

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969092	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT THE WATERWAYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on and at Symphony at the Waterways, License #12940. The facility had deficiencies at the time of the survey.

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

Based on interviews and record reviews, the facility failed to ensure that staff have a current physician statement indicating the Staff have no communicable and are free of, for 2 of 3 employee records reviewed (Staff B and Staff C).

The findings included:

On a review of the employee record was conducted for Staff B. She was hired on Staff B is a Certified Nursing Assistant (CNA) and a Medication Technician (Med Tech). She provides direct resident care. A review of her employee file reveals the last physician statement indicating that she is free of communicable and has a negative reading was last issued on The statements are to be renewed annually. The statements were expired.

A review of the employee file for Staff C reveals that she was hired on Staff C is a Certified Nursing Assistant (CNA) and a Medication Technician (Med Tech). She provides direct resident care. A review of her employee file reveals the last physician statement indicating that she has a negative reading was last issued on 11/04/2017. The statement is to be renewed annually. The statement was expired.

On at 03:00 PM, an interview was conducted with the Administrator. He acknowledged the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.019() FAC

Based on interviews and record reviews, the facility failed to ensure that all Direct Care Staff receive the one (1) hour of required in-service training within 30 days of employment, for 3 of 3 Staff members files reviewed (Staff A, Staff B, and Staff C)

The findings included:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969092	(X3) DATE SURVEY COMPLETED 11/14/2018
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER SYMPHONY AT THE WATERWAYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306
--	--

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

A review of the employee records was conducted. It was revealed that Staff A, was hired as a Certified Nursing Assistant (CNA) Medication Technician (Med Tech) on . She is repressible for providing direct care to the residents in the facility.

a) The following in-service training's did not meet the minimum requirements.

1. The Elopement training certificate was missing from the file.
2. The training certificate for Recognizing , Neglect and , was missing from the file.
3. The training certificate for Resident Rights was missing from the file.

b) On a review of the employee record was conducted. It was revealed that Staff C, was hired as a CNA and a Med Tech on . She is also responsible for providing direct care to the residents to the residents of the facility.

1. The training certificate for Incident Reporting was missing from the file.
2. The training certificate for Recognizing , Neglect and , contain only .75 hours d does not meet the requirement of 1 hour.
3. The training certificate for Nutrition and Safe Food Handling contains only .50 hours, and does not meet the requirement of 1 hour.

On at 03:00 PM, an interview was conducted with the Administrator. He acknowledged the findings.

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on interviews and record reviews, the facility failed to ensure that all staff receive that work in the facility's Memory Care unit received training in 's and Related , for 1 of 3 employee records reviewed (Staff B).

The findings included:

A review of the employee records was conducted. It was revealed that Staff B, was hired on . She is a Certified Nursing Assistant (CNA) and a Medication Technician (Med Tech). Review of the staffing schedule and interviews revealed she works in the secured Memory Care Unit at times. It was determined that Staff B received one (1) hour of . I training on . and

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969092	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT THE WATERWAYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
for a total of 2 hours. She did not complete the 4 hour minimum requirement. On at 03:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on interviews and record reviews, the facility failed to ensure that Staff received the required training in the (.....) policy for 3 of 3 employee records reviewed (Staff B and Staff C). The findings included: a) A review of the employee record for Staff B was conducted. It was revealed that Staff A was hired on as a Certified Nursing Assistant (CNA) and Medication Technician (Med Tech). She is an unlicensed Staff member assigned to provide direct care to residents. It was determined that the training certificate for 1 hour of was missing from the employee record. b) A review of the employee record for Staff C was conducted. It was revealed that Staff C was hired on as a Certified Nursing Assistant (CNA) and Medication Technician (Med Tech). She is an unlicensed Staff member who provides direct care to residents. It was determined that the training certificate for 1 hour of was missing from the employee record. On at 03:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on interview and record review, the facility failed to provide a 4-week menu cycle which indicates the portion sizes. The findings included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969092	(X3) DATE SURVEY COMPLETED 11/14/2018
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT THE WATERWAYS	STREET ADDRESS, CITY, STATE, ZIP CODE 3001 E OAKLAND PARK BLVD FORT LAUDERDALE, FL 33306	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On at 12:05 PM, a lunch dining observation was conducted. The meal consisted of the following: New England Clam Chowder, Blackened Wild Caught Grouper, Cole Slaw or Potatoes Salad, Chocolate Overleaf Torte. Further review of the 4-week menu cycle certified by the facility Dietitian revealed the portion sizes for each menu item was missing. On at 2:00 PM, an interview was conducted with the Food Service Manager. He confirmed that he could not locate a menu with the portion sizes noted. He provided a menu that includes the portion sizes listed obtained from another facility. On at 02:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III		