

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11968596</b>	(X3) DATE SURVEY COMPLETED  <b>01/24/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>REGAL PARK ASSISTED LIVING, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1708 NE 4TH STREET BOYNTON BEACH, FL 33435</b>	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
<p><b>0000 - Initial Comments</b></p> <p>An unannounced relicensure survey was conducted on _____ at Regal Park Assisted Living Facility (License #12470). There were deficiencies found during the time of the survey.</p> <p><b>0054 - Medication - Records - 58A-5.0185(5) FAC</b></p> <p>Based on observation, interview, and record review it was determined the facility failed to ensure each resident's MOR (Medication Observation Record) was accurately and immediately updated each time a medication is offered or administered for 1 of 9 sampled residents (Resident #4).</p> <p>The findings include:</p> <p>During observation of Staff B providing assistance with the self administration of Resident #4's oral medications as follows, on _____ beginning at approximately 9:30 AM, _____ 81mg one tablet was provided to the resident.</p> <p>Staff B acknowledged Resident #4's _____ 81mg was documented as having been provided on a daily basis on the _____, 2018 MOR. Further review Resident #4's MORs for _____ 2017 through _____ 2017 reflected she was being provided with _____ 81mg on a daily basis. Resident #4's physician's order, dated _____ reflected _____ 81mg every other day. Her health assessment (1823 form), dated _____ noted _____ 81mg is to be provided every other day.</p> <p>Upon interview and review of Resident #4's _____, 2018 MOR, conducted with the Corporate Consultant on _____ beginning at approximately 10:45 AM, Staff B pointed out that she had "corrected" the documentation on the _____, 2018 MOR to reflect the _____ was provided every other day. There was still documentation to reflect, on this MOR, that it was provided on a daily basis. The Corporate Consultant explained to Staff B that was not the appropriate way to handle this documentation error.</p> <p>Class III</p> <p><b>0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC</b></p> <p>Based on observation and interview it was determined the facility failed to ensure centrally stored medications were kept in a locked/secured cart at all times during medication observations conducted on _____ with 1 of 2 staff members (Staff B).</p>		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL11968596</b>	(X3) DATE SURVEY COMPLETED  <b>01/24/2018</b>
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER  <b>REGAL PARK ASSISTED LIVING, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1708 NE 4TH STREET BOYNTON BEACH, FL 33435</b>
--	--

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

The findings included:

During medication observation conducted with Staff B, on ..... beginning at 9:58 AM - 10:06 AM, the key ring containing the medication cart keys was left in the lock of the medication cart while Staff B was assisting Resident #5 with the self administration of her medications. The door to Resident #5's ..... left open and the medication cart remained in the hallway out of the direct line of vision of Staff B. However, 2 residents and 2 staff members were observed walking by the open door passing by the unsecured medication cart. Upon return to the medication cart, on ..... at approximately 10:06 AM, Staff B acknowledged she had left the medication cart keys in the locking mechanism of the medication cart.

Class III

**D181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on record review and interview, the facility failed to ensure a yearly Comprehensive Emergency Management Plan was submitted for review and approval by the Emergency Management authorities.

The Findings Included:

On ..... at 1:00PM, a review was conducted of the facility's Comprehensive Emergency Management Plan (CEMP). The review revealed a letter from the Department of Public Safety Division of Emergency Management dated ....., titled Initial Review. Further review of the document revealed the CEMP dated ....., could not be approved in the current state, due to not meeting the Agency for Health Care Administration approval standards. Further review of the facility records revealed no approved CEMP on file for the facility. The facility provided a receipt of submission from Department of Public Safety Division of Emergency Management dated ....., At this time the consultant was provided an opportunity to locate additional documentation.

During an interview with the consultant on ..... at approximately 2:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III