STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964843	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Our Family & Friends	850 A Oakridge Road St FL 32086	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin 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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators 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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And 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

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey was conducted on . Our family & friends had Licensure deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interview, the facility failed to provide an ongoing activities program which was comprised of at least 12 hours of activities per week. This all 6 of the facility's residents.

The findings include:

A review of the activities calendar for 2014 revealed that time frames were not noted for scheduled activities. It was not possible to tell how many hours per week the facility was scheduling activities. No other documentation was available for review. No activities were observed during the course of the survey.

An interview with the Programs Coordinator at approximately 12:45 p.m. revealed that times were not documented on the calendar.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, staff interview and record review the facility failed to limit the use of physical to half -bed rails which resulted in violation of resident rights for one resident (#6) out of 6 sampled residents.

The findings include:

A biennial survey was conducted on at 6:00 a.m. Upon initial tour of the facility it was observed that Resident #6 was in her bed asleep. The bed had full- size bed rails on both sides of the bed. The bed was not in the lowest position. At approximately 6:25 am, Resident #6 was heard to call out to the staff from her bed. The

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staff went into her assist her.

Interview with Resident #6 on at 9:45am revealed she was aware that there were full bed rails on her bed. She indicated she could not get out of bed on her own when the rails were up and she has to call the staff to assist her when she wants to get up.

An interview with the facility manager at 10:15 am revealed that she acknowledged that Resident #6 had full bed rails on her bed. She stated that the resident ' s physician had ordered them for her safety and she did not clarification of half or full side rails. She stated that the rails were not really necessary and could be taken off the bed.

Review of the medical record for Resident #6 revealed a physician's order dated that read: " Patient needs Hospital bed with bed rails up for safety all times due to old and "

Further review of the resident's medical record revealed on the Residend Health Assessment under the diagnoses section that the resident's diagnoses do not include

Class II

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and staff interview, the facility failed to assess residents for risk of elopement; develop and implement policies and procedures for elopement response, and conduct drills for elopements.

The findings include:

A biennial survey was conducted on at 6:00 am. Upon review of the facility admission packet for 2 residents, (Resident #3 & #6) it was revealed that the facility admission packet did not address elopement of residents from the facility. The records did not contain an assessment of elopement risk for Resident #3 or Resident #6.

An interview with the facility manager at 10:30 am revealed that she admitted they do not have a policy and procedure for elopement of residents from the facility. She stated that the facility does not assess the residents for elopement risk. She stated that the facility does not conduct elopement drills. She stated she did not know that elopement drills were required and inquired as to how often they needed to be done.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and interview, the facility failed to provide assistance with self-administration of medications as prescribed for 1 of 3 sampled residents. (Resident #6)

The findings include:

A review of Resident #6's Medication Observation Record (MOR) revealed that her Norco was scheduled at 8:00

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a.m., 8:00 p.m., and every 4 hours as needed for pain. It was being signed off daily at 8:00 a.m. and 8:00 p.m.

A review of Resident #6's physician's orders revealed that Norco was ordered every AM and every PM as well as every 4 hours as needed for pain.

An observation of assistance with medication administration on ..... revealed that Norco was provided for Resident #6 at 6:30 a.m.

An interview with Employee A at approximately 7:00 a.m. revealed that she was aware that she could begin assisting with self-administration of medication no more than one hour prior to the time the medication was scheduled. She acknowledged that she provided the medication "too early", and stated that she meant to change the times of administration to better meet Resident #6's needs.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview, the facility failed to ensure that medication administration was provided by a staff member who was licensed to administer medications and who was available to administer medications in accordance with a health care provider's order, for 1 of 3 sampled residents. (Resident #3)

The findings include:

A review of Resident #3's most recent health assessment (AHCA Form 1823) revealed that Resident #3's health care provider determined that she required administration of medication.

An observation of medication pass for Resident # 3 at approximately 8:20 a.m. revealed that an unlicensed staff member (Employee A) administered Resident #3's medications. Employee A went into Resident #3's med pass and was observed placing the medication into Resident #3's mouth. Resident #3 did not respond or open her eyes.

