STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968441	09/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Samson Villa Of Orange Park	2757 Pebbleridge Ct Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test 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 - 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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR#2014008003, was conducted at Samson Villa of Orange Park in Orange Park, Florida on , 2014 and , 2014. Deficiencies were identified as a result of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and staff interview, the facility failed to maintain a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. This had the potential to impact 6 of 6 residents living in the facility.

The findings include:

During a survey of the facility, no grievance policy and procedure was made available for review.

An interview with the administrator at approximately 4:00 p.m. on revealed that he intended to fax the information to the Area 04 Office by 5:00 p.m. on . No policy and procedure related to grievances was received.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and staff interview, the facility failed to develop detailed written policies and procedures for responding to a resident elopement. The facility failed to conduct a minimum of two (2) elopement drills per year. This had the potential to impact all six residents living in the facility.

The findings include:

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When asked to provide documentation of elopement policies and procedures as well as evidence of elopement drills at approximately 3:30 p.m. on , the administrator was unable to produce any documentation. Further discussion with the administrator revealed that no elopement drills had been conducted, and that he had not developed a written policy and procedure for elopement response. He stated, "I've given the staff verbal information, but I have no written policy." He confirmed that he had never conducted elopement drills.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to assist residents with self-administered medications in accordance with procedures described in section 429.256, F. S. for 4 of 6 sampled residents. (Residents #1, #2, #3, and #4)

The findings include:

A observation of the locked medication closet near the front entryway at approximately 11:55 a.m. revealed medications which were pre-poured in disposable, plastic sandwich bags and were labeled with the names of Residents #1, #2 and #3. The bags were also labeled "AM" or "PM".

An interview with Employee D at approximately 12:25 p.m. revealed that she was a "Certified Nursing Assistant/Medication Tech", and her medication training was current, but she could not provide it for review, because she did not have access to the files. The administrator was not available for the survey visit. When asked who pre-bagged the medications for Residents #1, #2 and #3, Employee D stated that the administrator had. When asked why, she replied that she did not know. Employee D stated, "When I came here that's how they were doing the medications, so I didn ' t say anything."

A observation of the locked medication closet near the front entryway at approximately 4:00 p.m. revealed medications which were pre-poured in disposable, plastic sandwich bags and were labeled with the names of Residents #2 and #4. The bags were also labeled "AM" or "PM".

A interview with the administrator at 4:14 p.m. confirmed that he was the person who was pre-pouring the medication. He stated the following when he was asked why he was pre-pouring medication, "I listened to one of my staff members who said that it was okay to repackage the medication. I won ' t do that again."

Class III

007(58A-5.0186 FAC
Based on staff interview, the facility failed to develop written policies and procedures which explain it's implementation in respect to state laws and rules relative to .

The findings include:

During a complaint survey at approximately 3:45 p.m., the administrator was asked to provide the facility policy and procedure related to . He stated at 3:59 p.m. that he did not have a written policy and procedure related to .

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview, the facility failed to ensure that newly hired employees submitted a statement from a health care provider within 30 days of hire indicating that the employee had no signs or symptoms of a communicable [illegible] including [illegible] for 2 of 6 sampled employees. (Employee B and Employee F (administrator)

The findings include:

A review of the personnel file for Employee B on [illegible] revealed that she was hired on [illegible]. There was no statement of freedom from communicable [illegible] including [illegible] in her employee file. Neither was there separate documentation indicating that Employee B was free from [illegible].

A review of the personnel file for Employee F (administrator) on [illegible] revealed that he opened the facility on [illegible]. There was no statement of freedom from communicable [illegible] including [illegible] in his employee file. A statement of freedom from [illegible] was located, but it was dated [illegible] and was more than two years overdue for renewal.

An interview with the administrator at approximately 5:30 p.m. on [illegible] confirmed that neither he nor Employee B had a statement of freedom from communicable [illegible] including [illegible] in their file.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and staff interview, the facility failed to provide minimum staffing for 6 residents (Residents #1, #2, #3, #4, #5, #6) per 58A-5.019 (4) F.A.C. This had the potential to impact all six residents living in the facility. The facility also failed to have at least one member of the staff who had access to facility and resident records, at all times when residents are in the facility.

