STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965391	02/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aurora Of The Treasure Coast	6609 N. Us1 Fort Pierce, FL 34949	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff 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 - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated biennial relicensure survey was conducted on at Aurora of the Treasure Coast. The facility had licensure deficiencies identified at the time of this visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each employee had documentation in their employee file to reflect freedom from on an annual basis, for 1 of 4 sampled employees files reviewed (Employee B).

The findings include:

Record review of Employee B's file revealed the file lacked current documentation indicating this employee had freedom from on an annual basis signed by a healthcare provider. Employee B's last statement of freedom of communicable (including was documented as . During an interview conducted with the Administrator on beginning at approximately 11:45 AM; the Administrator was provided the opportunity to locate the annual documentation that indicated freedom from for Employee B (with a date of hire noted as . The Administrator acknowledged this documentation was not located in Employee B's file and she could not provide an explanation as to why this documentation was not on file.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, it was determined the facility failed to ensure that each staff member had received the required in-service trainings within 30 days of hire, for 3 out of 3 sampled

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employee files reviewed (Employee A, Employee B, and Employee C).

The findings include:

Record review of Employee A, B and C's file, revealed the following in-service trainings could not be located within the employee's file.

1) Employee A (a direct care provider with a date of hire noted as , did not have documentation of the following required trainings in her file:

a) Control (1 hour)

b) ADL (Activities of Daily Living) (3 hours)

c) Emergency Preparedness (1 hour): certificate on file noted 30 minutes of training

d) Incident Reporting (1 hour) : certificate on file noted 1 hour in AHCA Adverse Reporting and Emergency Procedures combined

e) Resident Rights (1 hour): certificate on file noted 15 minutes of training on Bill of Rights; and another certificate on file noted 1 hour of Resident Rights combined with Recognizing and Reporting , Neglect, and

f) Recognizing and Reporting , Neglect, and (1 hour): certificate on file noted 1 hour combined with Resident Rights

2) Employee B (a direct care provider with a date of hire noted as , did not have documentation of the following required trainings in her file:

a) Control (1 hour)

b) Emergency Preparedness (1 hour): certificate on file noted 30 minutes of training

c) Resident Rights (1 hour): certificate on file noted 15 minutes of training on Bill of Rights; and another certificate on file noted 1 hour of Resident Rights combined with Recognizing and Reporting

Neglect, and

3) Employee C (a direct care provider with a date of hire noted as did not have documentation of the following required trainings in her file:

a) Control (1 hour)

b) Emergency Preparedness (1 hour): certificate on file noted 30 minutes of training

c) Incident Reporting (1 hour) : certificate on file noted 1 hour in AHCA Adverse Reporting and Emergency Procedures combined

d) Resident Rights (1 hour): certificate on file noted 15 minutes of training on Bill of Rights; and another certificate on file noted 1 hour of Resident Rights combined with Recognizing and Reporting Neglect, and

During an interview conducted with the Administrator, on beginning at approximately 11:45 AM, the Administrator was provided the opportunity to locate aforementioned documentation for Employee A, B and C. At the time the Administrator revealed Employee A, B and C's file, she acknowledged that all three employee files did not contain sufficient documentation to reflect that all of the required trainings had been completed within 30 days of employment.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on interview and record review it was determined the facility failed to ensure that each employee had documentation on file to reflected they had completed a 2 hour course on and within 30 days of employment for 1 of 3 sampled employee files reviewed (Employee B).

The findings include:

During interview and employee record review conducted with the Administrator, on beginning at approximately 11:45 AM, the Administrator was provided the opportunity to locate

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documentation that reflected Employee B (with a date of hire noted as had completed a 2 hour course on and within 30 days of hire. The Administrator acknowledged this documentation was not located in Employee B's file and she could not provide an explanation as to why.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, interview and record review, it was determined the facility did not follow the posted menu that was developed by the consultant Registered Dietician. Therefore the facility failed to make substitutions of equal nutritive value; the facility failed to document changes to the menu prior to meal service; and the facility failed to follow their emergency management plan related to maintaining specified shelf stable food items on site and a sufficient amount of potable (drinking) water on site.

The findings include:

1) During dining observation, interview with the Administrator and review of menu conducted during the lunch meal, on beginning at approximately 12:05 PM, the Administrator obtained the insulated lunch bag from the refrigerator for 2 of the remaining residents at this facility. She opened the lunch bags and identified the following items that were packed:

a) a ham sandwich (turkey on white bread with 1/2 cup of lettuce an tomato was noted on menu)

b) a Ziploc baggie with some cut up fresh fruit (1/4 cup of cucumber salad was noted on menu)

c) a Ziploc baggie with some popcorn (1 oz bag of baked chips was noted on menu)

d) 1 small muffin (3 cookies was noted on menu)

e) 8 oz drink (8 oz drink was noted on menu)

The Administrator acknowledged that the posted menu had not been followed, specifically related to the type of sandwich; no lettuce and tomato for sandwich; fruit exchanged for cucumber salad; and a small muffin exchanged for 3 cookies. She did also acknowledge that by not providing the vegetable requirement noted on the menu that a substitution of equal nutritive value was not made. She also

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acknowledged that the substitution was not noted on the menu prior to the meal service which she stated she is aware is the regulatory requirement and the policy of the facility.

2) During observation, interview and record review conducted with the Administrator, on [redacted] beginning at approximately 12:45 PM, she was asked if the facility maintains a par sheet (list of items to be kept on hand in case of an emergency). She replied that she did have one and she provided this document, that was prepared by the facility's consultant RD (Registered Dietitian) dated [redacted] This document was entitled 3-Day Disaster Menu (Food Inventory Based on 3 days) and it was noted to be based on the census of 16 residents. During this observation of the shed, that the Administrator stated contained the food items for the Disaster Menu, the following items that were noted on the Food Inventory/Disaster Menu were not located:

a) Orange Juice: 5 - 46 ounce cans

b) Apple Juice: 4 - 46 ounce cans

c) V-8 Juice 4 - 46 ounce cans

d) Chicken, canned: 64 ounce drained weight

e) Ravioli, canned: 2 - #10 cans

f) Chili Con Carne, canned: 2 - #10 cans

g) Water 96 gallons (67 gallons were accounted for between what what in the shed and what was in the facility food storage area; 29 gallons less than what is noted on disaster menu).

The Administrator could not provide an explanation as to why the facility had not maintained the required amount of water on site per the facility's emergency management plan, last submitted and approved on [redacted] This emergency management plan indicated on page 2 that a 3 day supply of the essentials are kept on hand at all times and that it is the responsibility of the manger to ensure the supply levels are maintained. The Administrator stated the staff must have "rotated" the supplies and did not inform her of the need to replace the items that had been utilized from the emergency supplies. Page 8 of the procedures of the emergency management plan reflect "hurricane inventory checked" item #2 notes 3 day supply of drinking water (3 gallons per resident per day) and 3 day supply of

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non-perishable foods per resident, see attached menu plan/supply list. This supply list is referred to above and 3 gallons of drinking water per day per resident would equals 126 gallons of water for the current resident census of 14 residents (59 gallons less that was was located during this inspection). The Administrator acknowledged that the facility did not maintain the supplies noted on the 3 Day Disaster Menu/Inventory per the facility's emergency management plan.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Aurora Of The Treasure Coast
6609 N. US #1
Fort Pierce, FL 34949

Re: Abbreviated Biennial Relicensure Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on . 2014 by a representative from 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 representative. Should you have any questions please call at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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