STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966531	09/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alternate Home Care	5 Big Dipper Lane Palm Coast, FL 32137	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey was conducted at Alternate Home Care on 2013.

Deficiencies were identified.

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

Based observation, resident record reviews, and interview with staff, the facility failed to obtain complete information on the Resident Health Assessments (AHCA form 1823s) for 2 of 4 sampled residents (Residents #1 and #4).

The findings include:

An observation of Resident #1 at 10:20 am on found she received assistance with self-admininstration of medication from Employee #1. The employee dispensed one tablet of 50 micrograms into a plastic medicine cup, and handed it to Resident #1, who then took the tablet independently.

A record review conducted for Resident #1, found a Resident Health Assessment dated and signed by the examining practitioner. There was no indication whether the resident required assistance with the self-administration of medication, or what level of assistance she required. Both boxes were left unchecked by the examiner.

A record review conducted for Resident #4 found a Resident Health Assessment dated and signed by the practitioner. Resident #4 had diagnoses including and Alzheimer's , and she required assistance with all activities of daily living. The Health Assessment failed to indicate whether Resident #4 required assistance with the self-administration of medication, or what level of assistance she required. Both boxes were left unchecked.

During an interview with Employee #1 at 9:10 am on she stated she provided assistance with self-administration of medication to all residents in the facility.

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An interview, and review of both Health Assessments, was conducted with the Admininstrator at 11:50 am on . She acknowledged the missing information on Resident #1 and Resident #4's assessments, and stated both required correcting.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, staff interviews, and resident record reviews, the facility failed to ensure the right of freedom from by permitting full bed rails to be installed on 2 of 4 sampled residents' beds (Residents #3 and #4). In addition, a full set of bed rails had been installed on a 3rd bed in , which was unoccupied at the time of the survey.

The findings include:

A tour of the facility was conducted at 7:40 am on . An observation of Resident #4's full bedrails had been installed on each side of her bed. , which was vacant, was also observed to have a sized bed with full bedrails. Finally, observation of Resident #3's a full set of bedrails installed on her sized bed.

A record review conducted for Resident #4 revealed she was admitted on . The Resident Health Assessment dated indicated Resident #4 had diagnoses including and and she required assistance with all activities of daily living. Further review of her record found she did not receive hospice services.

A record review conducted for Resident #3 revealed she was admitted on . The Resident Health Assessment, dated this same day, indicated she had diagnoses of , agitation, and . She ambulated independently, required supervision with activities of daily living, and assistance with transferring. Further record review found Resident #3 received hospice services. There was no written consent by the resident's representative for the use of the bedrails, and no semi-annual physician's review and order for the use of full rails.

An interview was conducted with the Administrator at 8:20 am on . She stated the family had requested the bedrails for Resident #4's for safety. She acknowledged the rails were not appropriate for Resident #4, and that they should not be installed on the vacant bed in . Finally, she stated she would remove the bedrails from all beds, including for Resident #3. She acknowledged the regulatory requirement for hospice residents, which included semi-annual physician's review and orders, and written consent from the resident or a family member.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on a review of facility records, and interview with the Admininstrator, the facility failed to conduct required resident elopement drills on a semi-annual basis.

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The findings include:

A review of the facility records found only two resident elopement drills had been conducted and documented in the past two years; on [redacted] and on [redacted]. There was no evidence of additional drills being conducted between those two dates.

An interview was conducted with the Administrator at 8:15 am on [redacted]. She acknowledged the elopement drills were required to be conducted twice per year. She insisted she had conducted the elopement drills, but said she must have "taken them off of the books". She could not produce doucmentation the resident elopement drills had been completed as required.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on observation, employee record reviews, and interview with the Administrator, the facility failed to provide the required in-service trainings to 2 of 3 sampled employees (Employees #1 and #2) who provided care and assistance to the residents.

