:

1) Resident #7
a. 8:00 AM dose for had not been initialed as given for .

2) Resident #8
a. 8:00 AM dose for had not been initialed as given for .
b. 8:00 AM dose for had not been initialed as given for D-3.

3) Resident #9
a. 8:00 AM dose for had not been initialed as given for D-3.
b. 8:00 AM dose for had not been initialed as given for .
c. 8:00 AM dose for had not been initialed as given for .
d. 8:00 AM dose for had not been initialed as given for .
e. 8:00 AM weekly dose for had not been initialed as given for .

4) Resident #10
a. 8:00 PM dose for had not been initialed as given for .

5) Resident #11

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a. 12:00 PM dose for had not been initialed as given for .

6) Resident #12
a. 1:00 PM dose for had not been initialed as given for Max Suspension.
b. 5:00 PM dose for had not been initialed as given for .
c. 8:00 PM dose for had not been initialed as given for Guaif/Cod.
d. 6:00 PM dose for had not been initialed as given for , .
e. 2:00 PM dose for and had not been initialed as given for Guaif/Cod.

7) Resident #13
a. 5:00 PM dose for had not been initialed as given for .
b. 5:00 PM dose for had not been initialed as given for Tears.
c. 8:00 AM doses for had not been intialed as given for , , Florajen, , , D3, , , , and Tears.

The Administrator was notified of these findings during interview on at 12:30 PM. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure 3 out of 3 sampled staff (Staff A, B and C) had submitted an annual negative ( ) statement by a health care provider.

The findings included:

a) During record review for Staff A, date of hire , a signed statement by a health care provider, dated within the previous year, verifying this employee was free from could not be found.

b) During record review for Staff B, date of hire , a signed statement by a health care provider, dated within the previous year, verifying this employee was free from could not be found.

c) During record review for Staff C, date of hire , a signed statement by a health care provider, dated within the previous year, verifying this employee was free from could not be found.

A request was made to the Business Office Manager for the documentation on at 10:00 AM, but

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the required documentation was not available for review. The facility provided no addtional documentation of the required statements for review at this time.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled staff member (Staff D), who was the person responsible for the facility's food service and the day-to-day supervision of food service staff, had obtained a minimum of 2 hours of continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (ALF).

The findings included:

The Business Office Manager and Staff D were interviewed on at 11:00 AM and stated Staff D was responsible for the facility's food service and the day-to-day supervision of food service staff. Documentation of a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an ALF for Staff D was requested at this time. There was no documentation of this training dated within the previous year for Staff D. The facility provided no additional documentation for review at this time.

Class

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the Background Screening Clearinghouse website, and a staff interview, the facility failed to maintain a current employee roster for all employees of the facility.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, there were no employees listed on the roster.

During an interview with the Business Office Manager on at 12:00 PM, she confirmed that a roster had not been completed on the Agency's Clearinghouse website as of the date of this survey.

Unclassified

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