STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	09/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Abbey Ormond Beach	1410 Hand Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-09/10/2013
0025-Resident Care - Supervision-09/10/2013
0030-Resident Care - Rights & Facility Procedures-09/10/2013

Revisit Repeat Tags:
0000-Initial Comments-
0081-Training - Staff In-Service-58a-5.0191(2) Fac

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up survey was conducted on 10, 2013 at Golden Abbey in Ormond Beach Fl. Deficiences were identified.

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and staff interview, the administrator failed to implement the Directed Plan of Correction, manage the staff in an effective manner and ensure a safe environment with potential to affect the safety and welfare of all residents residing in the facility. (34 residents)

An interview was conducted with the administrator on at 12:14 pm. When asked what criteria was being utilized to determine appropriateness for placement, he stated the facility developed new worksheet assessment tools. The assessments included: behavioral, level of care, pre-admission appraisal and mini mental status exams. He also added that all potential admissions would be screened for behaviors and he will go out to the hospitals or other facilities to see the resident before making a determination. When asked if the new assessment tools had been utilized to determine appropriateness of recently admitted residents, he stated he had not started using the tools, as he was waiting for approval from AHCA. The administrator was asked if he had reviewed the Directed Plan of Correction issued on by AHCA related to developing and implementing documentation regarding the admission criteria. He stated he was aware, but was under the impression he should not implement until after the re-visit survey was conducted.

Record review for Resident #1 revealed female admitted on with diagnosis: dependent and
The Health Assessment was performed by the physician on and home health ordered for administration. There was no documentation of a pre-screening assessment to determine the resident was an appropriate admission.

Record review for Resident #2 revealed male admitted on with diagnosis: failure, and recent hospital

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stay for . The resident had significant of lower legs and required wrapping of the legs daily and monitoring. There was no documentation of a pre-screening assessment to determine the resident was an appropriate admission.

Resident #3 was admitted on with diagnosis including: and The health assessment was completed on . There was no documentation of a pre-screening assessment to determine the resident was an appropriate admission to the assisted living facility.

An interview was conducted with the administrator on at 12:25 pm. When asked what measures had been taken to ensure the safety of the residents, he stated he had developed new assessment tools to determine if the potential admission was appropriate, however he had not yet implemented the plan. He also developed new protocols for supervision and safety precautions regarding securing the facility and locking all the outside patio doors at night and having staff sign a log book indicating the time when the doors were locked. When asked to provide training documentation regarding the new protocols, he stated he had not conducted any formal training, just informed the staff when they were working.

When asked if he had conducted prevention training and incident reporting, he stated he had developed new policies and procedures for prevention and reporting. He was asked to provide the inservice records regarding all staff receiving training on the protocols. He stated he had not conducted inservice training for all the staff, he was under the impression that it was only for new staff.

The administrator was asked if he had reviewed the Directed Plan of Correction (DPOC) issued on by the Agency for Health Care Administration (AHCA) related to the need to conduct training sessions with all facility staff regarding the facility's detailed reporting protocol and incident reporting by qualified personnel. The plan also detailed what documentation of all training provided should include, such as: name of qualified person presenting, staff attended, related dates/times, length of session, related literature, title and subject matter. He stated he did review the DPOC but misunderstood and thought it was just for new staff.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview the facility failed to ensure new employees were provided required in-service training, including reporting within 30 days of hire for 1 of 3 employees (Employee #1).

The findings include:

Record review revealed Employee #1 was hired on . There were no reporting in-service training records contained in the file.

An interview was conducted with the Administrator on at 12:10 pm. When asked to provide the training record for Employee #1, he stated that the record could not be located in the file.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and a new deficiency identified during the revisit.

All deficiencies shall be corrected no later than 2013.

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 (904) 798-4201.

Sincerely,

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

KW/sm
Enclosure

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