STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	02/05/2014
NAME OF PROVIDER OR SUPPLIER **Southern Lifestyle Alf Of Lake Placid**	STREET ADDRESS, CITY, STATE, ZIP CODE **1297 Us 27 North Lake Placid, FL 33852**	
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 - 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 - 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
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change in ownership (CHOW) with limited nursing services (LNS) was conducted on in conjunction with a complaint survey, CCR# 2014000087.

The Southern Lifestyle Assisted Living Facility of Lake Placid had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interviews and record reviews, the facility failed to document incidents and the followup care provided in the resident's records for 3 (Residents #6, #7, and #8) of 5 residents sampled for record review.

Findings include:

Review of the facility's internal reports revealed that Resident #6 was found on the floor in the . No injuries were found, but emergency medical services ( ) was called to help the resident off the floor. Review of the Resident #6's facility record revealed that there was no documentation about the incident.
Review of the facility's internal report dated / at 7:00pm revealed that Resident #7 eloped from the facility. He was found walking down the highway. Staff (I) went to get the resident in her car. The sheriff's department and had been called. The resident had on his forehead and nose. He also had a black eye. He was transported back to the facility. The report also indicated that the resident was going to be put in memory lane (secure unit).
Resident #6 also had another internal report dated / at 11:37pm that indicated that the resident was found on the floor outside of his . He had a on his left leg and a on his nose. The was cleaned and bandaged. He was placed in memory lane.
Review of Resident #7's facility record revealed that there was no documentation about the elopement or the . The last entry in the resident observation logs was dated which indicated that the resident already had a large noted on his left and upper and lateral thigh.
Phone interview with Staff (I) on at approximately 2:20pm revealed that when she got the resident back

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to the facility, after the elopement, she put him on 30 minute checks because he wandered off the facility and because he l. She also put him in memory lane until later that night. When they were slow and someone was at the front desk, they brought him back to his (regular) continued the 30 minute checks on him. He was in bed every time she checked him at the 30 minute checks. Staff (I) left at 11:00pm.
Even though there was an interview with Staff I concerning Resident #7's care after the elopement, the lack of documentation in Resident #7's record made it difficult to verify the care and supervision that was provided for the resident after he was returned to the facility. There was no documentation to explain why and at what time the resident went back to his the unsecured portion of the facility.
Review of the facility's internal report for Resident #8 dated revealed that the resident was found on the floor and she had a red on the left side of her head. Review of Resident #8's facility record revealed that there was no documentation concerning the resident's . The last entry in the resident observation log was .

In the interview with the administrator on at approximately 8:10pm, she verbalized understanding of the need for documentation.

Class III

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

Based on record review and interview, the facility failed to ensure that all staff had documentation of freedom from communicable and an annual documentation of freedom from for 1 (Staff C) of 3 staff members sampled for employee review.

Findings include:

Review of Staff C's employee record revealed that her date of hire was l. There was no documentation of freedom from communicable and she had no documentation of freedom from in 2013.
In the interview with the administrator on at approximately 5:00pm, she acknowledged the lack of documentation.

Class III

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

Based on record reviews and interview, the facility failed to provide proper documentation as proof that staff had received the required in-service training within 30 days of hire for 3 (Staff A, B, and C) of 3 staff members sampled for employee review.

Findings include:

Review of Staff A's employee record revealed that her date of hire was l. There was a certificate of completion for Staff A that was signed by the administrator on for training that was completed .
Review of Staff B's employee record revealed that her date of hire was . There was a certificate of completion for Staff B that was signed by the administrator on for training that was completed .
Review of Staff C's employee record revealed that her date of hire was l. There was a certificate of

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completion for Staff C that was signed by the administrator on for training that was completed . The certificates of completion for Staff A, B, and C included 1 hour of in-service each for resident rights and , food safety/food handling, control, activities of daily living (ADLs), major incidents and emergencies. There was also no documentation of a 1 hour in-service for elopement. There were no other certificates for these in-services in Staff A, B, and C's employee records.
Interview with the administrator on at approximately 5:00pm revealed that she took over the facility in . The previous owners had trained the staff but did not provide certificates so she made certificates. She stated it was what she was asked to do after a previous survey. The training paperwork was taken by the old owners. She acknowledged that there was no proof that the training was completed.

Class III

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

Based on record reviews and interview, the facility failed to ensure that all staff had documentation of completion of a course in / (/) within 30 days of hire for 3 (Staff A, B, and C) of 3 employees sampled for employee review.

Findings include:

Review of employee records revealed the following dates of hire: Staff A on , Staff B on , and Staff C on .
Review of the certifications of completion for Staff A, B, and C revealed that training was listed and the certificate was dated the same as their date of hire. However, the certificates were signed by the current administrator on for Staff A, on for Staff B, and on for Staff C.
In the interview with the administrator on at approximately 5:00pm, she stated that she took over the facility in . The previous owners had trained the staff but did not provide certificates so she made certificates. She stated it was what she was asked to do after a previous survey. The training paperwork was taken by the old owners. She acknowledged that there was no proof that the training was completed.

