| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968441 | 11/05/2014 |
| 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) | | |

**Revisit Corrected Tags:**
0032-Resident Care - Elopement Standards-
0052-Medication - Assistance With
0078-Staffing Standards - Staff-11
0079-Staffing Standards - Levels-11
0093-Food Service - Dietary Standards-
0162-Records - Resident-1

**Revisit Repeat Tags:**
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
007 3a-5.0186 Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0082-Training - Fac
0083-Training - First Aid And 5.0191(4) Fac
0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac
0085-Training - Nutrition & Food Service-58a-5.0191(6) Fac
0090-Training - 58a-5.0191(11) Fac
0160-Records - Facility-58a-5.024(1) Fac
0161-Records - Staff-58a-5.024(2) Fac

**Specific Tag Findings:**

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

**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 which included information to residents on how to recommend changes to facility policies and procedures. This potentially 5 of 5 residents living in the facility.

The findings include:

During an follow-up survey of the facility, a grievance policy and procedure was made available for review. There was no process for residents to recommend changes to facility policies and procedures. There was no way for the facility to confirm that the procedure was implemented upon receipt of a complaint.

An interview with the administrator at approximately 12:40 p.m. on revealed that he had never received a complaint/grievance from any of the residents. When asked whether the residents were aware of the grievance policy and procedure, he stated that the policy was posted on the bulletin board and they had access to read it. He stated that he should probably review the policy with the residents.

On 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator.

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It was also explained that the Administrator had until close of business day on . . . . to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by . . . . . would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to the facility's Grievance Policy.

Class III

**007( . . . . . 58A-5.0186 FAC**

Based on observation and staff interview, the facility failed to develop written policies and procedures which delineated its position with respect to state laws and rules relative to . . . . . This potentially . . 5 of 5 residents living in the facility.

The findings include:

During a review of the facility records on , there was no policy and procedure related to . . available for review.

An . . . . interview with the administrator at 1:20 p.m. revealed the following: He stated, "I told you that I was still working on getting a computer for here, remember? I think that information is on my other computer."

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the . . . . complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on . . . . to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by . . . . . would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to the facility's . . . . . policy and procedure.

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 , 2014 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.

A 2014 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 in of 2014, but he was unable to provide documentation confirming that statement. He stated he was also scheduled to take the the

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competency test on 2014. He was instructed to fax the certification of completion of the competency test as soon as possible.

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to the Administrator's CORE competency test.

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 5 sampled employees. (Employees A, C, D and E)

The findings include:

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

An review of the personnel files for Employees C, D and E revealed that the certificates related to training in activities of daily living (ADLs) and behavioral needs were not available for review.

An review of the personnel files for Employees A, C, D and E revealed that the certificates related to training in elopement response, emergency preparedness and evacuation, incident reporting, residents rights, recognizing and reporting , neglect and , and nutrition and safe food handling were not available for review.

An review of Employee E 's personnel file confirmed that she was hired on Employees A, C, and D ' s dates of hire could not be confirmed, however, a review of the 2014, 2014 and 2014 employee work schedules revealed that Employees A, C, D and E were all providing direct-care to residents during the months of and of 2014 through the date of the survey.

An interview with the administrator on at approximately 2:50 p.m. confirmed that he had not ensured that the staff received the required training. He stated, "I haven ' t gotten to that training yet, but I ' ll take care of it."

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not

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received information from the provider relating to staff education for Employees A, C, D & E.

Class III

**0082-Training - ..... 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 ... and ... for 1 (Employee F) of 5 sampled employees.

The findings include:

A review of Employee F ' s (administrator) personnel file on ... revealed that there was no documentation of completion of training related to ... for Employee F, who opened the facility on ...

An interview with the administrator on ... at approximately 4:30 p.m. confirmed that he still had not completed the required ... training.

On ..., 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the ... complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on ... to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by ... would be considered for clearance of this citation. As of ..., the field office has not received information from the provider relating to ... training for Employee F.

Class III

**0083-Training - First Aid and ... 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 ... and held a currently valid card documenting completion of such courses was in the facility at all times. Three of five sampled employees had no First Aid training. (Employees A, D, and E)

The findings include:

An ... review of the personnel files for Employees A, D, and E revealed no current documentation of the completion of First Aid training for any of the three employees.

An ... review of the employee work schedule for ... and ... 2014 revealed that Employees A, D, and E each worked hours during the course of the day during which they were working alone.

An interview with the administrator on ... at approximately 4:30 p.m. confirmed that Employees A, D and E

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were still missing training in First Aid.

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to First Aid training for Employees A, D & E.

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 1 of 5 sampled employees. (Employee A) This potentially all 5 facility residents.

The findings include:

An employee personnel record review was conducted for Employee A, who was noted on the and 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.

During an interview with the administrator on at approximately 4:30 p.m., he was unable to provide proof of a 2-hour medication update training for Employee A. He acknowledged that this training would have to be completed right away and confirmed that Employee A, assisted with self-administration of medication.

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to training in assistance with self-administration of medication for Employee A.

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)

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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 4:00 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.

On 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to the 2 hour continuing education requirement relating to nutrition for Employee F.

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 4 of 5 sampled employees. (Employees A, C, D and E)

The findings include:

An review of the employee personnel files revealed that Employees A, C, D and E had no documentation in their files related to training.

A review of the employee work schedules for and 2014 confirmed that Employees A, C, D and E were all scheduled to work between 9/1 and

An interview with the administrator on at approximately 4:30 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 .

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating training for Employees A, C, D & E.

Class III

**0160-Records - Facility 58A-5.024(1) FAC**

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Based on record review and staff interview, the facility failed to maintain an up-to-date admission and discharge log for 5 of 6 sampled residents. (Residents #1, #2, #3, #5 and #6)

The findings include:

A review of the admission and discharge log on revealed that Residents #1, #2, #3, #5 and #6 ' s names were listed on the left-hand column of the page. The date admitted, date of birth or social security number, and place admitted from was missing for Resident #2. A discharged resident ' s name was listed however; all other information related to that resident was missing. Resident #6 was missing information related to where she had been admitted from. 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 4:30 p.m. on confirmed that the admission and discharge log was missing required information. He was unable to provide further information, and stated that he would have to update the log.

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not received information from the provider relating to the facility's admission and discharge log.

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 1 of 4 sampled employees. (Employee A)

The findings include:

An employee record review was conducted for Employee A on Her application still had no references listed.

During an interview with the administrator on at approximately 4.45 p.m., he was unaware that Employee A ' s application was still incomplete.

On , 2014 at approximately 5:00 PM, an exit conference was held with the Administrator. At that time, the deficiencies that were left uncorrected from the complaint survey were explained to the Administrator. It was also explained that the Administrator had until close of business day on to send documentation to the Area 4 field office to demonstrate compliance with this regulation. It was explained that any information obtained by would be considered for clearance of this citation. As of , the field office has not

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received information from the provider relating to Employee A's application

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Samson Villa of Orange Park
2757 Pebbleridge Court
Orange Park, FL 32065

Re: CCR #2014008003

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

**All deficiencies shall be corrected no later than , 2015.**

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 (904) 798-4201.

Sincerely,

Jana Meyering, R

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

JPL/JM/sm
Enclosure

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