The findings include:

1) A review of the admission and discharge log on [illegible] revealed that there were 6 residents living in the facility.

During a [illegible] interview with the administrator at approximately 4:00 p.m., he confirmed that there were 6 residents living in the facility. He stated that Resident # 4 had just gone out to the hospital that day.

A review of the employee staffing schedule for [illegible] 2014 revealed that during the week of [illegible] through [illegible], 173 hours were scheduled. During the week of [illegible] through [illegible], 173 hours were scheduled, and during the week of [illegible] through [illegible], 176 hours were scheduled. Florida Administrative Code 58A-5.019 specifies for 6-15 residents, 212 weekly minimum staffing hours per week.

2) An unannounced complaint survey was conducted at the facility on [illegible]. Resident and facility records were requested from Employee D on [illegible]. Employee D was the only staff member at the facility and there were a total of 6 residents living at the facility.

In an interview with Employee D on [illegible] at approximately 12 PM, she reported that she did not have access to the resident, employee or facility records. An attempt was made to reach the Administrator, however, he was

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unavailable.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and staff interview, the facility failed to ensure that the Administrator completed the 12 hours of continuing education that was required every two years as provided under Section 429.52 of the Florida Statutes.

The findings include:

A review of the administrator's personnel file revealed no documentation of the completion of the continuing education that is required every two years after passing the Core Competency Test. The administrator had a core traning certification and number dated

A interview with the administrator at approximately 3:10 p.m. revealed that he had not completed the required 12 hours of continuing education, and was told that he would have to re-take the Core training and competency test. He stated that he had completed the Core training, but he was unable to provide documentation confirming that statement. On at approximately 3:20 p.m. he was overheard scheduling the competency exam on the telephone.

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 4 of 6 sampled employees. (Employees B, C, D and E)

The findings include:

A review of the personnel files for Employees B, C, D and E revealed that the certificates related to training in control were not available for review.

A review of the 2014 employee work schedule revealed that Employees B, C, D and E were all providing direct-care to residents during the month of

A review of the personnel file for Employee B revealed that the certificates related to training in activities of daily living (ADLs) and behavioral needs, incident reporting, elopement response, emergency preparedness and evacuation, resident rights, recording/reporting , neglect and , and nutrition and safe food handling were not available for review.

A review of the employee personnel files for Employees B, C, D and E revealed the following dates of hire:
Employee B -
Employee C - No application or documentation of a date of hire, however, the 2014 employee work schedule confirmed that she worked throughout the month.
Employee D - No application or documentation of a date of hire, however, the 2014 employee work schedule confirmed that she worked throughout the month.
Employee E -

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An interview with the administrator on [redacted] at approximately 5:45 p.m. confirmed that he had not ensured the staff received the required training. He stated, "A lot of them are new, and I haven;t gotten to the training yet." He could not explain why Employee B, who was hired [redacted] had not received any training.

Class III

0082-Training - [redacted] 58A-5.0191(3) FAC
Based on record review and staff interview, the facility failed to ensure that all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., completed a one-time education course on [redacted] and [redacted] for 2 (Employees B and F) of 6 sampled employees.

The findings include:

A review of the employee personnel files on [redacted] revealed that there was no documentation of completion of training related to [redacted] for Employee B who was hired on [redacted] or Employee F (administrator), who opened the facility on [redacted].

An interview with the administrator on [redacted] at approximately 5:30 p.m. revealed that he was unaware that the required [redacted] training was missing from the employee files.

Class III

0083-Training - First Aid and [redacted] 58A-5.0191(4) FAC
Based on record review and staff interview, the facility failed to ensure that a staff member who completed courses in First Aid and [redacted] and held a currently valid card documenting completion of such courses was in the facility at all times. Three of six sampled employees had no First Aid training. (Employees A, B, and D)

The findings include:

A [redacted] review of the personnel files for Employees A, B, and D revealed no current documentation of completion of First Aid training for any of the three employees.

