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
	AL11965458	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN COVE ALF	918 EGAN DRIVE ORLANDO, FL 32822

(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 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident	A 081		

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A 081	Continued From page 1 neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that one of 5 sampled staff (D) who provided care to residents received all the mandated in-service training. Findings: Personnel record review at approximately 1:30 PM for staff D; a caregiver and was hired on ' 2013 revealed she was not a nurse, home health aide (HHA) or a certified nursing	A 081		

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	AL11965458	A. BUILDING: _____ B. WING _____	04/08/2013

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A 081	Continued From page 2 assistant (CNA) or attended Assisted Living Facility ALF Core training, therefore exempt from any of the required in-service training. Continued review revealed no evidence to confirm she received the following in-service training regarding: Reporting major incidents. Reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency, resident rights in an assisted living facility, recognizing and reporting resident , neglect, and , resident behavior and needs, providing assistance with the activities of daily living, resident elopement response policies and procedures and a one hour in-service training in safe food handling practices. The administrator stated at the time the staff was trained but she did not document the training. Class III	A 081		
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	A 082		

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A 082	Continued From page 3 the facility failed to ensure that 1 of 5 sampled staff (D) who provided care to residents completed 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. Findings: Personnel record review at approximately 1:30 PM for staff D, a caregiver and was hired on 2013 revealed no evidence to confirm she attended a one-time education course on and . The administrator stated at the time, the staff may have taken the class previously and did not bring a certificate. Class III	A 082		
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	A 084		

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A 084	Continued From page 4 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 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	A 084		

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A 084	Continued From page 5 429.256(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 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 2 of 2 unlicensed staff (B and C) in a sample of 5, received a minimum 2 hour update yearly related to medication practices in an assisted living facility (ALF) and failed to ensure that staff D attended the 4 hour mandated medication class prior to assisting residents. Findings: Personnel record review for staff B at approximately 1:30 PM revealed he attended 4 hour medication training in 2003. Per review he attended a 2 hour class update on continued review revealed no evidence to confirm he attended a minimum of 2 hour update related to medication practices in an ALF, in 2012. Personnel record review for staff D revealed she was hired in 2013 and had no evidence to confirm she attended the mandated 4 hour medication training in an assisted facility. At approximately 3 PM the stated that the staff assisted with medications and she thought the classes were done. Class III	A 084		
A 163	429.49 FS Records - Resident, Penalties for Alteration	A 163		

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A 163	Continued From page 6 Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that no record was fraudulent altered and falsified healthcare provider statements for 3 of 5 sampled staff A, B and C and placed the facility residents at risk of communicable including ..... Findings: Personnel record review at approximately 1:30 PM for staff A, the administrator/owner a Licensed Practical Nurse, revealed a health care provider statement that indicated freedom from communicable ..... statement dated ..... and an x ray report dated Continued review revealed a physician's health and fitness statement dated ..... and was a copy. Another physician's health and fitness statement was dated ..... and was a copy as well. Closer observations noted the line where the date ..... had been written, was erased and another line had been drawn and the date ..... was written over. Personnel record review for staff B, the administrator's spouse revealed a health care provider statement that indicated freedom from	A 163		

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A 163	Continued From page 7 communicable ..... statement dated ..... and another statement dated ..... The statement dated ..... was a copy and the year 2012 had been written over to change the year. The statement dated ..... was also a copy of the statement dated ..... but had been altered and the date had been written over to reflect a date of ..... Continued personnel record review for staff C revealed a health care provider statement that indicated freedom from communicable ..... statement dated ..... and another statement dated ..... Closer observation noted the ..... was a copy of the statement dated ..... and the dated had been changed to ..... All 6 statements had the signature of the same healthcare provider. A call was placed to the health care provider, at approximately 2 PM spoke with the office staff. She requested the documents to be faxed. A request was submitted to the area office. A telephone call was received from the doctor's office on ..... at approximately 4:30 PM. His staff stated that he was very upset. The documents faxed and reviewed by him were fraudulent/ fake. He had not seen staff A or B since 20011. She stated the documents dated 2012 and 2013 were falsified for staff A and B. She added staff C was seen in 2012 but not in 2013, so the 2013 statement for staff C was fraudulent as well. She added the doctor wanted to take action against the facility. Interview with the administrator, on ..... at approximately 4:30 PM and informed her about the doctor's office call. She stated that the office must be mistaken because they were seen by the doctor. She will go and speak with them tomorrow. She was given to 12 PM to provide documentation on a letter head stationary from the doctor's office indicating an error was made	A 163		

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A 163	Continued From page 8 and a phone call as well. A telephone call was place to the doctor's office on at approximately 4:45 PM, to ask if an error was made regarding the health statements to call the surveyor. The staff stated the doctor said to tell patient to come in and the doctor will call the police on her. A telephone call was received on at approximately 9 AM from the administrator. She stated she went to the doctor's office and the clerical staff was not there, she was out sick and the doctor was not going to pay her to come in to look for paperwork. When as ked couldn't the doctor help her since he was her healthcare provider, she replied the doctor did not keep records of any kind. They will give laboratory orders/, prescriptions and notes but he did not keep a patient record. Normally when he saw you, he just called you in and talked, but no records paper or electronic. So she was going to get another doctor. She was informed again the deficiency would be cited as a class II and if she had any concerns to contact the area office supervisor. Class II	A 163		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Golden Cove Alf
918 Egan Drive
Orlando, FL 32822

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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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