STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	06/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ocean View Manor	624 S Atlantic Avenue Daytona Beach, FL 32118	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Mgmt - Plan Approval S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey with Limited Mental Health standards was conducted on 2013 at Ocean View Manor. Deficiencies were identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the Assisted Living Facility (ALF) failed to obtain a completed Resident Health Assessment, AHCA form 1823 for 2 of 3 (#1, #2) residents currently residing in the facility.

Findings include:

A review of the records for Residents #1 and #2 revealed Resident #1 and #2 did not have section #3 completed by the facility's administrator and the type of assistance needed for medications was not completed.

During an interview with the Administrator on at 4:00 p.m. she was asked to review the health assessment form 1823 and acknowledged she had not completed Section 3 as required for Residents #1 and #2. She acknowledged the assistance needed for medications was not completed for Resident #1 and #2.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on resident and staff interview, the facility failed to adequately compensate 1 out of 15 sampled residents (Resident #10) for work duties performed at the facility.

The findings include:

In an interview with housekeeper #1 on at 9:25 AM, she reported that Resident #10 would help her out by emptying trash. She reported that she would give him things to do around the facility " to keep him busy ". She reported she would give him $1 or a soda for his work. This amount is less than the federally mandated minimum

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wage.

In an interview with Resident #10 on [redacted] at 11:14 AM, he reported that he would sweep the hallways or pick up trash in the yard when asked to by housekeeper #1. He reported he would get $1.

In an interview with the administrator on [redacted] at approximately 3:40 PM, she reported that Resident #10 would perform work such as sweeping and taking out the trash. She reported that the resident would get $1 or get praise from staff for doing a good job.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and staff interview, the facility failed to ensure the medications ordered by the physician were given parameters for as needed medications for 1 of 3 (Resident #3) residents residing in the facility.

Findings include:

1. Medication administration observation of Resident #3 on [redacted] at 9:40 a.m. revealed she received [redacted] DS 550 mg, 1 po (by mouth) twice a day as needed for pain, and [redacted] 1 mg po three times a day as needed for [redacted]

2. Interview with the med tech on [redacted] at 10:00 a.m. revealed the resident was able to voice she had [redacted] and pain and requested the medication.

3. Review of the [redacted] 2013 medication observation record (MOR) on [redacted] revealed there was not a time documented when the medication was given.

4. Interview with the Administrator at 10:10 a.m on [redacted] revealed the facility did not have a policy or procedure and she called the facility's pharmacist. The Pharmacist stated the resident would not receive more than 3 [redacted] in 24 hours and the maximum dose was 10 mg in 24 hours. After clarification of the regulation, the pharmacist agreed the order needed to have parameters and requested the Administrator contact the physician. The Administrator agreed.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review, medication pass observation, and staff interview the Assisted Living Facility failed to document a missed medication dose on Resident #2 and initialed the medication was given.

Findings include:

Medication pass observation on [redacted] at 9:25 a.m. revealed Resident #2 received: [redacted] E,

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ER, ER, and

Observation of the MOR on at 9:50 a.m. revealed the med tech initialed she gave Resident #2 40 mg.

Interview with the med tech on at 9:55 a.m. revealed resident #2 was out of The Administrator had reordered the this morning. She stated " I was nervous and signed by accident. " I am going to correct it on the MOR. She stated " the medicine will be here by 2:00 p.m. today. She stated today was the first day the resident had not received her

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation and staff interview, the facility failed to store and serve food in a sanitary manner by storing and serving expired food and handling food in an unsanitary manner effecting 15 out of 15 sampled residents (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15).

The findings include:

1) An observation of the kitchen was made during initial tour of the facility on at approximately 8:45 AM. At this time, a refrigerator was observed to read 55 degrees. One gallon of milk and three, one gallon jars of salad dressing were warm to the touch.

An interview with Cook #1 on at approximately 8:55 AM, she reported she was the designated food supervisor. She reported that she was aware the refrigerator had problems and she would remove food items and throw them away immediately.