A [redacted] review of the employee work schedule for [redacted] 2014 revealed that Employees A, B and D worked hours during the course of the day during which they were working alone.

An interview with the administrator on [redacted] at approximately 5:45 p.m. revealed that he was unaware that Employees A, B and D were missing training in First Aid.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and staff interview, the facility failed to ensure that unlicensed employees who provided assistance with self-administration of medications, had successfully completed the initial 4-hour training and 2-hour update training as necessary prior to providing assistance with self-administration of medications for 4 of 6 sampled employees. (Employees A, B, C, and D) This [redacted] all 6 facility residents.

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The findings include:

A employee personnel record review was conducted for Employees A, B, C and D who were all noted, on the 2014 work schedule during times when medications were provided to residents. Employee A completed the initial 4-hour medication training on but no 2-hour annually required update training had been completed since that time. Employees B, C, and D had no documentation in their files of having completed any medication training at all.

During an interview with the administrator on at approximately 4:45 p.m., he was unable to provide proof of training for Employees B, C or D, and he was unable to provide proof of a 2-hour medication update training for Employee A. He confirmed Employee A, B, C, & D assisted with self-administrative with medication.

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 6 sampled employees. (Employee F/Administrator)

The findings include:

A review of the facility ' s employee personnel files on revealed that none of the six employees' files (Employees A, B, C, D, E or F) 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 5 :45 p.m. confirmed that he was the designated food service supervisor. The administrator stated that he was unaware of the annual 2-hour continuing education requirement.
Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview, the facility failed to maintain documentation of the completion of training in the facility's policies and procedures regarding for 1 of 6 sampled employees. (Employee B)

The findings include:

A review of the employee personnel files revealed that Employee B, who was hired on had no documentation in her file related to training.

An interview with the administrator on at approximately 4:00 p.m. revealed that he was aware of the missing education/training. He stated that there had been no training related to because he had no policy and procedure related to

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and staff interview, the facility failed to ensure that the menu was reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician to ensure that meals were commensurate with the nutritional standards established under 58a-5.020 (2) F.A.C. The facility also failed to post meal substitutions before or when a meal was served, and failed to maintain a substitution log. The facility also failed to provide a 3-day supply of non-perishable food and water, based on the number of weekly meals that facility contracted with the residents to serve. This had the potential to impact all 6 residents living in the facility.

The findings include:

1) A observation of the posted menu in the dining area at approximately 11:45 a.m. revealed that it was last reviewed by a licensed dietitian on , and was more than 8 months overdue for review.

A interview with Employee D at approximately 11:50 a.m., revealed that she was unaware that a dietitian had to review the menu annually. She stated that she would inform her administrator when she was able to reach him. The administrator was not available during the survey on .

2) During a noon meal on at approximately 12:15 p.m., Resident #3 was served a grilled ham and cheese sandwich, sliced cucumber, a chocolate chip cookie and a glass of iced tea. The lunch menu for specified the following: 2 cups of chicken and dumplings, 1/2 cup of steamed broccoli, 1/2 cup cooked carrots, a 1 ounce roll and 8 ounces of 2% milk.

A interview with Employee D at approximately 12:30 p.m. revealed that she had prepared a ham and cheese sandwich for lunch, because there were no ingredients in the facility to prepare chicken and dumplings with. When asked for a substitution log, Employee D stated that she did not know of a substitution log and had never used one. When asked whether she had informed the residents of a change in the lunch menu prior to the meal, she replied that she had not.

