STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966666	**10/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeshore Living Inc	**10919 Mistletoe Drive Thonotosassa, FL 33592**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities 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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014008998, was conducted between , 2014, and , 2014.

Lakeshore Living Inc., assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record review the assisted living facility failed to provide appropriate care and supervision for 1 of 7 sampled (Resident #1) residents. The facility failed to ensure qualified staff was available to implement the facilities emergency action plan upon discovering that the resident was on fire. The employee ' s lack of action posed a direct threat to the safety and well-being of the resident.

Findings include:

1. On , 2014 at 9:57 AM a tour of the facility was completed. The facility main entry door was observed directly across from the exit door that leads to the "smoker ' s deck ". A large fire extinguisher and fire alarm pull box was observed attached to wall adjacent to the entry door directly across from the door that leads to the " smoker ' s deck " . (photo obtained)

2. On , 2014 at 9:11 AM an interview was conducted with the facility manager. The Manager stated " Employee A was working and found Resident #1 ' s shirt on fire. The Manager stated Employee A tried to put the fire out with her hands. Employee A ran next door to get the administrator. The administrator came with the fire extinguisher and at that time Resident #1 was in flames and the administrator put the flames out with the fire extinguisher. "

3. On , 2014 at 10:21 AM an interview was conducted with Resident #2. Resident #2 stated Employee A was working by herself the night of the incident and Employee A had to go and get the administrator to come and take care of things. Resident #2 stated Resident #1 would asleep out on the deck while smoking and Resident #2 had to wake Resident #1 up several times.

4. On , 2014 at 10:41 AM an interview was conducted with Resident #3. Resident #3 stated

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Resident #1 would often doze off while smoking. Resident #3 stated, "He would sit there with his head down with cigarette in hand and sleep. "

5. On [redacted], 2014 at 12:30 PM an interview was conducted with Employee A. Employee A stated she has worked at the facility approximately one (1) year and never worked in an Assisted Living Facility before. Employee A stated she worked by herself the night of [redacted], 2014. Employee stated she discovered Resident #1 was on fire when she brought Resident #1 his pain medication. Employee A stated, "My first reaction was to use my hands and try to [redacted] the fire out and I tried to take his jacket off but it [redacted] my hands. " Employee A stated, "I ran to get my boss that lives there because I am not super woman and can't do everything on my own." Employee A stated Resident #1 was still on fire when she entered the facility from the patio door and went through the front door directly across from the patio door to get the administrator. Employee A stated when she returned with the Administrator the Resident #1 was still on fire.

6. On [redacted], 2014 at 1:06 PM an interview was conducted with Employee F. Employee F stated Resident #1 " nods off and I have caught him a few times. I have pulled cigarettes out of his hand and put them in the ash tray. "

7. On [redacted], 2014 at 3:10 PM an interview was conducted with the facility Administrator. The administrator stated Employee A was the only staff on duty at the time of the incident. The Administrator stated Employee A ran over to his home and told him what was happening The Administrator stated when he arrived at the facility " I got the fire extinguisher that was located right at the entrance door and put the fire out " . The facility administrator stated Resident #1 " was over by the time I got there. "

8. On [redacted], 2014 at 3:00 PM an interview was conducted with the facility Manager. The Manager stated she was unaware of Employee A received training on the facility emergency procedures in the case of a fire. The Manager reviewed the sign in logs for the facility's past training's and stated, " I don ' t see one with her in it. "

9. A record review of employee A ' s personnel file revealed employee A date of hire was [redacted]. Employee A ' s personnel file included no evidence that Employee A received training in facility emergency procedures, incident reporting and recognizing and reporting resident [redacted], neglect and [redacted].

10. A record review of the facility fire plan revealed the following steps to be taken in the event of a fire:

    A. R.A.C.E. Plan will be followed

        1. R - Rescue residents. Remove resident closet to fire to outside using exit furthest from fire. Remove all other residents from the facility using exit furthest from fire.

        2. A - Alarm. Notify fire department by dialing 911 Remain on the phone and answer all questions asked.

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3. C - Contain fire by shutting all doors and by eliminating drafts. Turn off air conditioner or heating units (There are two units to shut off in facility)

4. E - Evacuate residents to a pre-designated destination as noted on Emergency Data Sheet Notifying Aging and Adult Services, family/and or guardians of residents as to their condition and whereabouts.

B. Extinguish the fire if 100% sure you can put it out without jeopardizing anyone ' s safety.

C. Notify Administrator or designee

11. Review of the facility fire drills dated between and revealed no evidence that Employee A attended any fire drills provided by the facility.

Class II

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation, interview and record review the assisted living facility failed to provide residents with social, recreational or educational activities as scheduled by the facility.

Findings Include:

1. On , 2014 between 9:00 AM and 4:30 PM resident observation revealed residents sitting and watching television, outside smoking and sleeping in common areas or in their .

2. On , 2014 at 10:14 AM an interview was conducted with Resident #3. Resident #3 stated that the assisted living facility has " no activities what so ever " . Resident #3 states the residents do not have anything to do. Resident #3 states he spends his time smoking, sleeping or watching television.

3. On , 2014 at 11:14 AM an interview was conducted with the daughter in law of Resident #7. Resident #7 ' s daughter stated Resident #7 has lived at the assisted living facility for approximately three (3) weeks. The daughter stated she or her husband visit the assisted living facility daily and have not seen any activities being provided to the residents. The daughter in law stated, " I have not seen her doing anything. "

4. On , 2014 at 11:28 AM an interview was conducted with Resident #5. Resident #5 stated the assisted living facility has no activities. Resident #5 stated the residents play Bingo about once every six (6) weeks. Resident #5 stated she does not do anything but watch television or sit outside on the patio.