2) An observation of the lunch dining service on at approximately 11:45 AM revealed Cook #1 preparing residents' meals. She was observed wearing gloves. She went to the door, opened the door of the kitchen and walked back to the food line. She removed plates from shelves and started ladling soup into bowls. Cook #1 went to the back of the kitchen, opened the refrigerator and shut it. She came back to the food line, and with the same pair of gloves, picked up ready to eat peanut butter and jelly sandwiches and placed them on plates and served them to the residents.

3) Observation of the lunch meal on at 12 pm revealed that Residents #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14 and #15 were observed eating either peanut butter and jelly sandwiches or ham sandwiches.

4) In an interview with the administrator on at 2:10 PM, she confirmed that serving ready to eat sandwiches with gloved hands after touching objects such as doors and countertops was unsanitary. She reported that tongs should be used.

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5) In an observation of the kitchen on at 1:37 PM, approximately 204 packages of bread related products (English muffins, bread and bagels) were noted on the shelves and in carts in the kitchen. All of the bread product packages were observed and revealed best used by dates of 4 and , 2013. Three packages of bread product had visible green mold like substance consuming the contents.

In an interview with Cook #1 on at 1:50 PM, she reported that the facility had received the donation " over the weekend " . She reported that she had not gone through the supply and that the bread for peanut butter and jelly sandwiches served to the residents during lunch on were in date.

An observation of an empty bread package on top of the trash container in the kitchen on revealed a best used by date of , 2013.

In an attempted interview with Cook #1 on at 1:52 PM to confirm the packaging found in the trash, Cook #1 turned around and walked out of the kitchen.

6) In an interview with the administrator on at 2:10 PM she stated that people would leave donations and that they should get sorted upon arrival. She reported that using bread past its best used by date was unacceptable.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff and resident interview, the facility failed to provide a clean and safe living environment in one common , two common areas and 3 out of 10 sampled resident # ' s 118, 213, 210 and 215).

The findings include:

1) An initial tour of the facility was completed on at 8:41 AM. The tour revealed the wall between #107 and #108 had peeling paint approximately 4 feet in length by 3 feet in height. The baseboards by the kitchen tray line window was and showed rust looking stains. The dining three metal framed chairs that were approximately 75 percent rust. One cushioned chair was observed to be covered in stains from dried food. The hallway that led from the kitchen area to the resident had a piece of missing tile, approximately 6 inches by 3 inches and ¼ inch deep. Three additional tiles in the hallway were cracked and had two missing pieces, approximately 2 inches by 2 inches each.

In an interview with Maintenance technician #1 on at 2:30 PM, he confirmed that the tiles could pose a hazard and needed to be fixed. He reported that the paint in the hallway between #107 and #108 needed to be repainted. Maintenance technician #1 also reported that the chairs in the dining to be thrown away and that the facility would replace them.

2) Common on the first floor revealed staining around the toilet base. The staining was rust in color.

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The ceiling tiles over the shower showed a long gash, approximately 10 inches long by 2 inches wide.

In an interview with Resident #10 on , 2013 at 8:50 AM, he reported that he used and said " I hate using it. It's gross ". He reported that the toilet had been stained for " a very long time" .

In an interview with Maintenance technician #1 on at 2:30 PM, he confirmed that the ceiling tile in needed to be replaced. He confirmed that there was staining around the toilet and reported that the facility had replaced the old toilet and the stains were from where the old toilet use to sit.

3) Tour of found in the back right hand corner of the over Resident #11 ' s bed, 6 ceiling tiles that showed visible water damage. One tile was cracked and missing approximately a 3 inches by 3 inches corner piece. The window ledge by Resident #11's bed showed signs of water damage.

In an interview with Resident #11 on at approximately 8:55 AM, she reported that when it rains, water comes "pouring " into her

In an interview with Maintenance #1 on at 2:30 PM, he confirmed that there was a leak over Resident #11 ' s bed in . He reported the leak has been fixed and acknowledged that he needed to replace the tiles over her bed.

4) An observation of found the vent over the door was caked with dust and debris. The wood over the door was cracked and allowed light to show through.

In an interview with Maintenance technician #1 on at 2:30 PM, he confirmed that the vent cover needed to be cleaned and painted. He reported that wood was cracked and reported he would fix it.