An interview with Employee A at approximately 8:30 a.m. revealed that she was unaware that Resident #3 required administration of medication. Employee A confirmed that the facility did not employ licensed staff, and stated that she would follow up with Resident #3's physician.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview, the facility failed to contact the health care provider to request revised instructions to include limitations for as needed medications for 1 out of 3 sampled residents (Resident #6) observed during medication pass.

The findings include:

1) A review of Resident #6's medication observation record (MOR) revealed that her Norco was scheduled at 8:00 a.m., 8:00 p.m., and every 4 hours as needed for pain. Norco was not signed as being given as needed.

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2) A review of Resident #6's physician's orders revealed that Norco was ordered every AM and every PM as well as every 4 hours as needed for pain.

An interview with Employee A at approximately 7:00 a.m. revealed that the resident never asked for Norco other than the 8AM and 8PM doses. She confirmed the label read "every four hours as needed for pain". She confirmed that all staff assisting with self-administration with medication were not licensed staff. The label did not specify limitations or specifics for the use of as needed medication.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility failed to ensure that an Administrator who supervised more than one facility appointed in writing a separate "manager" for each facility who must complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. The facility also failed to ensure that documentation confirming that the administrator successfully passed the core exam was kept on file for review.

The findings include:

A biennial re-licensure survey was conducted on , and upon entry to the facility, Employee A introduced herself as the facility manager.

1) A review of Employee A's personnel file revealed that there was no written documentation designating her as the facility's manager. No related documentation was observed posted within the facility. When asked whether she was familiar with documentation of that nature at approximately 9:00 a.m., on she replied that she was unaware of any written documentation appointing her as the facility manager. When asked whether she had completed core training and passed the required core exam, Employee A confirmed that she had not completed core training.

An interview with Employee A's supervisor, the Programs Coordinator, at approximately 9:25 a.m. confirmed that Employee A was the facility's manager. When the Programs Coordinator was asked for written documentation appointing Employee A as the facility's manager, the Programs Coordinator replied that there was no such documentation, however, she would obtain the documentation that day.

2) A review of the administrator's personnel file revealed that there was no documentation available for review which confirmed that the administrator successfully passed the core exam.

An interview with the Programs Coordinator at approximately 9:05 a.m. regarding documentation confirming the administrator's having passed the core exam revealed that she was unaware that the documentation was not in his file. She looked through the administrator's personnel file, but was unable to find any documentation.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a healthcare provider within 30 days of hire that confirmed that they were free from signs and symptoms of communicable including for 4 of 4 sampled employees. (Employees A, B, C and D)

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The facility also failed to ensure that freedom from was documented on an annual basis for 1 of 4 sampled employees. (Employee D)

The findings include:

A review of the personnel files for Employees A, B, C and D on revealed they were all hired more than 30 days from date of survey. There was no documentation of freedom from communicable including signed by a healthcare provider for any employee.

A review of the personnel file for Employee D revealed that the most recent documentation of freedom from was dated

An interview with the Programs Coordinator at approximately 12:20 p.m. revealed that she was unfamiliar with the requirement related to freedom from communicable documentation. She stated that the employees had only been screened for She stated that she was aware that screening had to be completed annually.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview, the facility failed to ensure that staff who provided direct care to residents received the required education/training within 30 days of hire for 3 of 4 sampled employees. (Employee A, B and C)

The findings include:

A review of the personnel files for Employees A, B, and C on revealed the following:

Employee B's personnel file (date of hire contained no documentation of completion of elopement response training, emergency preparedness and evacuation training, or resident rights training.

Employee C's personnel file (date of hire contained no documentation of completion of resident rights training.

An interview with the Programs Coordinator on at approximately 12:15 p.m. revealed that she was unaware that the above-mentioned training was missing. She stated that she would contact the main office in Palatka for copies of the training, and that if they were not located, she would ensure that the training was completed right away. She acknowledged that the training mentioned above should be completed within 30 days of hire.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview, the facility failed to ensure that all facility employees completed a one-time, 2 hour education course related to within 30 days of hire for 3 of 4 sampled employees. (Employees A, B and C)

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The findings include:

A review of the personnel files for Employees A, B and C on revealed that each employee had a certificate located in their file indicating that they each received 2 hours of combined training related to bloodbourne , and , B and C on the same day.