The findings include:

Observation of Employee #1 from 7:30 am to 12:00 pm on [redacted] revealed she provided care and services to the residents, including assistance with personal hygiene, and meal preparation. An observation of assistance with self-administration of medication at 10:00 am on [redacted] was conducted for Employee #1. She was observed to provide assistance with the self-admininstration of [redacted] 25/levodopa 100 milligram tablets to Resident #2. The medication label instructed "take 1.5 tablets, five times daily". Employee #1 dispensed two pills from the bottle by pouring them directly into a plastic medicine cup. She then transfered one tablet, by pouring it, into the well of a pill cutter. With her bare hands, she positioned the tablet so the score line was parallel with the cutting blade on the pill cutter. She cut the pill, retrieved the half tablet with her bare fingers, placed it back into the plastic cup, and handed it to Resident #2 to take.

A review of Employee #1's personnel file found she was hired as a Caregiver; however, there was no documented hire date. During an interview with the employee at 8:25 am on 8/5/13, she stated she had been hired around [redacted] of 2012. There was no evidence that Employee #1 received the required 1 hour training in [redacted] control and facility sanitation procedures prior to providing personal care to the residents. In addition, there was no evidence Employee #1 received the required 1 hour trainings in behavioral needs, activities of daily living, emergency preparedness, incident reporting, resident rights, or [redacted] and neglect within 30 days of hire. All trainings for Employee #1 were dated [redacted] 2013; six months after her reported hire date.

A review of Employee #2's personnel file found she was hired as a Caregiver on [redacted]. There was no documentation that she received the required 1 hour in-service training in [redacted] control prior to providing personal care to the residents. In addition, the facility failed to provide Employee #2 with the required 1 hour training in behavioral needs and activities of daily living, emergency preparedness, incident reporting, resident rights, and identification and prevention of [redacted] and neglect within 30 days of hire.

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An interview was conducted with the Admininstrator at 8:30 am on She stated the employee began employment in of 2013. She acknowledged the untimely trainings for Employee #1, and stated she must have taken her original trainings out of her employee file. She confirmed the missing trainings for Employee #2, and stated she did not realize she had to provide training to her after hire, since she received similar trainings in her previous place of employment.

Class II Class III

0090-Training - 58A-5.0191(11) FAC

Based on observation, a review of employee records, and interview with the Administrator, the facility failed to provide the required 1 hour training in the facility's policy and procedures regarding to 2 of 3 sampled employees (Employees #1 and #2) within 30 days of hire.

The findings include:

A personnel file review was conducted for Employee #1 (a Caregiver, however there was no documented hire date). An interview conducted with the employee at 8:25 am on found she had been hired around of 2012. There was no documentation the facility provided her with required 1 hour training in the facility's orders within 30 days of her hire.

A personnel file review conducted for Employee #2 (a Caregiver, hired found no documentation the facility provided her with the required 1 hour training in the facility's policy and procedures.

During an with the Admininstrator at 8:30 am on she stated she believed Employee #1 was hired in of 2013. She acknowledged the missing timely trainings for Employee #1. She stated she must have taken her original trainings out of her employee file. She stated she did not realize she had to provide training to Employeoe #2 after hire, since she had received similar trainings in her previous place of employment.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on a tour of the facility, and interview with the Administrator, the facility failed to maintain a safe, clean living environment which was free from potential hazards.

The findings include:

During a tour of the facility at 7:40 am on was observed to have a significant amount of dark substance resembling mildew along the entire length of the shower floor, where the wall tiles intersected with the shower floor. All three shower walls were affected, and in some areas, the black substance was 3/4 inches in height. In just inside the the wall light switch was observed to be broken. The plastic covering to the sliding adjustable light control was missing, revealing the metal interior of the switchplate. This presented an electrical hazard, especially for any individual who might attempt to operate the switch with wet hands.

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The findings were shown to the Administrator at 11:50 am on . She acknowledged the black substance in 's shower, and stated it would require cleaning. She stated one of the residents must have removed the light switch cover in and agreed that it could present an electrical hazard if used with wet hands.

