STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966197	03/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eden Manor	5047 Clarcona Ocoee Road Orlando, FL 32810	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= B
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= B
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 - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
The re-licensure survey was conducted on .

Eden Manor Assisted Living Facility had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on the activity calendars, contract reviews and interviews the facility failed to provide activities at least 6 days a week.

Findings:

Review of the Activity calendar revealed that it noted for the week of on and were free days and the week of on and were free days. Further observations of the calendar revealed that on the free days there was no activities scheduled and the activities were only scheduled for 5 days during those weeks. Record review for resident #1 and #2 revealed their contracts noted activities were provided at least five days a week for a total of not less than 10 hours each week.

During an interview with the administrator on at approximately 1 PM, she stated she was not aware that the activities were only 5 days on some weeks; she stated she would

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change the schedule and the contracts.

Class

0054-Medication - Records 58A-5.0185(5) FAC
Based on Medication Observation Record and interview the facility did not maintain an accurate and up-to-date daily medication observation records (MORs) for 3 of 4 sampled residents (#1, #4 and #5) who received assistance with self-administration of medications.

Findings:

Review of the Medication Observations Records (MORs) for for residents #1, #4 and #5 revealed that they received assistance with the self-administration of their Medications. Further observations revealed the following:

The MOR for for resident #1 noted he was to be given 100 milligrams (mg) 1 at bedtime, 20 mg 1 daily, Sulfa 325 1 daily, n/HCTZ 100-12.5, 30 mg one at bed time, Ocuvite preservision 1 daily and Centrum Silver 1 daily. Further review of the MOR revealed that the medications were not marked as given on all of the spaces were left blank and there was no documentation on the MOR as to whether or not the medications were provided.

The MOR for for resident #4 noted 1 daily, 20 mg 1 daily, 100 mg 1 daily, 4.6 mg/24 hour patch apply 1 patch daily, 0.05 mg 1 daily, CI ER 20 MEQ 1 daily, 20 mg 1 daily all were left blank on 0.25 mg 1 tablet in the morning and 2 tablets in the evening was left blank on in the AM and PM, in the PM, in the AM and in the AM. 600 mg 1 twice a day after meals breakfast and supper left blank on in the AM and PM and on both in the AM. The spaces were left blank and there was no documentation on the MOR as to whether or not the medications were provided.

The MOR for for resident #5 noted Lumigan 0.01% eye drops place 1 drop in both eyes at bedtime, 20 mg 1 1/2 hour before breakfast and before dinner, 1 daily, 500 mg 1 twice daily, 10 mg 1 at bedtime were all left blank on

During an interview with the administrator on at approximately 3 PM, she stated the residents received their medications and the MORs were not updated as required. She

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confirmed the spaces were left blank and there was no documentation on the MOR as to whether or not the medications were provided.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on medication observation, record review and interview the facility had no documentation to confirm that every reasonable effort was made to ensure that prescriptions were filled or refilled in a timely manner for 1 of 5 sampled residents who received assistance with self-administration of medications (#1, #2 and #3) and did not obtain an order to discontinue a medication for 1 of 5 sampled residents (#4).

Findings:

During Resident Interviews it was revealed that on some days residents did not receive their medications.

1. Review of the Medication Observation Records (MORS) for resident #1 revealed that there were no initials in the space to indicate that the medication was given. The spaces were left blank for 30 mg one at bedtime on

2. Review of the MOR For resident #2 revealed there were no initials in the spaces to indicate that the medication was given. The spaces were left blank for Patch 9.5 mg/24 hours on 3/3, 3/4, 3/5 and 0.5 mg 1 daily on 3/4 and 3/5.

3. Review of the MOR for resident #3 revealed there were no initials in the spaces to indicate that the medication was given. The spaces were left blank for 200 mg 1 daily for pain on through

4. Review of the MOR for resident #4 revealed there were no initials in the spaces to indicate that the medication was given. The spaces were left blank for 25 mg 1/2 in the morning on 1/9 through

Further review of the MORs revealed that there was no documentation anywhere on the MORs as to whether or not the residents received their medications.