5) An observation of found a piece of wood missing from the floor, directly in front of the . The missing piece was approximately 8 inches long by 7 inches wide. There was a hole in the , behind the door that was approximately the size of a quarter.

In an interview with Resident #15 at approximately 9:05 AM, she reported that the floor had been " like that for a while " . She showed the surveyor the hole in the wall behind the door and stated that this hole was where " the roaches crawl out of " .

In an interview with Maintenance technician #1 on at 2:30 PM, he confirmed that the floor in was a hazard and needed to be replaced and the hole in the wall behind the door needed to be patched.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview, the facility failed to have an updated emergency evacuation plan that was approved by the county of Volusia.

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The findings include:

A review of the emergency management plan binder revealed an emergency management plan that expired on ..... No other approved plan was available for review.

In an interview with the administrator on ..... at 11:45 AM, she reported that she had a meeting scheduled on ..... with the county to discuss a current emergency management plan. She reported that the county required new forms, and she needed to meet with them because she did not understand how to fill the forms out correctly. She confirmed she did not have an updated or approved plan.

Class III

0181-Emergency Mgmt - Plan Approval 58A-5.026(2) FAC
Based on record review and interview, the facility failed to have an updated emergency evacuation plan that was approved by the county of Volusia.

The findings include:

A review of the emergency management plan binder revealed an emergency management plan that expired on ..... No other approved plan was available for review.

In an interview with the administrator on ..... at 11:45 AM, she reported that she had a meeting scheduled on ..... with the county to discuss a current emergency management plan. She reported that the county required new forms, and she needed to meet with them because she did not understand how to fill the forms out correctly. She confirmed she did not have an updated or approved plan.

Class III

L241-LMH - Records 58A-5.029(2) FAC
Based on an interview with the administrator, the facility failed to clearly identify residents receiving Limited Mental Health services on the admission and discharge log. The facility failed to maintain Community Living Support Plans for 3 of 3 (Residents #11, #8 and #9) sampled residents receiving Limited Mental Health services.

The findings include:

1) A request was made to the administrator for the list of residents receiving Limited Mental Health services on ..... at approximately 3:30 PM. The administrator provided a list of 82 residents. In an interview with the administrator on ..... at approximately 3:30 PM she reported she was unsure of what the requirements were for residents receiving Limited Mental Health services were. After an explanation, she provided a document that listed 49 residents as receiving Limited Mental Health services. She acknowledged that she did not have residents identified on an admission and discharge log.

2) A request was made to the administrator on ..... at approximately 3:50 PM for Community Living Support

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Plans for Residents #11, #8 and #9. On at approximately 4:05 PM, the administrator reported that she did not have Community Living Support plans for any of the residents receiving Limited Mental Health services.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on employee record review and interview with the administrator, the facility failed to obtain the initial 6 hours of approved mental health related training for 2 of 3 sampled employees (Employees #1 and #4), and failed to provide 1 of 4 sampled employees (Employee #2) of 3 hours biennially of in-service training relating to mental health issues or topics.

The findings include:

An employee record review of Employee #2 found her date of hire to be Further record review found she completed initial 6 hours of limited mental health training on Employee #2 did not have documentation of 3 hour biennial in-service training related to mental health issues or topics.

An employee record review of the administrator (Employee #4) found her date of hire listed to be Further record review found no documentation of initial 6 hours of limited mental health training.

An employee record review of Employee #1 found a date of hire of Further record review found no documentation of initial 6 hours of limited mental health training.

In an interview with the administrator on at 4:52 PM that Employee #2 did not have the required 3 hour biennial in-service relating to mental health. She confirmed that neither she, nor Employee #1 received the initial 6 hour required training pertaining to mental health. She reported that Employee #1 and herself were signed up to complete the initial 6 hour training on , 2013.

Class III

RICK SCOTT
GOVERNOR

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ocean View Manor
624 S Atlantic Avenue
Daytona Beach, FL 32118

Dear Administrator:

This letter reports the findings of a state biennial licensure and Limited Mental Health survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/RS/KW/sm
Enclosure

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