STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967760	**03/13/2018**
NAME OF PROVIDER OR SUPPLIER **BOWE'S RETIREMENT HOMES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2739 CHEROKEE AVE** **FORT PIERCE, FL 34946**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on . . . . . at Bowe's Retirement Homes Inc., License # 11791. The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview and record review it was determined the facility failed to posted all of the correct telephone numbers for lodging complaints against a facility to include the Agency Consumer Hotline, 1 (888) 419-3456 and , Rights Florida, 1 (800) 342-0823.

Based on observation and interview it was determined the facility failed to ensure staff the provide assistance with the self-administration of medications washed their hands in a manner that provides adequate and appropriate health care consistent with recognized standard within the community for 3 of 3 sampled resident observed receiving assistance with medications (Resident #1, Resident #2, and Resident #3).

The findings include:

1) During initial tour of the facility conducted with the Administrator, on beginning at approximately 8:15 AM, she was asked where the advocacy telephone numbers for lodging complaints against a facility was posted. The list of telephone numbers that was posted did not include the Agency's Consumer Hotline, 1 (888) 419-3456. This list also noted an incorrect telephone number for , Rights Florida. The number posted was (772) 468-4080 and not the correct telephone number, 1 (800) 342-0823. The Administrator acknowledged the Agency's Consumer Hotline number was not noted and that she was not aware of the "800" number for , Right Florida.

2) During observation of the Administrator providing assistance with the self administration of medications, on from approximately 9:30 AM through 9:55 AM she assisted Resident #1, Resident #2, and Resident #3. She washed her hands for approximately 3 seconds prior to and in between providing assistance with these residents medications. She applied dish soap to her hands and then proceeded to immediately place both hands under the water to rinse the soap off (while rubbing hands together for approximately 3 seconds). During subsequent interview with the Administrator about this handwashing technique, she stated, "I washed my hands." The Administrator was informed the CDC (Center for Control) recommends the following handwashing technique:

1. Wet hands with water.

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2. Apply soap.
3. Rub hands together for at least 15 seconds, covering all surfaces, focusing on fingertips and fingernails.
4. Rinse under running water and dry with disposable towel.
5. Use the towel to turn off the faucet.

Class III

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

Based on observation and interview, it was determined the facility failed to ensure that staff who provides assistance with the self administration of medication did so pursuant to the procedures described in Section 429.256, F.S. and this rule for 3 of 3 sampled residents (Resident #1, Resident #2, and Resident #3), specifically related to informing these residents of each medication they were provided with.

The findings include:

During observation of and interview with the Administrator, providing assistance with the self administration of medications, on beginning at approximately 9:30 AM through 9:55 AM, she did not inform the following residents of the medications they were receiving:

Resident #1:
a) 750mg
b) Donepizil 5mg
c) 20mg
d) 50mg
e) 81mg
f) 20mg

Resident #2:
a) 100mg
b) 10mg
c) 1000mcg under tongue

Resident #3:
a) 250mg ER

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b) 20mg
c) 0.25mg
d) 10mg
e) 1mg

After completion of these observations, on beginning at approximately 10:00 AM, the Administrator was asked why she did not inform the above noted residents of the medications they were receiving. She replied that she was not aware she needed to do that.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, it was determined the facility failed to dispose of expired medications within 30 days and document such disposal in the resident's record, for 1 of 3 sampled residents (Resident #1).

The findings include:

During observation of the Administrator providing assistance with the self-administration of medication for Resident #1, conducted on beginning at approximately 9:40 AM, the OTC bottle of 81 mg was not labeled with this resident's name (please see A0057) and was noted to have expired " ." The Administrator acknowledged she had not noticed this bottle of had expired.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation, interview, and record review it was determined the facility failed to ensure each OTC (Over The Counter) medication was labeled with the resident's name for 1 of 3 sampled residents (Resident #1).

The findings include:

During observation of the Administrator providing assistance with the self-administration of medication

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for Resident #1, conducted on beginning at approximately 9:40 AM, the OTC bottle of , 81 mg was not labeled with this resident's name. The Administrator acknowledged Resident #1's name was not noted on this bottle of , 81mg.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview it was determined the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period and that the daily work schedule of direct care staff must be available to residents or representatives, for each resident.

The findings include:

During interview conducted with the Administrator, on beginning at approximately 10:10 AM, she was asked to provide the facility's staff work schedule for review. She stated she does not maintain a written work schedule as there are only 2 staff at this time. She was reminded it is a requirement to maintain a written work schedule that represents the 24-hour staffing pattern for a given time period (weekly/monthly).

Class