During an interview with the administrator on at approximately 1:45 PM she stated there were issues with residents #1 and #3 medical insurance. She stated she had been

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trying to get it straightened out so that they could get their prescriptions filled. She further stated resident #2's son would bring her medications to the facility because he did not use the facility's pharmacy and would bring it in after the medications had run out. She explained for resident #4 she thought that the medications were discontinued.

Record review for residents #1, 2 and #3 revealed that there was no documentation in their records that indicated the facility staff that made a reasonable effort to obtain their medications in a timely manner. Record review for resident #4 revealed that there was no order to discontinue the medication found in her record.

During an interview with the administrator on at approximately 2 PM, she stated she tried to obtain the residents medication in a timely manner and she did not document her efforts in the chart. She reviewed the record of resident #4 and stated that there was no order to discontinue found in the record.

Class III

007(58A-5.0186 FAC

Based on record review and interview the facility failed to have accurate written policies and procedures, which delineate its position with respect to state laws and rules relative to

Findings:

Review of the Facility's Policy and Procedure included in the records of residents #1 and #2 revealed the policy did not include the required documentation to be given to the resident's or their representative at the time of admission. The Policy and Procedure did not include the following:

A policy that indicated that Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:
(a) In the event a resident experiences staff trained in or a licensed health care provider present in the facility, may withhold
(b) In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

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The administrator reviewed the Policy and procedure and stated on at approximately 3:30 PM that all of the requirements were not noted as required.

Class

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on review of the facility locator website and interview the facility failed to notify the Agency's Central Office within ten days of a change in a facility administrator.

Findings:

During an interview with Staff A (owner/administrator) on at approximately 4 PM, she stated that she was now the administrator of the facility.

Review of the facility locator website was conducted prior to visiting the facility and her name was not listed as the administrator.

Staff A explained at the time that she had been the administrator since and had not notified the Agency's Central office regarding the change as required.

Class

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review, personnel record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications with parameters to 1 of 4 sampled residents (#4) who was and failed to ensure that 2 of 2 sampled staff (A and B) had obtained verification of freedom from communicable including

Findings:

1. During an interview with Staff B on at approximately 9:30 AM, she stated she assisted the residents with the self-administration of their medications.
Review of the and Medication Observation Records for resident #4 revealed 0.1 mg dissolve 1 tablet under tongue every 12 hours as needed for The staff had marked the MORs as given in the AM on 12/5, and

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in the PM on 12/3, 7, 8, 9,10,14,15,16,18, 21 and 22 on 1/11 through in the AM and through in the PM. The. MORs for and did not have initials

Record review for resident #4 revealed a physician's order that was dated and noted 0.1 mg 1 under the tongue daily PRN (as needed) for (B/P) greater than

During an interview with the administrator on at approximately 1:30 PM she stated Staff B was a Certified Nursing Assistant (CNA) and took the resident's and gave her the medications as needed. She provided a sheet that had results noted on them with the dates, however there was no way to determine whether the were taken in the AM or the PM.

During an Interview with Staff B an unlicensed staff on at approximately 2 PM she stated that she did take resident #4's and held the medications when the were lower than the health care provider ordered.

During an interview with the administrator/owner at the time, she stated she was not aware that unlicensed staff could not give resident's medications with parameters. The unlicensed staff was administering medications with parameters which required a nursing judgment to determine when to hold and give medications.

During Personnel record review it was revealed that there was no evidence Staff B had received the 4 hours medication training as required.

2. Personnel record review for Staff A (administrator) hired in 2004 and Staff B hired in revealed that there was no documentation to confirm that they were free from communicable including

During an interview with Staff A on at approximately 2:15 PM she stated she had a communicable statement and could not locate it for herself and she had not taken a test. She stated she had not obtained the freedom from Communicable and statement from Staff B.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 2

sampled staff (B) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff B revealed she was hired in [redacted] and the following training was not received until [redacted] (more than 30 days):

1. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
2. Resident rights in an assisted living facility.
3. Recognizing and reporting resident [redacted] neglect, and
4. Facility's resident elopement response policies and procedures
5. Safe food handling practices.

