STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967884	02/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orchids Home	2960 Meadows Oaks Dr S Clearwater, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures 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

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014001492, was conducted on .

The Orchids Home, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation and interview, the facility violated 5 of 5 residents' rights to live in a safe and decent living environment, free from and neglect, and violated residents' rights to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.

Findings include:

Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical .

Surveyor conducted a visit and tour of the facility on beginning at approximately 10:10am:

Surveyor observed Resident #1 ' s --Door locks properly from the inside, but, per interview with Staff B, nobody has keys to the lock-neither the resident nor facility staff. Staff B stated (at approximately 10:15am) that they close Resident #1's door at night so she doesn't wander around the house. Staff B stated that they do not lock the doors. When asked how staff would get into the the resident locked the door, as in an emergency, Staff B replied that she hadn't thought about that, that none of the locks are being used; then stated that they would have to take the doors off the hinges to gain access.

Surveyor observed (at approximately 10:20am) Resident #2's -- Improper Door Lock: locks improperly from the outside (exterior of door)-key needed inside unlock door if/when locked from the outside. Staff B stated that the resident does not have a key to the door lock and that Staff B does not have keys to any the office; Staff B handed Surveyor her ring of keys to show that none worked on the door lock. Staff B stated, again, that neither the residents nor facility staff have keys to the . The reverse door knob enables anybody outside the lock the door, preventing the resident from being able to get out of the

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Surveyor observed (at approximately 10:30am) Resident #3's --Door lock properly installed-locks from outside; again, however, neither the resident nor facility staff has keys to the

Per interview with Staff B (... at approximately 12pm), " A former resident was drinking in her (occupied by Resident #2), so staff the lock to ensure there was no in her ..." Staff B confirmed that the facility had used the reverse lock when a former resident lived at the facility.

When Surveyor told Staff A & B that Resident #2's doorknob/lock needed to be /properly installed before Surveyor would leave the facility, Staff B was able to find the needed screwdriver and reverse the doorknob. Staff A contacted facility maintenance person, who arrived shortly after lock had been .

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 direct care staff received training required within 30 days of hire, placing 5 residents at risk of facility failure to safely provide needed direct care services, failure to honor residents' rights, failure to properly respond to emergency situations, and failure to ensure safe food handling practices and control.

Findings include:

Per interview with Staff A, Staff C has not yet been employed by the facility for 30 days, so does not yet have all required training. Surveyor conducted a review of employee records on beginning at approximately 1:00pm-Records indicated that Staff C's date of hire was , more than 30 days prior to AHCA visit.

There was no evidence in Staff C's employee file of training in Activities of Daily Living & Behavioral Needs, Control, Emergency Preparedness & Evacuation training, Elopement Response, Resident Rights, and Nutrition & Safe Food Handling.

Per interview with Staff B, Staff C normally relieves her on weekends 2 days per week; a staff schedule constructed by Staff B during facility visit lists Staff C working 4 days per week; a second staff schedule constructed by Staff B during facility visit lists Staff C working 7 days per week. Staff C is responsible for providing direct care services to facility residents.

Class III

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

Based on record review, there was no evidence that 2 of 3 employees providing 5 residents with direct care services have received training in the facility's policy and procedures regarding

Findings include:

Per interview with Staff A and Surveyor review of personnel files conducted at the facility on at approximately 1:00 p.m., Staff A began working at the facility when it opened - date of hire: . There was no evidence of training in the facility's policy and procedures regarding found in Staff A ' s personnel file.

Staff C was hired on , and, per interview with Staff B, Staff C serves as weekend relief. On the schedules constructed by Staff B during Surveyor's facility visit, Staff C works at the facility 4 to 7 days a week. Staff C has been employed by the facility for more than 30 days. There was no evidence of training in the facility's policy and procedures regarding found in the Staff C ' s personnel file.

Class III

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

Based on observation and interview, the facility failed to provide a safe living environment, maintained free of hazards, by failing to properly install resident locks and maintain master or duplicate keys to resident to be used in the event of an emergency.

Findings include:

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Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Orchids Home
2960 Meadows Oaks Dr S
Clearwater, FL 33761

Dear Administrator:

Re: **CCR# 2014001492**

This letter reports the findings of a complaint 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161