Class III

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

Based on observations, record reviews, and interviews, the facility failed to ensure that all staff who assist residents with self-administered medications completed the required annual update training for 2 (Staff B and D) of 6 medication technicians sampled.

Findings include:

Interview with the administrator on at approximately 5:00pm revealed that Staff D assisted residents with medications on the night shift.

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Interview with Staff B on at approximately 5:35pm revealed that the day of the survey, she had assisted residents with their medications that were scheduled for 4:00pm and 5:00pm.
Review of Staff B's employee record revealed that she had completed a 4 hour training on providing assistance with self-administered medications on . **There was no 2014 annual update in the record.**
Review of Staff D's employee record revealed that she had also completed the 4 hour training on providing assistance with self-administered medications on and had no annual update.
Also, in the interview with the administrator on at approximately 5:00pm, she reported that Staff B and D would be trained by the pharmacy.
Observation of the facility's front common area on at approximately 8:10pm revealed Staff B was providing a resident with medications so that the resident could take it. The administrator explained to Staff B that another med tech would do the medications because her training was expired.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all staff completed a 1 hour in-service training on ( ) within 30 days of hire for 3 (Staff A, B, and C) of 3 staff members sampled for employee review.

Findings include:

Review of the employee records revealed the following hire dates: Staff A - , Staff B - , and Staff C - .
Further review of the employee records for Staff A, B, and C revealed that there was no documentation of training.
In the interview with the administrator on at approximately 5:00pm, she acknowledged the lack of documentation for the training.

Class III

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

Based on record review and interview, the facility failed to maintain a log for food items that were substituted on the residents' menu.

Findings include:

Review of the facility's substitution log revealed that the last entry was .
In the interview with the dietary manager on at approximately 12:30pm, he stated that there was no excuse for why the substitution log was not updated, but it is not updated because there are things that need to be changed on the menu. There are green beans or broccoli on the menu, 2 or 3 days in a row.

Class III

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0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interviews, the facility failed to submit an adverse incident within 1 business day regarding the elopement of 1 (Resident #7) of 1 residents sampled.

Findings include:

Review of Resident #7's health assessment, Form 1823 dated indicated the resident had and was oriented to person (self) only.
Review of the facility's internal report for Resident #7 dated // at 7pm revealed that Staff I's son contacted her and let her know that a resident was walking down the highway. She went to pick up the resident in her car. When she got there, law enforcement was with the resident. They called emergency medical services ( ) to check him out. personnel stated the resident was okay. He had an on his forehead and nose. He also had a black eye. He was transported back to the facility. The resident was to be placed in the facility's secure unit.
Phone interview with Staff I on at approximately 2:20pm revealed that her verbal account of the incident was the same as the internal report.
Interview with the administrator on at approximately 8:10pm revealed that she was unaware that an adverse incident report needed to be done for the elopement.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on observations, interviews, record reviews, the facility failed to obtain a health care provider's order for management for 1 (Resident #5) of 3 sampled residents and failed to ensure that limited nursing services were conducted and supervised for management by licensed staff for 2 (Residents #5 and #6) of 3 sampled residents.

Findings include:

A record review conducted on for Resident #5 revealed that the facility failed to obtain an medical order for the administration and regulation of portable and to maintain a copy of the order in resident's file.
Review of the Resident #5's health assessment, Form 1823 dated did not indicate the need for management nor list as a current medication. On , the facility provided a durable medical equipment order stamped // that was signed by an advanced registered nurse practitioner for an concentrator. However, an order for the flow rate, hours of usage and delivery method were not provided.
The observation of Resident #5 in the secure memory care unit on at approximately 4:30pm revealed the resident was sitting at a table without , performing the singular task of moving a . Resident was not communicative and did not respond to simple questions or acknowledge the surveyor presence.
Interview conducted with Staff G and H on at approximately 4:30 PM revealed that Resident #5 is

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unable to apply her nasal cannula and operate equipment without assistance from unlicensed staff. Interview conducted with Staff B on at approximately 5:35 PM confirmed that Resident #5 needs assistance with management and that unlicensed staff assisted the resident with placing her nasal cannula on and off her face and operated her machine. She also reported that Resident #6 also required staff (unlicensed) to assist with her .
Record review for Resident #6 revealed an order dated for at 2-3 liters/minute as needed for .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Southern Lifestyle ALF of Lake Placid
1297 Us 27 North
Lake Placid, FL 33852

Dear Administrator:

Re: **CCR# 2014000087** & CHOW with LNS

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies that were identified relative to the CHOW survey with LNS. 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

Enclosures: State (5000-3547) Forms

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