STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942940	04/19/2018
NAME OF PROVIDER OR SUPPLIER **SOUTH OAKS ASSISTED LIVING HOME, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6141 SW 34TH STREET MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at South Oaks Assisted Living Home, LLC, License #5788. The facility had deficiencies at the time of the visit.

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

Based on observation, interview and record review, the facility failed to obtain an initial Florida Health Assessment (1823 form), which details a physical examination from a licensed physician or nurse Practitioner within 60-days of admission into the facility to be used by the owner or the Administrator of the facility to determine appropriateness within the facility, for 1 of 9 sampled residents (Specifically Resident # 5).

The findings included:

On a Resident record review was conducted of Resident # 5. She is an female, suffering from , Chronic Pulmiminary , and . She ambulates with a wheelchair. She is unable to propel the wheelchair without assistance. She requires assistance with bathing, dressing, self-care toileting and transferring. She can eat independently.

On at 02:00 PM, an observation and interview were conducted with Resident # 5. She were observed sitting in a lounge chair. She was very thin and frail. She stated she required assistance with all of her activities of daily living (ADL's). She was observed with her extremities contracted.

A further review of the Health Assessment form (1823 form) reveals that the form was completed from the previous facility from . The resident was admitted into the current facility in . The current facility failed to obtain a new health assessment indicating the Resident was receiving Hospice Services. Additionally, based on observation, interview and notes from the Hospice Provider, the assessment for the Resident's ADL's, was currently inaccurate.

On at 04:30 PM, the findings were discussed with the Administrator. He confirmed the findings and stated it was an oversight,

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

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Based on observation, interview and record review, the facility failed to ensure that residents participate in group activities. Additionally, the facility failed to schedule activities for a minimum of 12 hours per week for 9 of 9 sampled residents in the facility (Specifically, Residents # 1 - # 9)/

The findings included:

On at 10:00 AM through 05:00 PM, an observation was made. It was determine that the facility didnt have any scheduled activities conducted for the day. The Activity Calendar indicated "Nails and Exercises" were to be conducted. There were no specific times noted on the Activity Calendar for these events.

On at 10:50 AM, an interview was conducted with Resident # 1, who is an alert and oriented Resident.. She stated the facility does not have any group activities. She says she plays Solitaire card games.

On at 11:00 AM, an interview was conducted with Resident # 2 who is an alert and oriented Resident. She also stated the facility; doesn't have any group activities. She says she usually colors or does puzzles.

On at 11:10 AM, an interview was conducted with Resident # 3 who is an alert and oriented Resident. She also stated the;facility doesn't have any group activities. She says she usually writes children stories.

On at 11:20 AM, an interview was conducted with Resident # 5 who is an alert and oriented Resident. She also stated the facility; doesn't have any group activities. She says she usually watches westerns on TV.

On at 11:30 AM, am interview was conducted with Resident # 4 and # 6 who is an alert and oriented Resident. She also stated the facility; doesn't have any group activities. She says she usually just watches TV.

An observation of the Activities Calendar for the week of - reveal a total of 10 hours. The events do not note the times that the events will take place. The Calendar reads as follows: : BINGO = 2 hours, = , , = 1 hour, = BINGO, Dance = 2 hours, = BINGO, Music, = 2 hours, = 1 hour Nails, Exercise, = Nails, Exercise,=1 1 hour = Music 1 hour.

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On at 04:45 PM, an interview was conducted with the Administrator and Assistant Administrator. They both indicated that they had games, but the Residents didn't want to do anything. They confirmed they had not asked the Residents about their own personal preferences for activities. They acknowledged the findings.

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 assist with the process of self administration of medication pursuant to the training requirements of Rule 58. A-5.0191, F.A.C. and 429.256,F.S, . for 3 of 3 sampled Residents (Specifically, Resident # 1, # 2 and # 5).

The findings included:

On at 12:02 PM, an observation of the assistance with self administration of medication for Resident # 2 was conducted.
Staff A,was observed sanitizing her hands, prior to notifying the Surveyor. She did not review the Medication Observation Record (MOR). She popped the Medications out of the bubble packet with a ball point pen. She took the med's over to the dining to the Resident and announced "These are your afternoon pills." She failed to announce what pills were being given. She turned her back and began signing the MORA without watching the Resident consume the medications and water.