3) A tour of the facility kitchen at approximately 12:30 p.m. revealed that there was not an emergency water supply, and there was no specified emergency food supply. The food stores in the facility kitchen were inadequate and consisted of the following:
Five boxes of cereal, one container of oatmeal, 3 jars of spaghetti sauce, 1 economy-size box of Nilla Wafers and Oatmeal Crème Pies. Eight boxes of muffins/cake mix, four boxes of microwave popcorn, two small containers of peanut butter, various condiments, one quart of apple juice, one can of cooking spray, salt, sugar, vinegar, three onions, three cans of lentil soup, two cans of pineapple, two large cans of green beans, one can of cranberry sauce, one can of asparagus, three cans of tomatoes, two cans of beets, a box of taco shells, eight boxes of instant meals like hamburger helper. The refrigerator/freezer contained opened food items covered with foil and plastic wrap that were not dated. An open package of chicken was observed in the freezer that was not covered or dated. The chicken meat was exposed to air.

A interview with Employee D at 12:55 p.m. revealed that this was all of the dry goods and canned goods that the facility had. When asked whether there was an emergency water supply, Employee D stated that if there was, she was unaware of it or its location. She stated, "We get water out of the fridge." (Automatic dispenser in the door)

Class III

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0160-Records - Facility 58A-5.024(1) FAC
Based on record review and staff interview, the facility failed to maintain an up-to-date admission and discharge log for 6 of 6 sampled residents. (Residents #1, #2, #3, #4, #5 and #6) The facility failed to maintain a policy and procedure for elopement response or grievances. The facility failed to maintain and emergency management plan or fire safety inspection reports on the facility premises.

The findings include:

1) A review of the admission and discharge log on revealed that Residents #1 through #6's names were listed on the left-hand column of the page. The date admitted, date of birth or social security number, place admitted from, special notes, date of discharge, reason for discharge, and place discharged to were all left blank. There were no other admission and discharge logs available for review indicating admission and discharge of previous residents since the facility opened on , 2010.

An interview with the administrator at approximately 4:00 p.m. on confirmed that the admission and discharge log was blank aside from the residents' names. He was unable to provide further information, and stated that he would update the log right away.

2) During the survey on the facility's emergency management plan was not made available for review. An interview with the administrator at approximately 4:00 p.m. revealed that he intended to fax that information to the Area 04 Office. The emergency management plan was never received.

3) During the survey on the facility's grievance policy and procedure was not made available for review. An interview with the administrator at approximately 4:00 p.m. revealed that he did not have a written policy and procedure for grievances.

4) During the survey on , the facility's fire safety inspection reports were not made available for review. An interview with the administrator at approximately 4:00 p.m. revealed that he intended to fax that information to the Area 04 Office. The fire safety inspection reports were never received.

5) During the survey on , the facility's elopement response policy and procedure was not made available for review. An interview with the administrator at approximately 4:00 p.m. revealed that he did not have a written policy and procedure related to elopement response.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on employee record review and staff interview the facility failed to ensure that employee applications were complete with references listed for 3 of 6 sampled employees. (Employees A, C and D)

The findings include:

An employee record review was conducted for Employees A, C and D on No applications were found for Employees A or D. Employee C's file contained an incomplete application with no references listed.

During an interview with the administrator on at approximately 5:15 p.m., he was unable to explain why Employees A and D had no applications on file, or why Employee C's application was incomplete with no date of completion or references listed.

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0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to maintain a resident weight record, which was initiated on admission for 3 of 6 sampled residents. (Resident #3, #4, and #5)

The findings include:

A review of the clinical record for Resident #3 revealed that she was admitted to the facility on There were no weights for Resident #3 recorded in the file.

A review of the clinical record for Resident #4 revealed that he was admitted to the facility on There were no weights for Resident #4 recorded in the file.

A review of the clinical record for Resident #5 revealed that she was admitted to the facility on There were no weights for Resident #5 recorded in the file.

A interview with the administrator at 5:53 p.m. confirmed that there were no weights recorded for Residents #3, #4 or #5 to date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Samson Villa Of Orange Park
2757 Pebbleridge Ct
Orange Park, FL 32065

RE: CCR #2014008003

Dear Administrator:

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

Sincerely,

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

JG/JM/sm
Enclosure

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