STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards 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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= G
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced relicensure survey was conducted on . Avery's home care had Licensure deficiencies found at the time of the visit.

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on facility record review and interview with the Administrator, the facility failed to document resident elopement drills.

The findings include:

A review of the facility's elopement policy was conducted on . A review of the staff schedule found 2 employees (Employee A & B) were the only direct care listed as working at the facility.

In an interview with the Administrator on at 2:51 PM, she reported that elopement drills were in staff files. A review of Employee A and B's files found no documentation of elopement drills.

In a follow up interview with the administrator at 2:55 PM, she reported they had conducted the drills, but did not keep record to show the drills were completed.

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 that unlicensed staff did not provide assistance with self-administration of medication with as needed (PRN) medications for 1 out of 2 sampled residents (Resident #6) in situations wherein unlicensed staff would have to exercise independent

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judgment. In addition, the facility failed to follow procedures in assisting residents with self-administration of medication as specified in Florida Statute 429.256 by failing to remove a prescribed amount of medication from the medication container for 1 of 2 sampled residents (Resident #6) and by failing to read the medication label in the presence of the resident during medication pass for 2 out of 2 sampled residents (Resident 6 & 7).

The findings include:

1) During an observation of medication pass on at 9:34 AM, Employee A pulled out a 4 ounce cup from a locked storage unit. The cup had 8 pills in it. Employee A pulled out Resident #6 ' s bottled medications and reported that 50 milligrams (mg) 1 tablet (tab) and 2mg 2 tabs were pills located in the cup. Observation of Resident #6 ' s pill bottle labels revealed that her 50mg label read " 1 tab 3 times a day as needed for pain " . Resident #6 ' s label read " 2mg 1 tab 3 times a day as needed " .

In an interview with the Administrator on , she confirmed that PRN medications for Resident #6 did not have parameters. She also confirmed that she did not have a nurse working at the facility and that unlicensed staff were assisting residents with self-medication administration.

2) During an observation of medication pass on at 9:34 AM, Employee A pulled out a 4 ounce cup from a locked storage unit. The cup had 8 pills in it. Employee A pulled out Resident #6 ' s bottled medications and reported that 2mg 2 tabs were located in the cup. Observation of Resident #6 ' s pill bottle labels revealed that her label read " 2mg 1 tab 3 times a day as needed " .

A record review of Resident #6 ' s Medication Observation Record (MOR) found Employee A had initialed that she had given 2mg 1 tab to Resident #6 on .

A fax was sent from Resident #6 ' s pharmacy that showed the most recent order in their file for read " 2mg 1 tab 3 times a day as needed " .

In an interview with Employee A on at 9:38 AM she reported that she has been giving 2 tabs of the "for about a month". She reported that it is what the doctor stated at Resident #6 ' s doctor appointment but confirmed there is no doctor order that the medication has been changed.

3) Employee A was observed at med pass on from 9:20 - 9:45 AM. She pulled pre-poured medications out of a locked box for Resident #6 and Resident #7. She did not wash her hands. She handed a cup of medications to Resident #6 and watched her take them. Employee A walked over to and handed Resident #7 a cup of pre-poured medications. She did not read medication labels to Resident #6 nor Resident #7.

In an interview with Employee A on at 9:44 AM, she confirmed that she did not read the medication labels in the presence of Resident #6 and #7.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

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Based on observation of medication pass, resident record review and employee interview, the facility failed to ensure the Medication Observation Record (MOR) for 2 out of 2 sampled residents (Resident #6 & #7) accurately recorded each time a resident received or missed a dose of medication. The facility failed to ensure that the MOR accurately represented directions for use for 1 out of 2 sampled residents (Resident #7).

The findings include:

1) During reconciliation after medication pass observation for Resident #6, it was found that the MOR was signed off by Employee A that Fish Oil 1000mg was given on at 9 AM. A review of Resident #6 ' s medications found that Fish Oil was not available (photographic evidence taken).

In an interview with the administrator on at 10:48 AM, she confirmed that Resident #6 ' s fish oil is being signed off as given. She reported that Resident #6 has been out of medications "for a few days".

