STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968692	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7640 NORTH UNIVERSITY DRIVE** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

A Re-licensure survey was conducted at Atria Tamarac on . Deficiencies were identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 out of 2 sampled residents reviewed for medications (Resident #4).

The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Staff A on , the following was observed:

Staff A washed her , took the medication out of the medication cart, took the pill from the medication package after reading the label, put the pill in the medication cup, took it to the resident, explained to the resident what they were getting, observed Resident #4 take the medications, then went to sign the Medication Observation Record (MOR), and the MOR was observed already pre-signed.

During an interview with Staff A regarding the pre-signed MORs at 11:47 PM , it was stated that I must have signed it by accident this morning by accident. The Executive Director was informed. The findings were discussed and acknowledged, no further information was provided for review.

Class III

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

Based on employee record review and staff interviews, the facility failed to ensure 3 of 4 sampled direct care staff (Staff B, Staff C and Staff D) received the required 1 hour in-service trainings in the file within 30 days of hire.

The findings included:

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On , employee record review for Staff B (hire date:), Staff C (hire date:) and Staff D (hire date 3/022/2018) revealed no documentation in the file, or provided by administration showing training certificates of the following required 1 hour in-service training's completed within 30 days of hire:

a) control
b) Elopement response training
c) Emergency preparedness & Evacuation training
d) Incident reporting training
e) Resident rights training
f) Recognizing/ Reporting , Neglect & , training
g) Nutritional & Safe Food Handling
h) Polices & Procedures training

During an interview with the Executive Director at 6:10 PM on , the findings were discussed and acknowledged, no further information was provided for review.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on observation, record review, and interview, the facility failed to ensure that 2 of 4 sampled staff (Staff C and Staff D) who provide direct care to residents received the required / training within 30 days of employment.

The findings included:

Review of the file on for Staff C and Staff D both hired on revealed no in-service training in / observed.

During an interview with the Executive Director at 6:10 PM on , the findings were discussed and acknowledged, no further information was provided for review.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on observation, record review, and interview, the facility failed to ensure that all staff received the Assistance with Self-Administration of Medication training from a registered nurse or licensed pharmacist.

The findings included:

Review of the facility's staffing schedule revealed that Staff C works the 2:00 PM to 10:00 PM shift Monday through Friday and provide the medications to all residents that require assistance with self-administration of medications in the memory care unit.

Review of the Assistance with Self-Administration of Medication certificate for Staff C revealed that the educator that signed the certificate was not a licensed registered nurse or pharmacist.

During an interview with the Executive Director at 6:10 PM on , the findings were discussed and acknowledged, no further information was provided for review.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff that have regular contact with or provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment and an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment for 3 of 4 sampled staff (Staff B, Staff C and Staff D).

The findings included:

Employee record review on for Staff B, Staff C and Staff D all hired on revealed no documentation on 's or related (ADRD) Level I training or level II

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

training within 3 and 6 months of hire. Staff B, Staff C and Staff D gives direct care to residents at the facility with 's or related inside of the memory care unit at the facility.

During an interview with the Executive Director at 6:10 PM on , the findings were discussed and acknowledged. The opportunity was given to locate the documentation, no further documentation was provided for review.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and an interview, the facility failed to ensure that 3 out of 4 sampled staff (Staff B, Staff C and Staff D), who provides direct care to residents, had received one (1) hour of training in the facility's policies and procedures regarding ('s) within 30 days of employment.

The findings included:

Review of the personnel file for Staff B, Staff C and Staff D (hire dates), who provides direct care to residents revealed there was no documentation of the required 1 hour in-service training in within 30 days of employment.

During an interview with the Executive Director at 6:10 PM on , the findings were discussed and acknowledged, no further information was provided for review.

Class III

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

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The findings included:

Upon request to review the CEMP approval letter for the year of 2019 from the Local Emergency Management Division, no current documentation was provided.

During an interview with the Executive Director (ED) on at 10:17 AM it was stated that we have not gotten our CEMP approval letter for this building yet, and we just got the letter for the other one on Friday, right after our survey.

The ED was unable to provide any documentation of when the CEMP was last submitted to the local Emergency Management Division. During this time, the findings were discussed and acknowledged, no further information was provided for review.

Class III