State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910538	A. Building B. Wing	6/18/2014

Name of Facility	Street Address, City, State, Zip Code
ROBINSONS RESIDENTIAL CARE	11921 CARUSO DRIVE PANAMA CITY, FL 32404

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0160 Reg. # 58A-5.024(1) FAC LSC		ID Prefix A0164 Reg. # 58A-5.024(4) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By: [signature]	Date: 6/24/14	Signature of Surveyor: Roxanne Kent /KD	Date: 6/24/14
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	**06/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	**11921 Caruso Drive Panama City, FL 32404**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced second revisit to a previous complaint survey (CCR 2014002045 & CCR 2014001929) was conducted on at Robinson's Residential Care, Assisted Living Facility. A new complaint survey (CCR #2014005177 and #2014005309) was conducted in conjunction. Deficient practice was identified at the time of the surveys.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on staff interview and record review the facility failed to observe resident rights to manage personal funds in regards to the $54 monthly allowance for 1 of 11 sampled residents (Resident #5).

The Findings:

A record review was conducted for resident #5 regarding the right to manage personal funds. Resident #5 received the allowance of $54 per month. The facility was receiving the money and removing expenditures for medication co-pays and cigarettes prior to giving the money to resident #5. A record review of resident #5 file/contract did not address that the facility would take the credited cigarettes or co-payment for medications out of the resident's $54 allowance prior to the resident receiving the $54 allowance.

On at approximately 3:41pm, an Interview was conducted with the Administrator who reported that she provided the allowances to the residents on . The Administrator stated that she first took the cigarettes and the medication payments out of the allowance before the resident received the $54 and then the resident received what was left. The Administrator reported that if the residents have cigarettes on credit or have co-payment for medication, this is taken out first and then the residents get what is left. The residents will initial stating that they received the monies. Stated that when she started as the Administrator this is the way it has always been done, so she just followed what was being done in the past. The Administrator reported that there are some residents who complained that they were not getting their $54 allowance because of the monies being taken out for cigarette credit and co-payment for medication. The Administrator confirmed that the resident's contract did not address that the facility would take the credited cigarettes or co-payment for medications out of the $54 allowance before resident receives the $54.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on staff interview and record review, the facility failed a third time to obtain documentation of freedom from on an annual basis for 2 of 10 employees. (Employee #B and #D)

The Findings:

A record review was conducted of all (10) employee's personnel files. Two of the personnel files did not contain annual documentation showing freedom of .
Employee #B last was dated on . There were no physician statements in the past year regarding freedom from .
Employee #D last was dated 2012. There were no physician statements in the past year regarding freedom from .

On at approximately 2:38pm, an interview was conducted with the Administrator and the Assistant Administrator who confirmed that Employee #B and #D do not have documentation of freedom from on an annual basis.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and staff interviews the facility failed to provide a safe, clean living environment and failed to maintain plumbing and air conditioning in good working order.

The findings include:

A tour of the facility was conducted on beginning at approximately 9:25 AM. The following were observed during the tour and photographic evidence was obtained:

-Office area: Uncovered light switch on wall at the entrance to the office with exposed metal and wiring. Air vent on ceiling with black substance in office area. Brown substance splattered on ceiling in office area.

- east hall had missing floor tiles around the sink, a dark substance on the sheet rock near the sink, a missing exhaust fan cover on the ceiling and a hole in the sheet rock around the toilet plumbing with damaged peeling sheet rock.

-TV had winged insects.

-East hall had damaged and partially missing light switch cover with exposed metal. An electric saw in an unlocked closet on the east hall.

- east hall had 1 dresser with no top drawer.

- east hall had 1 off white dresser with missing handle on bottom drawer.

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- east hall - The shower plumbing was in disrepair and leaking.

- east hall had an uncovered light switch on the wall with exposed metal and wiring.

- east hall closet door completely unattached from the track and leaned into closet.

- east hall odor.

- on west hall observed to have missing and cracked tile around the toilet, an uncovered air vent, bubbled panel board on both sides of the toilet with brown areas, odor and a black substance on the back of the toilet.

- west hall had an uncovered light switch on the wall with exposed wiring and metal.

-The air conditioning on the west side of the building to include resident and the TV not functional.

An interview was conducted with the Administrator on at approximately 10:07 AM. She stated the facility was in the process of replacing the light switch covers and she was aware of the electrical hazard.

An interview was conducted with employee B on at approximately 10:35 AM. She confirmed the shower plumbing in was in need of repair and the heating element in the hot water heater had failed.

An interview was conducted with employee A on at approximately 4:35 PM. He stated they were ordering a new heating element for the hot water heater today. He confirmed the air conditioning on the west side of the facility was not functional and had not been functional for approximately 2-3 weeks.

The following is an excerpt from www.esfi.org (Electrical Safety Foundation International):
Electrical Outlet and Light Switch Safety Tips:
Switches are used to turn the power on and off. Outlets, or receptacles, are usually mounted on a wall or floor to supply electricity through a cord and plug to appliances, lamps, TV, etc. These are the key points in our electrical systems that give us our first line of control to our electrical use, and they are critical connection points. With time and use, these connections can become loose, creating potential hazards. Check that all outlet and switch cover plates are in good condition so that no wiring is exposed. Replace any missing, cracked or broken cover plate.
Exposed wiring is a hazard.

Class II

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	**06/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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0160-Records - Facility 58A-5.024(1) FAC

0164-Records - Inspection Availability 58A-5.024(4) FAC

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on staff interview and record review the facility failed to obtain appropriate background screening prior to direct contact with residents for 3 of 10 employees. (Employee #C, #D and #F)

The Findings:

A record review of all 10 employees' personnel records was conducted. Three employees did not have appropriate background screening prior to direct contact with the residents:
Employee #C had no background Screening
Employee #D had no background screening
Employee #F had no background screening

On at approximately 11:17 am, an interview was conducted with the Assistant Administrator who reported that Employee #C worked on the shift of 7 PM until 7 AM. Employee #D worked one day with the residents before she injured her leg.

Employee #F was observed in kitchen, cooking and serving food to residents for lunch the day of survey,

On at approximately 2:38pm, an Interview again was conducted with the Assistant Administrator who reported that Employee #C was hired by the previous Administrator. The Assistant Administrator reported that Employee #D and #F were hired by the current Administrator. The Administrator reported that she gave each newly hired employee a vendor to get the life screening background and the employee had to return the background within 24 hours. The Administrator reported that typically, the facility does not allow the employees to start working before the background screening is cleared. The Administrator confirmed that Employee #C, #D and #F did not have background screening in their personnel files. Employee #F was sent home by the administrator.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

CCR# 2014002045 & CCR 2014001929

Dear Administrator:

This letter reports the findings of a second revisit to a previous complaint (CCR# 2014002045 & CCR 2014001929) inspection survey conducted on , 2014, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this report. Upon reciept, you must sign the accompanying acknowledgment and fax or scan back to the Agency.

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

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= G
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses Unclassified

Directed Corrective Actions:

1. The Assisted Living Facility is required to immediately obtain confirmation that all employees have current documentation from a physician or ARNP regarding freedom of .

2. The Assisted Living Facility is required to immediately hire a licensed contractor to inspect and repair (or arrange for repair) of the plumbing, wiring, sheet rock, flooring and any structural concerns. Evidence of hiring a licensed contractor and his/her recommendations must be submitted to the Agency.

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

3. The Assisted Living Facility is required to replace or repair all damaged furniture.

4. The Assisted Living Facility is required to immediately obtain background screens on all employees. No employee may work at the facility or have any contact with residents until a clear background screen is obtained.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb

D7JR

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