2) A review of the Resident #7 ' s Medication Observation Record (MOR) on revealed that her direction for use was listed as " 10 milligram (mg) 1 tablet (tab) once daily at 5 PM " . An observation of the medication label for Resident #7 ' s read " 10mg 1 tab two times a day " . The doctor order for Resident #7 ' s medication was dated and read " 10mg 1 tab twice daily " . A review of the MOR for Resident #7 found that from through Resident #7 ' s 10mg was given once daily at 5 PM. Resident #7 ' s MOR reflected that from / through the resident received 10mg 1 tab once daily at 5 PM for a total of 98 days (photographic evidence taken).

In an interview with the Administrator on at 10:17 AM, she confirmed that Resident #7 ' s MOR reflected 10mg 1 tab once daily and the doctor order read 10mg 1 tab twice daily. She confirmed the MOR did not reflect the direction for use from through .

3) During reconciliation after medication pass observation for Resident #7, it was found that the MOR was signed off by Employee A that 2.5mg tablet was given on at 8 AM. A review of Resident #7 ' s medications found that was not available (photographic evidence taken).

An interview with the pharmacist on at 10:30am revealed that the Resident has an order for at the pharmacy. She stated the medication ( ) was ready and waiting to be picked up. She stated that Resident #7 has probably been without her medication for 2 days now.

During an interview with the administrator and Employee A on at 10:48 am the administrator confirmed that they were aware that Resident #7 had been out of the medication for approximately 3 days. She confirmed that Resident #7 ' s is being signed off as given. She reported that Resident #7 has been out of medications "for a few days". Employee A stated " We ' re waiting on [the pharmacy] " When it was pointed out to her that she was signing off the MOR indicating she was giving the resident the every morning, she reviewed the MOR and stated " No, we shouldn ' t be marking that. That ' s a mistake. "

4) During reconciliation after medication pass observation for Resident #7, it was found that the MOR was signed

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off by Employee A that nasal spray was given on at 8 AM. A review of Resident #7 ' s medications found that the label on the box of nasal spray was last filled on 4/17/13(photographic evidence taken).

Review of the label on the medication box for nasal spray revealed the order read: Prop 50 micrograms (mcg) S Qty: 16 "Use 2 sprays in each nostril once daily for " (photographic evidence taken).

An interview with the pharmacist on at 10:30 AM revealed that the Resident has an order for Prop 50 mcg S Qty: 16 "Use 2 sprays in each nostril once daily for ." She stated that the last time the nasal spray was filled was on and her opinion was that the facility staff only gives it to her when she's . When asked who determined if the resident needed it (since there are no licensed nurses on staff at the facility), she stated that she thought it would be better that the staff just give it to her every day since she is already prescribed an anti- medication.

Review of the MOR revealed that nasal spray was signed off as given every morning at 8:00 AM going back through to , 2013 (photographic evidence taken).

An interview with the administrator and Employee A on at 10:48 AM revealed that she does not get the nasal spray every day, only when she's . Employee A stated "We wouldn ' t give it to her unless she was ." When it was pointed out to her that she was signing off the MOR indicating she was giving the resident the nasal spray every morning, she reviewed the MOR and stated " No, we shouldn't be marking that. That's a mistake. "

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that centrally stored medications are kept locked at all times.

The findings include:

During initial tour of the facility on at 10:10 AM, a cabinet in the kitchen was noted to be open approximately 3 inches. Through the gap in the open cabinet door, a bottle of could be seen. Further observation found that the cabinet had an open container of and medicine.

In an interview with the Administrator on at 10:25 AM, she confirmed that centrally stored medication was unlocked in a kitchen cabinet.

Class III

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0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on med pass observation and staff interview, the facility failed to properly label Over the Counter Medication for 1 of 2 sampled residents (Resident #6).

