STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cunningham Elderly	2909 Courtland Blvd Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
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= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards 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 - 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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey was conducted at Cunningham Elderly, LLC, in Deltona, Florida on Wednesday, 2014. Deficient practice was identified as a result of the survey.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and staff interview, the facility failed to ensure that a resident met the required minimum criteria in order to be admitted to a facility holding a standard license for 1 (Resident #1) of 3 sampled residents. The facility failed to ensure that the resident did not require 24-hour nursing or supervision.

The findings include:

A review of Resident #1's clinical record revealed that he was admitted to the facility on His health assessment which was dated indicated that Resident #1 required 24-hour nursing and/or care.

A interview with the administrator at approximately 12:15 PM revealed that she was unaware that Resident #1's health assessment indicated that he required 24-hour supervision. She stated that she would address the issue with Resident #1's physician right away.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and staff interview, the facility failed to ensure that scheduled activities were available 6 days per week for a total of not less than 12 hours per week. This potentially three facility residents.

The findings include:

A observation of the activities calendar at approximately 7:00 AM revealed that activities were scheduled on Mondays (Guitar playing), Tuesdays (Wii sports), Thursdays (Karaoke), Fridays (Movies) and

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Saturdays (Exercise). (Photo obtained) There were no times listed on the calendar to indicate whether the facility was meeting the requirement of 12 hours, and the activities were not provided at least 6 days per week.

A [redacted] interview with Employee B at 7:20 AM regarding activities confirmed that activities were offered 5 days a week, and that no times were documented on the activities calendar to indicate that the requirement was met.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview, the facility failed to ensure that the use of half-bed rails was supported by a physician's order for 1 of 3 sampled residents. (Resident #1)

The findings include:

A tour of the facility commenced at approximately 8:00 AM. The [redacted] the front of the house belonging to Resident #1 was observed. The bed was observed with a half bed rail. (Photo obtained)

An interview with the administrator at approximately 12:15 PM revealed that she was unaware that the railing was considered a bed-rail and required a physician's order.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and staff interview, the facility failed to conduct resident elopement drills pursuant to Sections 429.41 (1)(a) 3, and 429.41 (1)(l), F.S. The facility failed to conduct a minimum of 2 elopement drills per year. The [redacted] all three residents living in the facility.

The findings include:

When asked to provide documentation of elopement drills at approximately 7:20 AM on [redacted], Employee B was unable to produce anything. He provided a copy of the elopement policy and procedure for review. Employee B placed a call and was overheard asking for copies of the elopement drills at approximately 7:30 AM. When he ended the call, Employee B stated that the location of the elopement drills was unknown.

An interview with the administrator at approximately 8:00 AM on [redacted] revealed that no elopement drills had been conducted. The administrator was not aware that elopement drills were required.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that newly hired staff submitted a statement from their health care provider based on examination that the staff member did not have any signs or symptoms of a communicable [redacted] including [redacted] for 1 of 2 sampled employees. (Employee A/Administrator) The facility also failed to ensure that freedom from [redacted] was documented annually for 1 of 2 sampled employees. (Employee B)

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The findings include:

A review of the employee personnel file for Employee A/Administrator on revealed that there was no freedom from communicable statement, test or chest x-ray available for review.

A review of the employee personnel file for Employee B on revealed that there was no freedom from communicable statement available for review. The most recent test available for review was dated and the result was positive. There were no chest x-rays available for review.

An interview with the administrator on at approximately 12:00 PM confirmed that the required information was not available. The administrator stated that she was addressing that issue.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for 1 of 2 sampled employees. (Employee B)

The findings include:

A review of the employee personnel files on revealed that there was no documentation of completion of training related to elopement response, and emergency preparedness and evacuation for Employee B.

An interview with the administrator on at approximately 12:15 PM revealed that she was unaware that Employee B required the above-mentioned training.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and staff interview, the facility failed to ensure that the administrator or designated person responsible for the facility 's food service and day-to-day supervision of food service staff obtained a minimum of 2 hours continuing education annually in topics pertinent to nutrition and food service in an assisted living facility (ALF) for 1 of 2 sampled employees. (Employee/Administrator)

The findings include:

A review of the facility ' s employee personnel files on revealed that neither of the two employees ' files (Employees A or B) contained documentation of annual 2-hour continuing education related to nutrition or food service in an ALF.

An interview with the administrator on at approximately 12 :15 PM revealed that she was the designated food service supervisor. The administrator stated that she was unaware of the annual 2-hour

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continuing education requirement.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to ensure that employees received at least one hour of training in the facility's policies and procedures related to within 30 days after employment for 1 of 2 sampled employees. (Employee B)

The findings include:

A review of the employee personnel files on revealed that there was no documentation of completion of training related to for Employee B.

An interview with the administrator on at approximately 12:00 PM revealed that she was unaware that training related to was required.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review, and staff interview, the facility failed to maintain a substitution log for a period of at least 6 months. The facility failed to note substitutions before or when the meal was served, and it failed to follow the current menu for 1 of 1 observed meal; breakfast.

The findings include:

A tour of the facility on at approximately 8:00 AM revealed a menu hanging on the refrigerator in the kitchen. The regular menu for today's breakfast meal specified 4 oz of apple juice, 3/4 cup dry or 1/2 cup cooked cereal, 2 slices of french toast, 2 slices of bacon, 2 oz. of syrup, 2 teaspoons of butter/margarine and 8 oz of milk.

The low-fat/low- menu for today's breakfast meal consisted of 4 oz. of apple juice, 3/4 cup dry or 1/2 cup cooked cereal, 2 slices of french toast made with egg substitute, 2 oz syrup and 8 oz skim milk.

Observation of the breakfast meal at approximately 9:00 AM revealed that no juice was provided, and no milk was provided to the residents as per the menu.

An interview with the administrator on at approximately 9:15 AM revealed that there was no substitution log in the facility. Further discussion confirmed that she substituted menu items in the past, but she could not provide any documentation of same for review on the date of the survey. When asked how she communicated the substitutions to the residents, she replied that she informed them verbally. She confirmed that there was no substitution board, and that she did not post substitutions for residents before or at the time of the meals.

Class III

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0152 - Physical Plant - Safe Living Environ/other 58A-5.023(3) FAC
Based on Observation and Staff Interview the facility failed to maintain a safe and sanitary environment for 3 of 3 residents reviewed.

The findings Include:

On the day of survey, [redacted] at 8:50 AM ants were observed on the kitchen floor near the sliding patio door and on the dining [redacted].

During an interview with Administrator on [redacted] at 9:30 AM she acknowledged there were ants on the floor and treatment was needed.

Photographic evidence is provided.

Class III

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cunningham Elderly
2909 Courtland Blvd
Deltona, FL 32738

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at .

Sincerely,

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

JG/JM/sm
Enclosure

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