STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966928	01/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Norwood Memory Care	325 Norwood St Merritt Island, FL 32953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision 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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
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 - 0082 - 58a-5.0191(3) Fac - Training - [redacted] 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 - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
The biennial re-licensure survey was conducted on [redacted]

Norwood Assisted Living Facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility did not ensure 1 of 2 sampled residents (#2) accepted for admission received care and services appropriate to meet their needs including following physician orders for medications.

Findings:

Record review for resident #2 revealed an Resident Health Assessment form 1823 that was dated [redacted] that noted she required Medication Administration. Review of the 2014 Medication Observation Record (MOR) revealed that it noted [redacted] 0.2 mg take one tablet every 8 hours. Hold if [redacted] under 120. Further review of the MOR revealed that the medication was held on [redacted] at 4 PM and was noted that the [redacted] was 119 and was also held [redacted] at 4 PM and the [redacted] was noted to be 114. Further record review for resident #2 revealed an order that noted " [redacted] 0.2 mg take one tablet

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every 8 hours PRN hold if [redacted] under 120." Further review of the order revealed that there was no date on the order, however there was a faxed date of [redacted]

During medication review for resident #2 on [redacted] at approximately 2 PM, a prescription bottle was observed that was filled on [redacted] noted [redacted] 0.2 mg take one tablet every 8 hours (no parameters).

During an Interview with staff B an unlicensed staff on [redacted] at approximately 2 PM stated that she did take resident #2's [redacted] and hold the medications on [redacted] and [redacted] Further interview with staff B, who explained she was not aware that the prescription label had changed and did not note that the [redacted] was to be taken before giving the medication. Staff B was asked to call the pharmacy to get clarification of the order. Continued interview with Staff B on [redacted] at approximately 2:30 PM she stated the pharmacist had informed her that the order did not require the [redacted] to be taken before the medications was given. The medications were to be given as it was on the prescription bottle.

The facility staff were holding resident #2 [redacted] medications and did not follow the prescription label or call to get clarification of the prescription label change until the day of the survey.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, record review and interview the facility did not obtain a biannual physician order for 1 of 2 sampled residents (#2) that required half-bed rails.

Findings:

During the tour of the facility on [redacted] at approximately 9:45 AM, half-bed rails were observed on resident #2 bed. The staff stated resident #2 was not able to remove them herself.

Record review for resident #2 revealed that the only physician's order available for review was dated [redacted] (more than 6 months).

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During an interview with the administrator on at approximately 2 PM, she stated that physicians order for the half bed-rails were not completed biannually as required.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations of staff B an unlicensed staff during the medication pass on at 10:55 AM, 12:30 PM and 1:45 PM, revealed during each time, staff B removed the medications from the medication cart, where they were stored and placed the medications into a small cup, initial the Medication Observations Record (MOR) before the residents took their medication. She brought the cups to each resident and told the residents what the medications were.

Staff B did not follow the proper and did not in the presence of the each resident, read the label, open the container, remove a prescribed amount of medication from the container and close the container and update the MOR.

During an interview with Staff B on at approximately 2:15 PM, she stated that she had received her medication training from a pharmacy and assisted with the medications as she was trained. She was not aware of the procedures described in Section 429.256, F.S.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview the facility failed to provide a licensed staff to administer medications to 1 of 2 sampled (#2) residents who received medications with parameters and required medication administration.

Findings:

Record review for resident #2 revealed an Resident Health Assessment form 1823 that was dated that noted she required Medication Administration.

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Review of the 2014 Medication Observation Record (MOR) revealed that it noted 0.2 mg take one tablet every 8 hours. Hold if under 120. Further review of the MOR revealed that the medication was held on at 4 PM and was noted that the was 119- and was also held at 4 PM and the was noted to be 114. Further record review for resident #2 revealed an order that noted " 0.2 mg take one tablet every 8 hours PRN hold if under 120." Further review of the order revealed that there was no date on the order, there was a faxed date of

During an interview with staff B an unlicensed staff on at approximately 2 PM she stated that she did take resident #2's and hold the medications on and She explained she was not aware that unlicensed staff could not give resident's medications with parameters.

During an interview with the administrator on at approximately 2:15 PM stated she was not aware that unlicensed staff were not allowed to take and give medications with parameters, she explained that resident #2 did not need her medications administered.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and allowed unlicensed staff to give medications with parameters to 1 of 2 sampled residents (#2) and failed to ensure that 2 of 3 sampled staff (A and C) had obtained verification of freedom from communicable including

Findings:

1. Record review for resident #2 revealed an Resident Health Assessment form 1823 that was dated that noted she required Medication Administration.
Review of the 2014 Medication Observation Record (MOR) revealed that it noted 0.2 mg take one tablet every 8 hours. Hold if under 120. Further review of the MOR revealed that the medication were marked as held on at 4 PM and was noted that the was 119 and the medication was also held at 4 PM and the was noted to be 114.

During an Interview with Staff B an unlicensed staff on at approximately 2 PM she stated that she did take resident #2's and hold the medications on and

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She explained she was not aware that unlicensed staff could not give resident's medications with parameters.

The unlicensed staff was administering medications with parameters which required a nursing judgment to determine when to hold and give medications.