5. A record review of the assisted living facility activities schedule dated , 2014 revealed an exercise activity scheduled for 10:30 AM and a bowling activity scheduled for 1:00 PM.

6. On , 2014 at 2:29 PM an interview was conducted with the assisted living facility

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administrator. The administrator stated " I called the facility manager today and told her to make sure they did bingo today but they did not do it. "

7. On , , 2014 at 3:23 PM an interview was conducted with Employee G. Employee G stated he saw the residents playing Bingo about a week ago but has not seen the residents doing anything else. Employee G states the residents normally watch television and nap. Employee G stated he was unaware of the activities schedule and " there needs to be more stuff going on. "

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review the assisted living facility failed to ensure that 1 of 3 sampled employees (Employee A) obtained an annual ( ) status statement from a health care provider verifying the employee is free .

Findings Include:

1. On a record review of employee A personnel file revealed: Employee A date of hire was . A , immunization record dated revealed a negative ( ) reading dated . No evidence was documented in Employee A ' s personnel file of any other clearance screenings indicating the employee was free from .

2. On at 2:24 PM an interview was completed with the assisted living facility manager. The manager stated, "whatever is in the file is what she has. "

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on interview and record review the assisted living facility failed to ensure 1 of 3 (Employee A, B and C) sampled employees obtained staff in-service training within 30 days of employment.

Findings Include:

1. A record review of employee A ' s personnel file revealed employee A date of hire was . Employee A ' s personnel file included no evidence that Employee A received training in facility emergency procedures, incident reporting and recognizing and reporting resident , neglect and .

2. A record review of Employee B ' s personnel file revealed Employee B ' s date of hire was . Employee B ' s personnel file revealed no evidence that Employee B received training in incident reporting and recognizing and reporting resident , neglect and .

3. A record review of Employee C ' s personnel file revealed Employee C ' s date of hire was .

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Employee C ' s personnel file revealed no evidence that Employee C received training in resident behavior and needs, providing assistance with activities of daily living, incident reporting and recognizing and reporting resident ' , neglect and ' ' ' ' .

4. On , 2014 at 2:49 PM an interview was conducted with the facility administrator. The administrator stated he found that " trying to get staff together for training is a major nightmare " in response to missing trainings for Employees A, B and C.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interview and record review the assisted living facility failed to provide an adverse incident report within 1 day after the occurrence of a residents ' for 1 of 3 (Resident #1) sampled residents.

Findings Include:

1. On , 2014 at 9:11 AM an interview was conducted with the assisted living facility manager. The Manager stated Resident #1 " ' from a horrible accident " at the facility on . The Manager stated Resident #1 " was out there smoking and had a or and dropped cigarette and set himself on fire. " The Manager stated law enforcement and the fire department came out to the facility and investigated the incident. When asked if the assisted living facility submitted a 1-day adverse incident report the manager stated " evidently not, I have never even heard of one. "

2. On , 2014 at 2:49 PM an interview was conducted with the assisted living facility administrator. When asked if the assisted living facility submitted a 1-day adverse incident report regarding the incident with Resident #1, the administrator stated, " I thought the Fire Marshall was going to take care of that. " The administrator admitted to not being aware of the adverse incident reporting requirements to the agency.

3. A record review of Resident #1 file revealed no adverse incident report documented by the assisted living facility.

4. A search of Versa Regulations system (Agency for Health Care Administration web reporting system) returned with no results related an adverse incident related to Resident #1.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lakeshore Living Inc.
10919 Mistletoe Drive
Thonotosassa, FL 33592

RE: CCR# 2014008998

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted from , 2014, through , 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 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State 5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

. . . . . , 2014

Lakeshore Living Inc.
10919 Mistletoe Drive
Thonotosassa, FL 33592

Attn: David W. Caldwell, Administrator

Dear Mr. Caldwell:

This letter reports finding of a complaint survey, CCR# 2014008998, conducted between . , 2014 and , 2014 by representatives of the Agency for Health Care Administration. **Within 10 business** days from receipt of this letter, you are directed to comply with the tangible steps outlined below in order to correct the deficient practice. Attached are the deficiencies noted in the investigation.

The investigation resulted in the following findings of noncompliance which directly threatened the physical safety of residents in with the following area:

1) A 25 – Resident Care – Supervision – Class II
The Assisted Living Facility failed to provide adequate oversight of the residents; including ensuring that residents are supervised by trained and qualified staff to implement the facility's emergency action plan upon discovering a resident was on fire. The employee's lack of action posed a direct threat to the safety and wellbeing of the resident.

Your facility must comply with the following:

1) Contract with a certified fire safety instructor or your local fire department to provide fire safety training; include fire extinguisher training, to all facility staff. **This shall be completed within 10 days from the date of this letter.**

2) Develop and implement a policy and procedures highlighting the procedure staff should follow in the event a fire should ignite at the facility. **This shall be completed within 10 days from the date of this letter.**

3) All facility staff shall be re-trained on the policy and procedures in handling major incidents and emergency's, including fires. This training must include your facility's implemented policy and procedure as noted above. **This shall be completed within 10 days from the date of this letter.**

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 contact Paul Brown, ALF Supervisor at 727-552-2000.

Sincerely,

Paul M Brown

for Patricia Reed Caufman
Field Office Manager