Upon exit from the facility at 12:00 pm on , a chain lock was observed at the top of the front door. An illuminated "EXIT" sign was mounted on the ceiling above the door, indicating it was an emergency exit. The Administrator was interviewed at this time, and stated only one resident could reach the chain lock, because she was ambulatory. None of the other residents would be able to reach the locking mechanism. She explained the lock was used at night, so residents could not wander out of the facility. She was advised this presented a safety hazard to residents in the event of an emergency, and in the event staff was and unable to assist residents with evacuation in an emergency. She acknowledged the safety issue and stated she would remove the lock immediately.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on a review of employee records, and interview with the Administrator, the facility failed to provide documentation of timely compliance with all required staff trainings, and of participation in resident elopement drills, for 2 of 3 sampled employees (Employees #1 and #2).

The findings include:

A review of Employee #1's personnel file found she was hired as a Caregiver. Interview with the employee at 8:25 am on found she was hired in of 2012. There was no documentation that the employee received the required 1 hour training in infx control and facility sanitation procedures prior to providing personal care to the residents. In addition, there was no evidence the employee received the required 1 hour trainings in behavioral needs and activities of daily living, emergency preparedness, incident reporting, resident rights, and and neglect within 30 days of hire. All of her trainings were dated 2013; six months after she reported being hired.

A review of Employee #2's personnel file found she was hired as a Caregiver on . There was no evidence that the facility provided the required 1 hour in-service training in control prior to her providing personal care to the residents. In addition, the facility failed to provide Employee #2 with the required 1 hour training in behavioral needs and activities of daily living, emergency preparedness, incident reporting, resident rights, and identification and prevention of and neglect within 30 days of hire.

An interview was conducted with the Admininstrator at 8:30 am on . She stated she believed Employee #1 had been hired in of 2013. She acknowledged the untimely trainings for Employee #1 and stated she must have taken her original trainings out of Employee #1's file. She stated she did not realize she had to provide training to Employee #2 after hire, since she had received similar trainings in her previous place of employment.

Class III

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

Based on observation, resident record review, and interviews with a family member and the Administrator, the facility failed to record resident weights on a semi-annual basis for 1 of 4 sampled residents (Resident #4).

The findings include:

A telephone interview was conducted with Resident #4's daughter at 11:30 am on . She stated her mother was in the advanced stages of and no longer able to express herself or her preferences. Resident #4 was now on a pureed diet, because she no longer chewed her food.

An observation of the lunch meal at 11:50 am on found resident #4 received a pureed diet and was fed by Employee #1. She required prompts and encouragement to eat her lunch meal.

A record review conducted for Resident #4 found she was admitted on and had diagnoses including deficiency, and . She required assistance with all activities of daily living, including eating, and received a pureed diet. The resident was not receiving hospice services at the time of survey. Further record review found no documentation of weights for Resident #4 since admission to the facility.

An interview was conducted with the Administrator at 11:50 am on . She acknowledged the missing weights, stating Resident #4 could no longer stand up to be weighed. She confirmed that weights were no longer being taken for this resident. She acnowledged the regulatory requirement that weights were to be recorded on a semi-annual basis, whether the resident was capable of standing or not.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on a review of employee records and interview with staff, the facility failed to obtain Level 2 background clearance prior to employment for 1 of 3 sampled employees (Employee #1) who provided care and services to the residents.

The findings include:

Observation of Employee #1 from 7:30 am to 12:00 pm on revealed she provided care and services to the residents, including assistance with personal care.

An interview was conducted with Employee #1 at 8:25 am on . She stated she had worked in the facility since approximately of 2012. She had previously worked in another Assisted Living Facility, however she could not recall for how long, or if she had a 90 day break in employment prior to employment at this facility.

A review of Employee #1's personnel file found no hire date in any location in her record. Her application for employment was not dated, and did not list any prior employment history. Therefore, it was not possible to determine if the employee was unemployed for more than 90 days prior to employment. Further review of the

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employee's file found no affidavit of compliance had been completed by the employee at the time of hire.

An interview was conducted with the Administrator at 8:30 am on . She stated she believed Employee #1 had been hired in of 2013. She was not aware if the employee had been working at the time of hire, or if she had a break in employment prior to hire. She stated she did not realize that a 90 day break in employment required a new Level 2 background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Alternate Home Care
5 Big Dipper Lane
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2013 by a representative 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

KW/sm
Enclosure

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