STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	01/07/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Safety Harbor Senior Living	**101 Main Street Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision 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#2014010262, was conducted on .

The Safety Harbor Senior Living Assisted Livi Facility had deficiencies at the time of the visit.

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

Based on interview, observation and record reviews, the facility failed to ensure appropriate supervision and monitoring of 2 of 4 residents whose records were reviewed and who experienced . (Resident #2 and #4).

Resident #2 was admitted to the facility on . A History and Physical exam from a local hospital stated that the patient has , a history of , gait abnormality and to resume aggressive physical . The Health Assessment indicated that she was a risk. On , the resident was assessed for physical and precautions.

An interview with the Resident Care Director and the Administrator on revealed that the facility did not maintain policies, procedures, or protocols related to and preventions.

A nursing note written by the Resident Care Director states "got call from staff at 9:30 A.M.. Resident found on floor next to bed with hematoma to back of head. Told staff she needs to go to Emergency . Son refused to have her sent out. Do half hour checks". The only documentation found in the resident record after the was on 7-3 shift; "resident has bad and her head is due to the ". No half hour checks were conducted. There was no evidence that the resident was appropriately monitored after the .

An interview was conducted with the Resident Care Director at 2:00 P.M. on . She stated that Resident #2's level of care has increased and that she may need to be assessed by Hospice in order to remain in the facility. She stated that the facility does not have an official policy related to , precautions, monitoring or supervision. It is an unwritten policy to complete half hour checks on a resident after a .

An interview was conducted with Staff D at approximately 3:30 P.M. He works the 3-11 shift and has been employed at the facility for 7 months. When asked what the facility policy is related to he stated that every situation is different but that "a chronic faller would absolutely go out to the hospital and that after a a resident should be checked on every hour".

Resident #4 was admitted to the facility on . The resident was assessed by the facility on and

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. The assessments revealed that the resident had a history of and had at a previous facility that resulted in a closed head injury. In addition, she had advanced , vision, required with dressing, bathing and , needed toileting every 2 hours, was wheelchair dependent but could walk with encouragement, needed direct assistance with transfers and was restless and would wake up once or twice at night.

A review of an internal report dated at 2:50 PM revealed that the resident was heard shouting from her was found on the floor in the . She had no complaints of pain. Steps taken to prevent recurrence were to make sure her alarm is on her and to check on her and her alarm every hour. There was no documented evidence of hourly checks on the resident or mention of an alarm.

An interview with the Resident Care Director (RCD) was conducted on regarding the interventions and/or precautions the facility took to prevent any further . Although a document could not be found to describe these interventions, the RCD stated that there was a mattress with alarm on the resident's bed and this was attached to her nightgown. In addition, her wheelchair was to always be placed by the side of the bed in case she needed or chose to get out of bed.

An interview was conducted with the resident's daughter on at 4:30 P.M. and she also stated that the resident had an alarm on her bed and that her wheelchair was supposed to be beside her bed at all times when she was in bed. Her mother was used to this and would rely on the chair being there to transfer herself out of bed.

A review of facility progress notes dated 3-11 revealed that between 8:30 and 9:00 P.M. the resident was assisted to the having had an accident. She was put to bed. After 5 minutes the staff heard what sounded like she . She was close to her bed and laying on her right lateral side complaining of leg/hip pain. The daughter arrived and recommended a call to Emergency Medical Services. The resident was transported to the hospital where it was determined that she sustained a of her left femur and of her lesser .

A review of a facility internal report dated revealed the same information as the progress note noted above. Steps taken to prevent recurrence were to attach alarm on bed-to-resident when put to bed.

Interviews were conducted with the RCD and the daughter of the resident at approximately 4:00 P.M. to 4:30 P.M. on . Both the RCD and the daughter stated that Staff A had admitted to not attaching the alarm to the resident or placing the wheelchair beside the bed. Staff A told the daughter that he was never told to do these things for the resident.

A review of the personnel record for Staff A was conducted on . He was hired on and had no previous direct resident care experience. He had been background screened on , had received medication training on and maintained a Certified Nursing Assistant Certificate, but had not obtained all of the other required employee training. He had not yet been employed for 30 days when the incident occurred. He obtained all required training within 30 days except Incident Reporting and Elopement Response training. (See A0081)

CLASS III

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

Based on interview and a review of personnel files, the facility did not ensure that staff who had been employed for more than 30 days were free from signs and symptoms of communicable , including for 1 of 3 staff whose files were reviewed (Staff C).

Staff C was hired on . A review of the personnel file on revealed no evidence of a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable .

CLASS III

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

Based on interview, observation and a review of facility personnel files, the facility failed to ensure that 2 of 3 staff who provide direct care to residents had received the required training within 30 days of employment (Staff A and C).

Staff A was hired on . A review of the personnel file for Staff A on revealed that he had not received training in the facility's elopement response policies and procedures or in reporting major incidents and adverse incidents.

Staff C was hired on . A review of the personnel file for Staff C on revealed that she had not received training in recognizing and reporting resident , neglect, and . In addition, Staff C had not received training in providing assistance with the activities of daily living.

An interview was conducted with the Administrator and Resident Care Director on at approximately 3:30 P.M. They attempted to locate evidence of the training listed above for both staff but were unable to locate it.

CLASS III

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

Based on interviews, observations and a review of facility records and reports, the facility failed to maintain adverse incident reports and submit the required reports to the agency as required for 1 of 2 residents reviewed who experienced an adverse incident. (Resident #4).

Resident #4 experienced a on that resulted in a and the need to transfer the resident to a hospital. The was a result of the facility's failure to implement precautions to prevent the resident from suffering a related injury. The facility did not follow the plan of care they had established for the resident in order to prevent a .

Interview with the Administrator and Resident Care Director on at 3:00 P.M. revealed that they were not aware of, nor could they locate any incident reports being filed for this resident as a result of the , and transfer to the hospital.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Safety Harbor Senior Living
101 Main Street
Safety Harbor, FL 34695

RE: CCR #2014010262

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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/clt
Enclosure: State (5000-3547) Form

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