STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968283	03/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patty's House 4, Llc	2805 Jerry Smith Rd Dover, FL 33527	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0003 - 58a-5.014 Fac - Licensure - Change Of Ownership (chow) S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Amended

A change of ownership (CHOW) state licensure survey was conducted on .

The Patty's House 4, LLC, assisted living facility, had deficiencies at the time of the visit.

Tag AZ815 was changed to A0161 on .

0003-Licensure - Change of Ownership (CHOW) 58A-5.014 FAC

Based upon interview and review of 2 resident records, there was not documented verification that residents were provided notice of a change of facility ownership.

Findings include:

A review of the records for residents #1 & 3 revealed no documentation of being provided notice of change of ownership within 7days of after receipt of new license dated / . The facility staff during interview stated the notice was provided to residents although they did not have a written copy of the notice available for review.
429.12 F.S.

Class

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0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review and staff interview, the resident health assessment (1823) was not updated for 1 (#1) of 2 residents reviewed after a change in condition.

Findings include:

A review of the health assessment for resident #1 admitted on revealed the health assessment on file dated no longer matched the residents current level of functioning. Since that time (/) the resident has had a decline in health status and was admitted under Hospice care in addition to suffering a hip . Per staff interviewed at about 12:30pm, the resident is on a pureed diet with thickened liquids and is weak. The resident also (per Hospice Care notes) has a pressure .

The 1823 for resident #1 also indicated that the resident requires the administration of medications. This facility does not employ the services of a licensed nurse, only un-licensed direct care staff that attend the medication training course are supervising residents medications.

During interview with the facility manager at about 4pm, she acknowledged that the residents status has changed since admission and a new health assessment should be done.

Class III

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

Based upon record review and staff interview, the facility failed to maintain documentation in the record for 1 (#1) of 2 residents reviewed.

Findings include:

During a record review and staff interview, it learned that on / resident #1 in the evening. After complaining of pain the following day the resident was sent out for x-rays & . It was determined that the resident suffered a hip . A review of the record revealed a progress note on file only stating the resident " returned from ER for hip pain -has a of right hip". There was nothing pertaining to the residents , status concerning injuries or indications the resident was monitored subsequent to the . The staff interviewed about 1:30pm indicated she thought there was more information documented.

This resident also had a pressure on the area per staff interviews (12:30 approx.) which Hospice Care is treating 3 times weekly. The facility record for this resident also did not include any documentation pertaining to the pressure although it was reported that staff are repositioning the resident. The facility had no knowledge of the stage of the pressure or if it were improving.

Class III

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0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based upon interview the facility did not have Elopement Response Policies and Procedures.

Findings include:

During the visit of when asked if the facility had written elopement procedures the facility manager stated (3:30pm) they did not.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based upon record review the facility did not employ the services of a licensed nurse for 1 (#1) of 2 residents reviewed requiring the administration of medications.

Findings include:

A review of the health assessment (1823) for resident #1 revealed this assessment dated indicated the physician had ordered this resident to have her medications administered.

The facility does not employ the services of a licensed nurse to administered residents medications. The facility has unlicensed staff members who are trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based upon observation, the facility was storing medications that had been transferred from their original labeled containers by someone other than a licensed pharmacist for 1 of 5 residents reviewed (#3).

Findings include:

During the survey of , and during staff interview (10:15am) it was learned that the dependant resident in the facility (#3) had a home health care agency coming in to monitor her for her & sugar checks. Also it was stated that the home health care agency fills the syringes for the resident to take at prescribed times at a later date.

The staff showed the surveyor 5 plastic bags stored in the facility refrigerator each labeled with various amounts of (4 syringes-4 units, 3 syringes- 8 units, 5 syringes-6 units, 5 syringes- 2 units, & 2 syringes 25 units). The containers on hand were labeled Lantus 25u every bedtime; -sliding scale, inject 120-0 U, 120-150 U, 150- 4 U.

The staff person further said that the residents had always been done this way (with home health care pre-filling the syringes) so she was not aware this was a problem.

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During telephone call to the home health care agency (3:15pm), the LPN case manager was informed that the facility cannot be storing pre-filled syringes from the home health care nurses. She said she will take care of this immediately and fix the problem.

Class III

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

Based upon record review, 2 (staff B & C) of 2 personnel records reviewed did not contain documentation of freedom from communicable , including within 30 days of employment.