The findings include:

During an observation of medication pass on at 9:34 AM, Employee A pulled out a 4 ounce cup from a locked storage unit. The cup had 8 pills in it. Employee A pulled out Resident #6 ' s bottled medications and reported that Pain Relief 650 milligram 1 tablet was in the cup. An observation of the medication bottle found that the manufacturer ' s label was on the bottle. The resident ' s name was not on the bottle.

In an interview with Employee A on at 9:38 AM she confirmed that Resident #6 ' s Pain Relief did not have the residents name on the bottle.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on employee record review and staff interview the facility failed to ensure one employee (B) had proof of freedom of communicable and three employees (the administrator , A and B) had proof of an annual test.

The findings include:

A review of the employee files conducted on revealed that Employee B had no statement by a health care provider that they do not have any signs or symptoms of a communicable including Further review of the personnel file revealed no proof of an annual test for Employees A and B and the administrator.

During an interview with the Administrator and Employee A on at 4:30 PM they stated they could not find proof of a statement by a health care provider that stated that Employee B does not have any signs or symptoms of a communicable including and no proof of an annual test for themselves or Employee B.

Class III

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

Based on observation and employee interview, the facility failed to ensure that at least one staff member was available in the facility while residents were in the facility. Leaving residents unattended in the facility poses a direct threat to their health and safety.

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The findings include:

Upon entrance to the facility on 1/7/14 at 8 AM, Employee A was observed walking down the street, approximately 200 feet from the facility. Employee A was carrying a bag and introduced herself. She reported that she was getting some stuff down at the store, and that she had been gone "just a bit."

During initial tour of the facility on at 8:10 AM, 7 residents were in the facility. During initial tour of the facility it was noted that household chemicals, including bleach along with over the counter medications were not secured and ser accessible to the residents.

In an interview with Employee A on at 8:20 AM, she confirmed that she was the only staff person on shift at the facility. She confirmed that the residents were left without staff supervision while she was at the store.

Class II

0080-Training - Core & Competency Test 58A-5.0191(1) FAC

Based on employee record review and staff interview the facility failed to ensure that the administrator participated in Core Training requirements of 12 hours of continuing education in topic related to assisted living every 2 years.

The findings include:

A review of the employee files conducted on revealed no proof of 12 hours of continuing education training for the administrator of the facility.

During an interview with the Administrator on at 4:30 PM she stated that she had reviewed her employee file and could not find proof of continuing education completed in the last 2 years that would meet the continuing education requirement of 12 hours. She stated she thought she had done the required trainings, but could not find her certificates.

Class III

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

Based on employee record review and staff interview the facility failed to provide or arrange for in-service trainings for 2 out of 3 employees (Emplovee A & B) in the areas of elopement response, emergency preparedness, recognizing and reporting , resident's rights and safe food handling.

The findings include:

A review of the employee files conducted on revealed no proof of elopement response training for Employees A and B no proof of emergency preparedness trainina for Employee A; no proof of resident's rights training for Employee A; no proof of recognizing and reporting for Employee A and no proof of safe food handling for Employee B.

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During an interview with the Administrator and Employee A on 1/07/14 at 4:30 PM, after review of the employee files, they stated they could not find proof of elopement response training for Employees A and B; no proof of emergency preparedness training for Employee A; no proof of resident ' s rights training for Employee A; no proof of recognizing and reporting for Employee A; and no proof of safe food handling for Employee B. The Administrator stated that she hasn ' t done the trainings for her staff.

Class III

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

Based on employee record review and staff interview the facility failed to ensure two employees (A and B) received required annual update training on Self-Administration of Medications.

The findings include:

A review of the employee record revealed that Employees A and B had no proof of the required 2 hour annual update for Self-Administration of Medications training.

An interview with the administrator and Employee A at 3:30 PM revealed they both had reviewed the employee files and could not find proof of the required training. The administrator stated that only Employees A and B assist with self-administration of medications in this facility and she that does not.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on employee record review and staff interview the facility failed to ensure that the administrator/supervisor of food staff obtained the required continuing education annually for topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

A review of the Administrator's employee file conducted on revealed no proof of the required 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

An interview with the administrator at 3:50 PM revealed she had reviewed her employee file and could not find proof of the required training. She stated she thought she had done the training but could not find her certificate.