2. Personnel record for Staff A revealed the last documentation to confirm that she was free from was dated (due

Personnel record review for Staff C revealed that there was no documentation from a health care provider to confirm that she was free from communicable

During an interview with the administrator on at approximately 12 PM, she stated that she did not have her yearly test as required and Staff C did not have documentation to confirm that she was free from communicable

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on personnel record review and interview the administrator of the facility did not have evidence that she had successfully completed the Assisted Living Facility (ALF) Core Training requirements within 3 months from the date of becoming the facility administrator.

Findings:

Personnel record review for staff A (administrator), who was hired in revealed there was no documentation to confirm that she had successfully completed the ALF Core Training requirements within 3 months from the date of becoming the facility's administrator.

During an Interview with the administrator on at approximately 12 PM, she stated she had completed the Core training requirements and had a core card. She further explained that the card was packed away and she would send it via e-mail to the agency. The documentation was never received.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 3 sampled staff (B and C) received the required in- service training.

Findings:

Personnel record review revealed the following:

1. Staff B hired , had no evidence to confirm that she had completed in-service training that covered
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Control including universal precautions, and facility sanitation procedures before providing personal care to residents
4. Food Safety

2. Staff C hired had no evidence to confirm that she had completed in-service training that covered
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and
6. control, including universal precautions, and facility sanitation procedures before providing personal care to residents.
7. Resident behavior and needs.
8. Providing assistance with the activities of daily living.
9. Food Safety
10. Facility's resident elopement response policies and procedures

During an interview with the administrator on at approximately 12 PM, she stated that staff had received all of the training and she did not have the certificates in their records.

Class III

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0082-Training - 58A-5.0191(3) FAC
Based on personnel files and interview the facility failed to have evidence that 2 of 3 sampled staff (B and C) had completed a one-time education course on and .

Findings:

During Personnel record review for staff #B hired and Staff C hired in revealed there was no documentation in their files to confirm that they had completed a one-time education course on and .

During an interview with the administrator on at approximately 12 PM, stated that the above staff had taken and training and the certificates were not in their records.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to ensure that 2 of 3 sampled unlicensed staff (A and B) who provided assistance with the resident's medications received 2 hours in-service training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

Staff A (administrator) stated on at approximately 11 AM that she and staff B assisted with the self-administration of the resident's medication. Personnel record review for staff A and B revealed that Staff had received her last 2-hour medication update on and Staff B received her last medication updated on .

During an interview with the administrator on at approximately 12 PM she stated at the time she and staff B had not received a 2 hour medication training yearly as required.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on personnel record review and interview the administrator who was responsible for the facility's food service and the day-to-day supervision of food service staff failed to obtain a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

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Findings:

The administrator stated on [redacted] at approximately 12 PM that she was responsible for the facility's food service. Personnel record review conducted for staff A (administrator) revealed that there was no documentation to confirm that she had obtained the 2 hour nutrition course.

During an interview with the administrator on [redacted] at approximately 12:30 PM she stated that she had not taken the 2 hour nutrition course as required.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on observations, personnel record review and interview the facility maintained a secure facility and failed to ensure that 3 of 4 sampled staff (A, B and C) obtained 4 hours of initial training within 3 months of employment and the additional 4 hours of training, entitled " [redacted] and Related [redacted] Level II Training," within 9 months of employment.

Findings:

Observations on [redacted] at approximately 9:45 AM revealed that the facility was secured and there was a code used to enter and exit.

Personnel record review for Staff B, hired [redacted] and Staff C hired [redacted] revealed that there was no documentation to confirm that they had obtained 4 hours of initial training within 3 months of employment. There was no also no documentation to confirm that Staff A hired in [redacted] and Staff B had obtained the additional 4 hours of training, entitled [redacted] and Related [redacted] Level II Training," within 9 months of employment.

During an interview with the administrator on [redacted] at approximately 12:30 PM she was not aware, because the facility was secured, staff were required to receive the above training.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) had at least one hour of training in the facility's policies and procedures

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regarding _____ that included information in Rule 58A-5.0186, F.A.C.

Findings:

During review of personnel record for Staff C, there was no documentation found to confirm that she had at least one hour of training in the facility's policies and procedures regarding _____ that included information in Rule 58A-5.0186, F.A.C.

During an interview with the administrator on _____ at approximately 12 PM, she stated staff C had taken above training and the certificate was not in her record.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review and interview the facility did not keep dated menus as served on file in the facility for 6 months.

Findings:

Review of the facility's menu's revealed that there were not 6 months of the menus as served on file for review.

The administrator stated on _____ at approximately 11:30 AM that the staff were rotating the cycled menus weekly and were not dating them as required and she did not have 6 months of dated menus to provide.

Class _

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to obtain weights semi-annually for 1 of 2 (#2) residents who required assistance with Activities of Daily Living.

Findings:

Record review for resident #2 revealed that she was admitted into hospice care on _____ and she required assistance with her Activities of Daily Living. Further record review revealed that there was no documentation to confirm that her weights were recorded semi-annually as required.

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During an interview with the administrator on [redacted] at approximately 1 PM, she stated no weights were obtained for resident #2, because she could not stand to have her weights taken.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Norwood Memory Care
325 Norwood St
Merritt Island, FL 32953

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) 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 **2014,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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