Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964673	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN WINGS DARROW	1351 DARROW RD SW PALM BAY, FL 32908

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Limited Nursing Services (LNS) monitoring conducted. The facility had deficiencies found during the visit.	A 000		
A 082	58A-5.0191(3) FAC Training - (3) Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (B) obtained a one-time training on Findings: Personnel record review at approximately 11AM revealed staff B was hired in 2012. Continued personnel record review revealed no evidence to confirm that staff B received an in-service training regarding The administrator stated over the telephone at approximately 12:15 PM that she thought the staff had the training, the office was just moved to the other facility and she needed time to locate the documentation.	A 082		

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A 082	Continued From page 1 At approximately 3 PM the administrator stated that she was unable to locate the documentation. Class III	A 082		
A 083	58A-5.0191(4) FAC Training - First Aid and . . . (4) FIRST AID AND . . . . . A staff member who has completed courses in First Aid and . . . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or . . . course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . . Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . . . . This Statute or Rule is not met as evidenced by: Based on observations, personnel record review and interviews the facility failed to ensure that staff member who had completed courses in First Aid and . . . and held a currently valid card documenting completion of such courses was present in the facility at all times when residents were present. Findings: During the facility entrance at approximately 11 AM, staff A stated she was alone with the residents, she called the administrator. There	A 083		

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A 083	Continued From page 2 were 4 residents in the facility. Review of the ..... 2013 staff schedule revealed staff A worked from 7AM to 4 PM, staff B worked from 4 PM to 9 PM; therefore they were the sole caregiver during those times. Personnel record review for staff A, revealed no evidence to confirm she had First Aid training valid thru , there was no evidence of currently valid ..... training. Personnel record review for staff B, revealed no evidence to confirm she had First Aid training valid thru , there was no evidence of currently valid ..... training. The administrator stated at approximately 3PM that she would go over to the facility and provide coverage. Class III	A 083		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of	A 084		

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A 084	Continued From page 3 taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of	A 084		

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A 084	Continued From page 4 continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 1 of 2 staff (B) received the mandated in-service training regarding assistance with self-administration of medications prior to assuming the responsibility and failed to ensure staff 1 of 2 staff (A) received a minimum 2 hour update yearly related to medication practices. Findings: Review of the ..... 2013 staff schedule revealed staff A worked from 7AM to 4 PM, staff B worked from 4 PM to 9 PM; therefore they were the sole caregiver during those times. Personnel record review for staff A at approximately 11AM revealed she attended a 2 hour medication update on ..... Continued review revealed no evidence she attended/obtained at a minimum 2 hour update training in 2012. Personnel record reviews for staff B, hired 2012, at approximately 11:15 AM revealed no evidence to confirm she attended the assistance with self-administration medications prior to assuming the responsibility. The administrator stated over the telephone at approximately 12:15 PM that she thought the staff had the training, the office was just moved to the other facility and she needed time to locate the documentation. At approximately 3PM the administrator stated	A 084		

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A 084	Continued From page 5 that she was unable to locate the documentation. Class III	A 084		
A 090	58A-5.0191(11) FAC Training - Do Not [redacted] Orders (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding [redacted] within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that 2 of 3 sampled staff (A and B) received at least a one hour in-service training regarding the facility's policy and procedures regarding [redacted] within 30 days after employment. Findings: Individual personnel record review at approximately 11 AM revealed staff A was hired in 2008, staff B was hired in [redacted] 2012. Continued individual personnel record review revealed no evidence to confirm the staff received an in-service training within 30 days of employment	A 090		

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A 090	Continued From page 6 regarding the facility's policies and procedures. The administrator stated over the telephone at approximately 12:15 PM that she thought the staff had the training, the office was just moved to the other facility and she needed time to locate the documentation. At approximately 3PM the administrator stated that she was unable to locate the documentation. Class III	A 090		
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable including In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business	A 161		

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A 161	Continued From page 7 entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure personnel records for 3 of 3 sampled staff (A, B, and C) contained all the required components. Findings: 1. Personnel record review for staff A at approximately 11AM revealed that the personnel record did not contain an affidavit of compliance (or a similar document) with background screening requirements. Continued review revealed the last freedom from [redacted] was dated [redacted]. 2. Personnel record review for staff B, hired in [redacted] 2012, at approximately 11:15 AM revealed that the personnel record did not contain an affidavit of compliance (or a similar document) with background screening requirements. Continued review revealed no evidence to confirm freedom from communicable [redacted] including [redacted]. 3. Personnel record review for staff C, the administrator/owner, at approximately 11:30 AM revealed the last freedom from [redacted] was dated [redacted]. The administrator stated over the telephone at	A 161		

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A 161	Continued From page 8 approximately 12:15 PM that she thought the staff had the training, the office was just moved to the other facility, and she needed time to locate the documentation. At approximately 3PM the administrator stated that she was unable to locate the documentation. Class III	A 161		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 3, 2013

Administrator
Golden Wings Darrow
1351 Darrow Rd Sw
Palm Bay, FL 32908

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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