Findings include:

1. A review of the personnel record of staff B, who has been employed over 6 months (per facility manager) revealed no documentation of freedom from communicable including .

2. A review of the personnel record for staff C (also employed for over 6 months per facility manager)revealed no documentation of freedom from communicable . Although a test was on file, the bottom portion of the form attesting to freedom from communicable was left blank & not signed off by a health care provider.

Class III

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

Based upon record review and staff interview, 2 (B & C) of 3 personnel records reviewed did not include proof of training in the facility Elopement Response Policy & Procedures.

Findings include:

A review of the personnel records for direct care staff B & C revealed no documented evidence on file of training in the facility elopement response policy & procedures. According to the facility manager both staff have been employed for over 6 months (no hire dates on file). The manager stated the facility did not have written policies and procedures related to resident elopement (3:30pm).

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon review of personnel records and staff schedules, one staff (staff C) file did not contain documentation of certification in 1st Aid.

Findings include:

A review of the personnel record for staff C who works the 11pm through 7am shift revealed no documentation of

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having current 1st Aid certification.

Class III

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

A. Based upon observation, record review and staff interview, 1 (#1) of 2 residents reviewed who required therapeutic/ mechanically altered diets did not have physicians orders on file pertaining to a pureed diet & thickened liquids.

Findings include:

A review of the record for resident #1 on revealed that the residents health assessment dated reflected the resident was on a "soft, small bites" diet.

During observation of the noon meal prepared for the resident & interview with the staff assisting the resident, staff stated the resident now receives a pureed diet with thickened liquids.

The prepared meal consisted of food items that were pureed texture. The liquids prepared had been thickened to a honey or pudding consistency.

According to the staff assisting the resident (1pm), the resident has been on the pureed diet & thickened liquids since the residents decline. She indicated that the instructions for a pureed diet with thickened liquids were ordered by Hospice.

There were no orders on file in the resident records concerning the change in diet for this resident.

B. Based upon a review of the facility menus and staff interview, the facility did not maintain a copy of the license of the individual who reviewed and approved the facility menus.

Findings include:

1. A review on of the facility menus revealed they were approved and reviewed on by a person who noted their RD, LD license number on the menus, however the facility did not maintain a copy of this persons license on file.

Staff acknowledged that the copy of the dietitians license was probably at the other facility (about 11am).

C. Based upon observation and staff interview the facility did not maintain a 3-day supply of non-perishable food on hand at all times.

Findings include:

A review of the facility non-perishable food supply on at approximately 10:30 am revealed that there was not any source of dairy or provisions for water for drinking & food preparation.

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Management staff verified she did not have any dairy or water for the emergency/non-perishable food supply.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based upon record review, the facility failed to ensure that an up-to-date record of major incidents occurring within the last 2 years was maintained for 1 (#1) of 2 resident records reviewed.

Findings include:

According to staff interview (about 12:15pm,) and record review, resident #1 in her . The resident was sent to the ER the following day after the resident complained of hip pain. As a result of the diagnostics it was determined the resident had a right hip .

The facility did not complete an incident report for this resident, nor was there any other documentation noted on file concerning the , description, witness, nature of injury, cause if known, action taken, description of medical or other services provided and by whom the services were provided and steps taken to prevent recurrence.

The only documentation on file in the residents record were " resident back from ER-sent this am for right hip pain-has a to right hip".

During interview (about 12:15pm), management staff said she wasn't on duty when resident .

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based upon record review 1 (B) of 3 personnel records did not include evidence of Level 2 background screening.

Findings include:

A review of the personnel record for staff B, a direct care staff who works the 4pm to 11pm shift, revealed there was not any documentation of Level 2 background screening on file.

The personnel record also did not contain the employees date of hire. When management staff was asked (about 3pm) when staff B was hired she responded the staff has been employed about 6 months.

Class III

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

Based upon record review and staff interview, the facility failed to ensure that a Day 1 & Day 15 report was filed for a qualifying event for 1 (#1) of 5 residents.

Findings include:

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1. A review of the record for resident #1 revealed that the resident had a x-ray dated with results showing an "acute subcapital involving the right hip".

According to interview with management staff at approx. 12:15 p.m., it was said that the resident was standing in her she lost her balance & while attempting to turn around.

The Hospice notes on file also confirmed the resident on , complained of hip pain and .

The facility manager stated that an adverse incident was not completed because she assumed it was the responsibility of Hospice Care.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Patty's House 4, LLC
2805 Jerry Smith Rd
Dover, FL 33527

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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