Class III

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

Based on observation and staff interview the facility failed to ensure a safe living environment maintained in good working order for 14 out of 14 residents when cockroaches were observed in a resident [illegible] was

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peeling off of a closet door, and a mold-like substance was observed on the ceiling in two rooms of house #1. In addition the facility failed to provide a safe and sanitary living environment free from bed bugs for 1 out of 14 sampled residents (Resident #4).

The findings include:

1) An initial tour of the facility was conducted on at 9:00am. During the tour of house #1 it was observed that the dining and the in # had a black mold-like substance on it (photographic evidence taken). It was observed that paint was peeling off of the closet door in # (photographic evidence taken). Small live cockroaches were observed in the #1 and #2.
During the tour of house #1 Employee A and the administrator stated that she was having the interior of the home painted and the closet door and the mold-like substances would be repaired. The administrator indicated there were leaks in the attic of house #1 and the mold-like substances were a result of those leaks.

2) During the tour of house #3 on at 12 PM, 2 live bed bugs were observed on Resident #4 ' s sheets (photographic evidence obtained). Employee A was present during the tour and observed the bed bugs when found and stated "Oh yeah, those are bed bugs alright." "We didn't know they were here. "

An interview with the administrator at 3:30 PM revealed she was unaware that there were bed bugs on the mattress in Resident #7's bed. She stated she had gone to look at them with Employee A and acknowledged that they were bed bugs. She acknowledged that there were live cockroaches in one of the resident's in building #1 and stated that she has a monthly pest control service and she doesn't know why she still has cockroaches in the house.

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 3 hours of continuing education biennially for 1 out of 3 sampled employees (Employee A) in subjects pertaining to mental illness. The facility failed to provide documentation of 6 hours of training in Limited Mental Health within the first 6 months of employment.

The findings include:

1) A review of Employee A ' s personnel file revealed a hire date of . Record review showed that she received the initial 6 hour training in Limited Mental Health on . There was no other documentation in her record that she received 3 hours of training in the last 2 years in subjects pertaining to mental illness.

2) A review of Employee B ' s personnel file revealed a hire date of . There was no documentation in her personnel file for 6 hours of training in Limited Mental Health.

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A review of the Administrator ' s file revealed there was no documentation that she had received 6 hours of training in Limited Mental Health.

In an interview with the Administrator on at 4:50 PM, she confirmed that she and Employee B did not have evidence that they had completed the 6 hours of training in LMH. She also confirmed that Employee A did not have 3 hours of continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

|, 2014

Administrator
Avery's Home Care
134 West 23rd Street
Jacksonville, FL 32206

Dear Administrator:

This letter reports the findings of a biennial licensure survey conducted on , 2014, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000) Form, which indicates there were deficiencies noted during the inspection.

You are hereby directed to provide a written plan of correction to the Jacksonville Field Office for the deficiencies identified during the inspection, within **five calendar days** of receipt of this directed plan of correction (DPOC). The plan should be directed to the attention of Mr. Robert E. Dickson, Field Office Manager and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Jacksonville Field Office
Attention: Robert E. Dickson
921 N. Davis Street, Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201
Fax: (904) 359 - 6054

The inspection resulted in findings of non-compliance in the following areas:

1) A0079-Staffing Standards - Class II

The Assisted Living Facility failed to ensure that at least one staff member was available in the facility while residents were in the facility. Leaving residents unattended in the facility poses a direct threat to their health and safety.

Your plan of correction must include the following:

1) Documentation of in-service training for all staff regarding employee responsibilities for supervising residents. Also, include a copy of the training agenda.

2) Development of a written policy and procedure for ensuring continuous staff presence within the facility including provisions for contacting relief persons when staff need to leave.

3) A written, detailed plan of how the facility will ensure the safety and well being of the residents regarding the storage and security of cleaning chemicals and the storage and security of medications.

Nothing in this Directed Plan of Correction limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call . Catherine Anne Avery, Survey and Certification Support Branch, at 850-412-4505.

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JD/JM/RED/sm