It was also discovered from the review of the MOR, that the order for had been changed to add 200 mg to the 12:00 PM dosage of 100 mg. The order had not been added to the MOR effective . Staff A did not confirm the new order which was hung up on a clipboard.

On at 12:05 PM, an observation was made of Staff A. She was observed assisting with self administration of medication for Resident # 4. She was receiving , 300 mg three times per day. She did not review the MOR. She did not compare the medication against the physician order. She popped the bubble pack with the ball point pen to get the pills out. She carried the pills to the dining table. She did not announce the names of the medication.
She returned to sign the MOR before watching the Resident consume the medication with her water.

On at 12:08 PM, an observation was made of Staff A. She was observed assisting with self administration of medication for Resident # 1. She was receiving Hyaline PAM 50 mg three times a day

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at 12:00 PM mg three times per day. She did not review the MOR. She did not compare the medication against the physician order. She popped the bubble pack with the ball point pen to get the pills out. She carried the pills to the dining table. She did not announce the names of the medication.
She returned to sign the MOR before watching the Resident consume the medication with her water.

On at 12:15 PM, an interview was conducted with the Assistant Administrator. She stated Staff A was not trained this way/ She acknowledged the findings.

Class III

7

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to ensure that unlicensed staff who will be providing assistance with self administration with medication. The facility failed to ensure that a minimum of 2 hours of continuing education training provided by a licensed Nurse or a licensed Pharmacis, for 1 of 2 staff reviewed. (Specifically Staff B).

The findings included:

Record review of Staff B file revealed the initial medication training was completed on (4hrs). Review of the facility's Medication Observation Records and employee records revealed the employee assists residents with their self-administrered medications. Facility records revealed Staff B was hired by the facility on to work as a Home Health Aide (HHA) from 07:00 AM - 07:00 AM (24 hours). Further record review revealed the employee did not have the required 2 hours annual continuing medication education training.

During an interview with the Administrator on at 04:30 PM, the findings were acknowledged.

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Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to substitute menu items of comparable nutritional value based on the seasonal availability or fresh produce or the preferences of the residences for 9 of 9 sampled residents. (Specifically, Residents # 1 - # 9).

The findings included:

On . . . . . at 12:00 PM, a dining observation of the lunch meal was conducted. The menu planned by the certified Dietitian revealed the following items: Roast Chicken 4 oz., Potatoes 1/2 cup, Mixed Salad 1 cup, Salad Dressing 1 T., Gelatin 1/2 cup, and DB Sugar Free Gelatin. The menu served by the facility revealed the following: Stuffed Pepper (Ounces unknown), Starch not provided, Peas and Carrots, Mixed Salad, Salad Dressing and Yogurt.

On . . . . . at 12:15 PM, an interview was conducted with the Food Service Designee. She stated the Administrator had not gone shopping yet. She stated they did not have the Chicken. She stated she did not know the number of ounces of the stuffed peppers.
She stated the Administrator had crossed off the potatoes on the menu.

On . . at 04:30 PM, an interview was conducted with the Administrator. He acknowledged the findings. He confirmed he did removed the potatoes and substitute the stuffed peppers. He stated they could have substituted rice or pasta.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review, the facility failed to ensure that their Comprehensive Emergency Management Plan was submitted for review and approval on an annual basis to the local emergency management agency.

The findings included:

During a review of facility records it was revealed that the most recent Comprehensive Emergency Management Plan (CEMP) submitted to the local emergency management agency was dated . It reads: The plan was approved. It will be valid through . Please note that the

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annual updates to your plan due two months prior to your plan's expiration date shown above ( ).

On at 10:30 AM, an interview was conducted with the Administrator. He stated he did not have the new approved CEMP letter. He stated he had just submitted his plan to the local agency. He stated he had given his only copy to his Accountant.
He acknowledged the findings.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on interview and record review, the facility failed to ensure that the Administrator completes a minimum of 4 hours of continuing education every two was in topics relating to the physical, or social needs of frail, elderly and persons or persons with 's or related .

The findings included:

On a review of the employee personnel file was conducted. It was reveals that the Administrator did not have a certificate indicating he had completed the required 2 hours of continuing education for extended congregate care training. The Administrator's file only contained the initial required 4 hour training dated .

On at 04:45 PM an interview was conducted with the Administrator. He acknowledged the findings.

Class III