During an interview with the Administrator on [redacted] at approximately 2:30 PM, she stated that Staff B did not receive the training within 30 days of hire as required.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (D) had obtained the required [redacted] and [redacted] training within 30 days of employment.

Findings:

Personnel record review for Staff B revealed she was hired in [redacted] Personnel record review revealed that she did not receive her [redacted] and [redacted] training until [redacted] (more than 30 days).

During an interview with the Administrator on [redacted] at approximately 2:30 PM, she stated that Staff B did not receive the training within 30 days of hire as required.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility had no evidence to confirm 2 of 2 sampled unlicensed staff (A and B), who provided assistance with the resident's medications

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received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

During an interview with that administrator on [redacted] at approximately 10 AM, she stated that she and staff B were the only employees that worked at the facility and they both assisted with the self-administration of medication.

During an interview with Staff B on [redacted] at approximately 10:45 AM, she stated she assisted with the self-administration of medication.

Review of the Medication Observations Records (MORs) revealed that both Staff A and B's initials were on the MORs for the residents as indication that they assisted them with their medications.

Personnel record review for Staff A and B revealed that there was no documentation to confirm that they had received the initial 4 Hour training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

During an interview with the administrator (staff A) on [redacted] at approximately 3 PM, she stated she had received the 4 hour training and the documentation of the training was not in her file. There was no documentation to confirm that she had obtained annually the 2 hour continuing education medication training. She stated that she thought Staff B had previously received the training from another facility and she did not have any documentation to confirm that she had received it in her file.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on review of personnel files and interview the administrator who was responsible for the facility's food service and the day-to-day supervision of food service staff failed to obtain a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

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Findings:

During an interview with the Administrator on [redacted] at approximately 2 PM she stated she was responsible for the facility's food service.

Personnel record review for Staff A (the administrator) revealed that there was no documentation to confirm that she had obtained a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an ALF.

During an interview with the administrator on [redacted] at approximately 2:30 PM, she stated she had not obtained the training as required.

Class III

0090-Training - [redacted] 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to have evidence that 1 of 2 sampled staff (B) had at least one hour of training in the [redacted] facility's policies and procedures within 30 days of employment.

Findings:

Personnel record review for Staff B revealed she was hired in [redacted]. Personnel record review revealed that she did not receive her [redacted] training until [redacted] (more than 30 days).

During an interview with the Administrator on [redacted] at approximately 2:30 PM, she stated that Staff B did not receive the training within 30 days of hire as required.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and [redacted] of residents, other than those specified in the Resident Bill of Rights for 2 of 2 sampled residents (#1 and #2).

Findings:

Resident record review including contracts for residents #1 and #2 revealed their contracts did not include a statement to inform the residents or responsible party that all residents must

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be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first.

During an interview with the administrator/owner stated on [redacted] at approximately 11 AM she stated the contracts did not include the above information.

Class [redacted]

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure that 1 of 2 sampled staff (B) was in compliance with the Level II background screening requirements before she was allowed to provide professional care to the residents of the facility.

Findings:

During an interview with the administrator on [redacted] at approximately 2:15 PM she stated Staff B was hired sometime in [redacted] and had been providing care to the residents since her hire date.

Personnel record review for Staff B revealed that there was no documentation to confirm that she was in compliance with the Level II background screening requirements.

During a telephone interview with a representative from the agency's background screening unit on [redacted] at approximately 2:35 PM she stated that Staff B's Level II screening results were not complete until [redacted] She further stated that Staff B started working at the facility prior to her completing and being in compliance with the Level II background screening.

During an interview with the Administrator on [redacted] at approximately 2:45 PM, she stated that Staff B did begin employment without having her Level II background screening results.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Eden Manor
5047 Clarcona Ocoee Road
Orlando, FL 32810

Dear Administrator:

Re: Biennial

This letter reports the findings of a 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 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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