STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910758	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wirick (the)	434 4th Street, North Saint Petersburg, FL 33701	

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 - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) was completed on . . . . in conjunction with a complaint survey, CCR# 2013006020.

The Wirick, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interviews, the facility failed to assure 2 (Resident # 3, #4) of 3 sampled resident's whose health assessments (form 1823) were reviewed -had their assessments completed in total.

Findings include:

Review of Resident #3's file (discharged resident) revealed a health assessment (form 1823) signed and dated / / . It was missing the following information: P. 1 date of birth, height and weight. P.2 name and date of birth, activities of daily living (blank), P. 3 name and date of birth, Self Care and General Oversight assessment including A. Ability to Perform Self- Care Tasks and B. General Oversight. p. 4 name and date of birth, Section 2A. Medications- referenced, "see MOR (medication observation record) attached- there was no MOR attached.

Further record review revealed no documentation that the health care provider had been contacted to request the missing information.

Review of Resident # 4 had a health assessment, form 1823 signed and dated / / . It was missing the following required information: the height and weight were missing, the resident's name and date of birth were not on each page, under medications it read, "see MOR attached" but it was not attached.
Further review of the record revealed no documentation that the health care provider had been contacted to provide the missing information.

Interview with the facility manager on at approximately 3:15 p.m. revealed, we take the MOR and put it in the book in the office.

Interview with the administrator on at approximately 3:30 p.m. acknowledged the health assessments identified above were missing required information.

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Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on review of the resident census, the staffing schedule and interviews, the facility failed to provide the minimum required staff hours over a sampled 2 week period in .

Findings include:

Review of the facility's license showed a licensed capacity of 41 residents. Review of the admissions/discharge log revealed a current census of 39 residents and the facility census usually stays at near or at capacity.

Review of the direct care staff schedule and hours totaled for those scheduled hours revealed the facility scheduled 317 hours for the week ending . The required minimum number of hours was 335 hours for a census of 36-45 residents, therefore the facility was short 17 hours. Further review revealed only 317 staffing hours were scheduled for the following week ending -scheduled 292 hours, (short 43 hrs) when the census remained at near capacity.

Interview with the administrator on at approximately 3:45pm revealed he did not know what he would do with more staff since most of the residents were able to do their own activities of daily living and were in and out of the facility all day.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interviews, the facility failed to assure 1 (Staff C) of 3 staff who provide assistance to residents with the self administration of their medications, who's personal files were reviewed had the required initial 4 hour medication training.

Findings include:

Record review revealed Staff C (resident assistant/med tech) had evidence of several 'on line' assistance with medication courses which would not be AHCA approved for unlicensed staff. There was an approved 2 hour medication training course taken .

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Interview with the administrator on revealed he was not aware that the staff member's medication training was completed on line and further stated the staff would not be assigned to assist with medications until the required training was completed. The staff member was not on duty during the survey.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and interviews, the facility failed to maintain 1 (Resident #2) of 10 sampled residents whose records were either fully or partially reviewed (including 4 discharged residents records).

Findings include:

Review of the admissions/discharge log revealed Resident #2 was admitted to the facility on / from another facility and his residency was terminated on due to breaking house rules. Additonal notes to be filed were found in an file by staff concerning the resident's discharge and general status day to day notes were written on the observation log.

Interview with the facility manager on at approximately 2:00pm revealed he was not aware the resident's record was missing and added that his responsibilities did not include keeping the resident files.

Interview with Staff A (assistant to the administrator and supervisor/resident aide/med tech) said she remembered seeeing the record but could not remember where. She looked in the facility's storage since it is a closed record and that's where closed records are kept. She spent a good deal of the afternoon looking for the record but could not locate it.

Interview with the administrator on at approximately 2:00pm acknowledged the record for Resident #2 was not available and said he did not know where it was.

Class III

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

Based on record review and interviews, the facility failed to assure 2 (Facility manager and Staff A) of 4 staff whose files were reviewed had the required 6 hours of initial Limited Mental Health training and 3 hour biennial updates.

Findings include:

Review of the facility manager's employee file (employed over 14 years at the facility) revealed no evidence of the required initial 6 hour Limited Mental Health training or of LMH updates within the past 2 years.

Review of Staff A's (direct care) file revealed no Limited Mental Health training certificate. Staff A had a date of hire was listed as

Interview with the facility manager on at approximately 2:00pm revealed he had been employed so long ago that he did not recall if he had received the intial LMH training but said he does receive continuing education training on an ongoing basis.

Interview with Staff A on at approximately 3:00pm acknowledged she did not have a certificate that she had completed the required 6 hour initial LMH training. She said she had called to find an approved training but acknowledged the training had not occured yet and she had not persisted in finding the training.

Interview with the administrator on revealed he was unaware of the missing training but said he would make arrangements for staff to receive the required training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wirick (The)
434 4th Street, North
Saint Petersburg, FL 33701

Dear Administrator:

Re: **CCR# 2013006020 & Biennial with LMH & LNS**

This letter reports the findings of a complaint survey and a biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) that were conducted on , 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey and the deficiencies that were identified relative to the biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS). 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 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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