STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967884	05/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orchids Home	2960 Meadows Oaks Dr S Clearwater, FL 33761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0077-Staffing Standards - Administrators-05/06/2014
0091-Training - Documentation & Monitoring-05/06/2014

Revisit Repeat Tags:

0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Specific Tag Findings:

Assisted Living Facility

A revisit to CCR# 2014001679 was conducted from 05/06 - 05/09/2014.

The Orchids Home, assisted living facility, had an uncorrected deficiency at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview and record review, the facility failed to ensure the facility residents were living in an environment free from and with staff fully trained to honor resident rights and recognize and neglect. The facility did not fully comply with a direct plan of correction and failed to have three of three sampled staff re-trained on resident rights and recognizing and neglect.

Findings include:

A review of the facility's prior survey conducted on revealed that the facility was cited under A 30 at a Class II for not honoring the rights of a resident. Employee A, the facility's former administrator, was observed striking one of the facility's residents. The facility was issued a Directed Plan of Correction (DPOC) dated . In the DPOC, the facility was given 10 days to implement a policy and procedure on how to address allegations of by facility staff to residents. The facility was also given 10 days to have all direct care staff re-trained on resident rights and recognizing and neglect. Per the DPOC, the training was to be conducted by a representative of the Department of Elder Affairs or the Department of Children and Families.

During a visit to the facility conducted on , the facility's current administrator was interviewed at 3:15 PM and stated that at this time, the facility felt the incident with the former administrator and the resident "didn't happen" and the facility had not made any new policies. The administrator stated that all direct care staff had completed the required inservice training in resident rights and recognizing and neglect when first hired. .

When interviewed at 3:30 PM on , Employee B stated she provided direct care to the residents and had been employed by the facility since 2009. Employee B stated she had not received any training in the last several months and no recent training on resident rights or recognizing and neglect. Employee B also stated that she was not aware of any written policy on how to handle allegations of to residents.

A review of the personnel record for Employee B revealed that Employee B received training from the former administrator on resident rights and recognizing and neglect on .

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A review of the personnel record for Employee C revealed that Employee C received training on resident rights and resident [redacted] and neglect from the former administrator on [redacted].
When Employee C's personnel file was reviewed, it was revealed that Employee D received training on resident rights and recognizing [redacted] and neglect from the former administrator on [redacted].

Class III

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Orchids Home
2960 Meadows Oaks Dr S
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on 6-9, 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 corrected and the uncorrected deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 Gaufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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