STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964216	02/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sarah House Ii (the)	1724 Valencia Avenue Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey was conducted on , 2014. Sarah House II had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review, and staff interview, the facility failed to provide appropriate supervision to prevent for 1 of 6 sampled residents, Resident #3.

The findings include:

Resident #3 was admitted on and her most current health assessment dated revealed diagnoses , , , history of , ambulates with rolling walker, needs supervision.

On at 11 a.m., a yell was heard in a a staff member was seen running into the a Resident #3 was observed lying on the floor with her head between a dresser and the wall and her body curled in front of the dresser. The resident had her gown up and her brief was exposed and a stool-like substance was observed on the floor and in her brief. The Facility Manager , Employee D stated the resident was in her wheelchair in her for her shower . She might have been trying to get up to use the . The resident told her she was in pain. Another Facility Manager, Employee F stated that staff should not move the resident and just call 911 right away. Emergency personnel arrived within minutes and escorted the resident out of the facility.

Review of the resident's record revealed a hospital history and physical revealing the resident had a significant about three months ago resulting in a closed head injury and hematoma. She lived in an Assisted Living Facility and she had an accidental . She woke up around 4 a.m. to go to the lost her balance and on her back. The clinical record did not have documentation of this incident.

Employee F on at 11:40 a.m. stated they did fill out an incident report but it was outside of the building at this time and was not part of the resident's record. She confirmed she did not have documentation of this in the resident's record, just the hospital notes afterwards. An adverse incident report was not completed either and

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sent to the agency. They did not feel it was adverse.

A Facility Manager Employee B was interviewed on at 11:44 a.m. She stated that when the resident on she completed an incident report and then ordered a bed and chair alarm to prevent further . On , the resident was sitting in her wheelchair alone in her the alarm sensor was under her wheelchair cushion. She did not hear the alarm go off when the resident stood up. Employee B went to assess the wheelchair alarm and the sensor was bent in the corner and it was not working. When Employee B unbent the sensor it began to work. She stated they do not routinely test the wheelchair alarm to see if it works. When the resident tried to get up and the alarm would sound, that was how it was tested.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, review of the Medication Observation Records (MORs) and staff interview, the facility failed to provide appropriate assistance with self-administered medications for 5 of 5 sampled residents, Residents #1, #2, #3, #4, and #5.

The findings include:

On at 8:30 a.m. Employee B was observed passing medications to Residents #1, #2, #5, #4, and #4. In each case, Employee B, an unlicensed staff member handed the residents their medications and did not explain what type of medications she was assisting the residents with.

In addition on the MOR , there was a medication for Resident #2, 0.5 mg, an anti-ps medication, which was scheduled every four hours as needed for agitation. The facility did not have licensed staff to administer this medication since this medication required judgement of staff to assess for agitation in a resident.

On at 9:10 a.m., a review of the 2014 MORs for these residents revealed that the employee did not sign that she assisted with these medications, it was still blank.

On at 9:15 a.m., Employee B confirmed she did not tell residents what medications she was giving them.

On at 9:17 a.m, the Facility Manager, Employee D confirmed that the MORS were not signed for morning medications given.

The Administrator was interviewed on at 9:20 a.m. She confirmed that she did not have licensed staff to administer the anti-ps medication as needed.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to request revised instructions for as needed medications for 2 of 5 sampled residents, Residents #3 and Resident #2.

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The findings include:

Review of the 2014 Medication Observation Record (MOR) for Resident #3 revealed 0.25 mg , 1 tablet by mouth as needed. There was also an order for 1 capsule by mouth at bedtime as needed. They did not have indications for use.

The label for one medications for Resident #2 revealed 0.5 mg take as needed. It did not have indication for use.

On at 9:58 a.m, the Facility Manager confirmed there was not indications for use for these medications.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to ensure staff received required in-service training in reporting major incidents, emergency procdures, resident rights, recognizing and reporting neglect, , safe food handling, and elopement for 1 of 3 sampled employees , Employee B.

The findings include:

Employee B, a caregiver who assisted with medication administration, was hired on Review of her employee personnel file revealed she did not have training in reporting major incidents, emergency procdures, resident rights, recognizing and reporting neglect, , safe food handling, and elopement.

The Facility Manager on at 10:39 a.m. confirmed Employee B did not have her required training. They had her scheduled to get her training through an outside vendor but it was cancelled and they have not obtained another training yet.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and staff interview, the facility failed to ensure staff received in-service training on for 1 of 3 sampled employees , Employee B.

The findings include:

Employee B, a caregiver who assisted with medication administration, was hired on Review of her employee personnel file revealed she did not have training in

The Facility Manager on at 10:39 a.m. confirmed Employee B did not have her required training. They had her scheduled to get her training through an outside vendor but it was cancelled and they have not obtained another training yet.

Class III

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0083-Training - First Aid and ... 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to ensure a completed ... First Aid Course for 1 of 3 sampled employees , Employee B.

The findings include:

Employee B, a caregiver who assisted with medication administration was hired on ... She was on the schedule listed as working alone in the facility at times. Review of her employee personnel file revealed she did not have training in First Aid .

The Facility Manager on ... at 10:39 a.m. confirmed Employee B did not have a current First Aid card.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and staff interview, the facility failed to ensure staff received in-service for assistance with self-administration training for 1 of 3 sampled employees , Employee C.

The findings include:

Employee C was hired on ... and assisted with self-administration of medications. She had the 4 hour training on assistance with self-administration of medications on ... Review of her employee record did not reveal the 2 hour update for assistance with self-administration of medication.
The Facility Manager on ... at 10:39 a.m. confirmed Employee C did not have this update.

Class III

0090-Training - ... 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure staff received in-service training on ... for 2 of 3 sampled employees , Employee ... Employee C.

The findings include:

Employee B, a caregiver who assisted with medication administration was hired on ... Review of her employee personnel file revealed she did not have training in ...
Employee C, hired on ... also did not have evidence of ... in her file.

The Facility Manager on ... at 10:39 a.m. confirmed Employee B and Employee C did not have her required training. They had her scheduled to get her training through an outside vendor but it was cancelled and they have not obtained another training yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Sarah House II
1724 Valencia Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on .2014 by a representative 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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