STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965496	**04/10/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7650 UNIVERSITY DRIVE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced re-licensure survey was conducted on - at Atria Tamarac, License #9889. The facility had deficiencies at the time of the visit.

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

Based on observation, interview and record review, the facility failed to maintain an accurate and complete document of the Resident Health Assessment (AHCA form 1823) for Assisted Living Facilities for 3 out of 6 sampled resident records reviewed(Resident #3; 4; and 10).

The findings included:

During a record review conducted on at 10:45 AM of the Resident Health Assessment (AHCA form 1823) for Resident #3; 4; and 10 ; there was inaccurate and missing information that currently reflects the health status.

a) Resident #3: 1823 form dated doesn't state a Diagnoses of , and receives HHA (Home Health Agency) care services.

b) Resident #4: 1823 form dated upon admission. The most recent 1823 form was completed on . It was revealed that the 1823 form was not completed within the 3-year time frame. A review of the 1823 form completed on , reveals that the Nursing/treatment and services did not reflect that the resident is receiving home health service, nor does it reflect the reason the resident is receiving home services. A review of the home health file reveals the resident receives management for Type II . This section indicated the resident receives medication management.

On at 02:00 PM, an interview was conducted with the Director of Nursing. She stated the Nurse from the Home Health Agency visits daily to check the level of Resident # 4. She stated the Nurse from Home Health also provides injections and she records the levels in their records.

c) Resident # 10: 1823 form dated reveals she is receiving HHA services of / (/). During an interview with the DON on at 2:30 PM, she states that Resident #10 no longer receives those services.

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Opportunity offered to the facility for any additional information or documentation to review . During an interview with the Administrator, DON, and Business Director, on at 3:00 PM, they confirmed and acknowledged the findings and no further information provided during that time.

Class III

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

Based on observation, interview and record review, the facility failed to keep an accurate physician approved labeled medication that reflected the same directions as the physician's order and Medication Observation Record (MOR) for 1 out of 7 residents (Resident # 16) medication opportunities to review.

The findings included:

A record review of Resident # 16's MORs on after a Med Pass conducted by Staff A on at 12:20 PM revealed the following:

The physician's order and the Medication Observation Record (MOR) are consistent and list refresh tears 0.5% drops with the directions for use, instill 1 drop into both three times. Observation of the label listed on the medication is not consistent. It states to instill 1 drop both three times daily, four times daily.

During an interview with Staff A , on at 12:30 PM, she stated that the family brought the medication from home and they wanted to use up the rather than order a new prescription just to update the label. The prescription is very expensive.

The facility failed to have consistent medical records of medications ordered and administered with the directions for use and failed to obtain a new label from the Pharmacy with the correct instruction as written on the physician's order.

During an interview with the Administrator on at 11:52 AM. The Administrator acknowledged the findings, no further documentation was provided at this time.

Class III

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

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Based on interview and record review, it was determined the facility failed to ensure that each staff member submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable including ( ) annually, for 4 of 4 sampled employee records reviewed (Administrator; Staff A; B; and C).

The findings include:

On a review of the employee personnel file was conducted and revealed date of hire and expired or missing results and written statement from a health care provider that the following staff was free from communicable ( ) documented annually for the following 4 sampled reviewed. (Administrator; Staff A; B; and C).

a) Administrator hire date of ; Expired, last /MD statement from a health care provider in the personnel file that was dated .
b) Staff A hire date of ; Expired, last / MD statement from a health care provider in the personnel file that was dated .
c) Staff B hire date of : missing required documents.
d) Staff C hire date of ; Expired, last /MD statement from a health care provider in the personnel file that was dated .

Opportunity was offered when identified personnel issue with the facility, to provide any additional or documentation to review. On at 03:00 PM an interview was conducted with the Administrator and confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to ensure that all employees who provides direct care to residents, receive and complete the required in-service training on topics that include:, for 3 out of 3 sampled employee records (Staff A, B, and C).

The findings include:

Record review of the personnel files, revealed the following trainings were not completed.
a) Staff A (hire date of): Reporting Major Incidents; Adverse Incidents, Incident Reporting, Facility emergency procedures

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b) Staff B (hire date of): Reporting Major Incidents; Adverse Incidents, Incident Reporting, Facility emergency procedures, Resident Rights, Recgnizing/Reporting and Neglect

c) Staff C (hire date of): Reporting Major Incidents; Adverse Incidents, Incident Reporting, Facility emergency procedures, Resident Rights, Recgnizing/Reporting and Neglect

The facility was provided an opportunity during the survey to provide any additional information or documentation for review. During an interview with the Administrator, on at 11:55 AM, the findings were discussed and acknowledged, and no further information was provided for review.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and an interview, the facility failed to ensure that 3 out of 4 sampled unlicensed staff members (Staff A; B;C) who provided assistance with self-administration of medication had successfully completed a minimum of (4) four hours of initial training by a Registered Nurse (RN) or a Pharmacist. The facility also failed to ensure that 3 out of 4 sampled unlicensed staff members (Staff A; B; C) complete the required additional (2) two hour medication training effective .

The findings included:

On a review of the employee personnel file with the Administrator, Nurse, and Business Director was conducted for Staff A, B, and C, who are Certified Nursing Assistant/Medication Technician (CNA/Med Tech) and assists residents with self-administration of medication on all three shifts. Each employee file revealed the training for Medication Assistance was not signed by a Registered Nurse (RN) or a Pharmacist. The training certificate was signed by a License Practical Nurse (LPN) on for eight (8) hours. Opportunity for additional information or documentation was provided, no further documentation was provided

a) Staff A has a hire date of and works from 7:00 AM - 3:30 PM shift
b) Staff B has a hire date of and works from 3:00 PM-11:00 PM shift
c) Staff C has a hire date of and works from 11:00 PM-7:00 AM shift

On at 11:50 AM, an interview was conducted with the Administrator, and she acknowledged

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the findings.

Class III

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

Based on observation, record review and staff interview, the facility failed to provide a current Comprehensive Emergency Management Preparedness Plan (CEMP) approved by the local Emergency Management Division annually.

The findings included:

During an interview with the Administrator, on at 10:50 AM, the facility's current CEMP and approval letter was requested. The Administrator provided the CEMP approval letter dated with an expiration date of . The facility failed to submit annual updates for a new plan 60 days prior to the plan's expiration date.

The Administrator confirmed the findings, no further documentation provided.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to maintain the employment status of all employees by having a required and current Level 2 Background Screening, for 1 out of 4 staff member personnel records reviewed; (Staff B).

The findings included:

An employee record review conducted on , with the Business Manager, revealed Staff B Date of Hire of , and an expired Level 2 Background Screening. The last one found in Staff B's personnel record dated and expiration date of .

The facility was offered opportunity to provide any additional information or documentation to review. Administrator was unable to be present during the survey. During an interview with the Administrator on at 11:00 AM, she confirmed and acknowledged the findings, and no further documentation or information provided at that time.

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Unclassified