An interview with the Programs Coordinator on at approximately 12:20 p.m. confirmed that the employees had received 2 hours total training related to education on all three topics. The Programs Coordinator stated that she understood that the requirement for 2 hours of education concerning alone was not met based on those education certificates. She stated that she would ensure that the education was completed for a total of 2 hours.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to ensure that an employee who has completed courses in First Aid and , and holds a currently valid card documenting completion of such courses is in the facility at all times for 1 of 4 sampled employees. (Employee A)

The findings include:

A review of the personnel file for Employee A revealed that there was no documentation of completion of training available for review.

An interview with Employee A at approximately 12:30 p.m. revealed that she had current training, however, she was unable to produce evidence of same. When asked, Employee A stated that there were times during which she worked alone at the facility.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview, the facility failed to ensure that the administrator or the person designated by the administrator as responsible for the facility's food service, and the day-to-day supervision of food service staff obtained annually, a minimum of 2 hours of continuing education in topics pertinent to nutrition and food service in an assisted living facility.

The findings include:

A review of the administrator's (Employee D) personnel file revealed that his most recent nutrition and food service training was received on It was a combined 2-hour training class which included food handling, fire safety, elopement, intro to and related training. Prior to that, the most recent 2-hour nutrition and food service training was received by Employee D on

A review of the personnel files for Employees A, B and C revealed that they each received a one-time, one hour training session related to nutrition and safe food handling.

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An interview with the Programs Coordinator at approximately 12:30 p.m. revealed that she was unaware of any employee who had been designated by the administrator as the food service designee.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure that currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days of hire for 1 of 4 sampled employees. (Employee B)

The findings include:

A review of the personnel file for Employee B (date of hire on revealed no documentation of completion of training.

An interview with the Programs Director at approximately 12:20 p.m. revealed that she was unaware that the required training was not in Employee B's file. The Programs Director stated that she would contact the main office in Palatka for a copy of the education, and if necessary, ensure that Employee B received the education right away.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

Administrator
Our Family & Friends
850 A Oakridge Rd.
Saint , FL 32086

Dear Administrator:

This letter reports the findings of a biennial licensure survey conducted on 2014, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000) Form, which indicates there were deficiencies noted during the inspection.

You are hereby directed to provide a written plan of correction to the Jacksonville Field Office for the deficiencies identified during the inspection, within **five calendar days** of receipt of this directed plan of correction (DPOC). The plan should be directed to the attention of Mrs. Jana Meyering, Health Facility Evaluator Supervisor and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Jacksonville Field Office
Attention: Jana Meyering
921 N. Davis Street, Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4201
Fax: (904) 359 - 6054

The inspection resulted in findings of non-compliance in the following areas:

1) A0030- Resident Care- Rights & Facility Procedures- Freedom from - Class II

The Assisted Living Facility failed to limit the use of to half side rails which resulted in violation of Resident #6's rights.

Your plan of correction must include the following:

1) In-service training for all staff regarding use of side rails as allowed in an assisted living facility (Florida Statute 429.41).

2) A plan to conduct an audit of physician's orders to ensure all physician orders specify the type of bed rails orders.

3) A written, detailed plan of how the facility will ensure the safety and supervision of residents regarding assistance with walking and transferring.

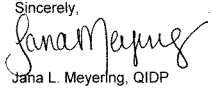
4) Training to all staff and management on Resident Rights, Neglect, and Trainings will be conducted with an outside source that has no ownership or controlling interest in the facility. Training certificates must be dated after

5) Development of a policy and procedure relating to the use of bed rails.

Nothing in this Directed Plan of Correction limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Kimberly Smoak, Survey and Certification Support Branch, at 850-412-4516.

Sincerely,



Jana L. Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/RED/sm