STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910609	02/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
B & H Care Homes, Inc.	235 12th Avenue, N. Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= C
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= C
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= C
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= C
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= C

Specific Tag Findings:

Assisted Living Facility

Biennial Recertification Survey

B & H Care Homes, Inc. had deficiencies found at the time of the visit.

An unannounced biennial licensure survey was conducted on .

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and staff interviews, the facility failed to provide a completed health assessment (AHCA form 1823) signed by a health care provider for one of 8 sampled residents (Resident #7).

Findings Include:

On a review of the resident records was conducted. A health assessment for Resident # 7 dated revealed that the examining health care provider did not indicate on the health assessment what level of assistance the resident required with medication.

When interviewed on at approximately 12:45 p.m., the administrator agreed the form was incomplete and said he would contact the health care provider to get a corrected form. No corrected form was received prior to the end of the survey.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, interviews and record review, the facility failed to ensure that only licensed staff assisted with medication administration for one (Resident #4) of one resident in the facility requiring . The unlicensed staff was observed and confirmed that they assist Resident #4 with administration of the pen.

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Findings Include:

A review of the medical record for Resident #4 was conducted. Per review of the form #1823 dated , it was noted that Resident #4 needs assistance with self-administration of meds. Per review of Resident #4 Medication Observation Record (MOR), she was ordered to receive 18 units by injection three times a day for and Flextouch 25 units by injection two times a day for .

On , at 12:27 p.m. Staff B was observed to instruct Resident #4 to get a locked box out of the refrigerator. Resident #4 was observed to take the locked box out of the refrigerator and Staff B was observed to open the box and confirmed that this was Resident #4's injections. Staff B was observed to have on gloves during this process. At that time, Staff B stated that the computer shut down and that he would have to reboot the computer in order to see the MOR. After rebooting the computer, Staff B was observed to open the box and the resident took an pen out of the box. She looked at Staff B and attempted to dial the pen independently. Staff B was observed tell the resident that she was not dialed to the correct dosage. He was observed to write "18" on a paper and the resident was observed to dial the pen and lift up her shirt and point to her stomach area. Staff B was observed to confirm that the resident was to inject herself in the stomach area with the pen, at which time, the resident was observed to inject herself with the pen in the stomach area. Staff B was observed to continue on to the next resident without changing his gloves, or washing his hands.

Interview with Staff A on at 1:00 p.m. she stated that she does assist Resident #4 with her medications when Staff B is not scheduled. She stated that she assists with the noon medications and assists with the for Resident #4 about three times a week. She stated that she will help her with dialing the dosage. She stated that she physically dials the dosage. She stated, "Her sight isn't good, so I want to make sure she gets the right dosage".

Class III

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

Based on observation, interview and record review the facility failed to ensure that three of three sampled employees (A, B and C) screenings were conducted annually and within 30 days after beginning employment.

Finding Include:

During an interview with the Housing Supervisor on , at 11:32 a.m., she confirmed that an updated annual screening was not completed within 30 days of hire date. The Housing Supervisor confirmed staff (A, B and C) had direct care contact with residents on daily basis. The Housing Supervisor confirmed no staff members have current screenings on file. Each time the healthcare providers come to the facility to do the screening, no staff members are ever in place. She stated, "Ain't nobody got it".

An observation was conducted on p.m. staff (A, B and C) were observed providing direct care services to residents throughout the survey process.

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A review of the employee personnel records on revealed Employee A was hired on Employee A's file revealed that Employee A file did not have documentation indicating a screening was completed.

A review of the employee personnel records on revealed Employee B was hired on Employee B's file revealed a screening dated , Employee B's file did not have documentation indicating updated screening was completed.

A review of the employee personnel records on revealed Employee C was hired on Employee C's file revealed Employee C file did not have documentation indicating a screening was completed.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that staff had all the required training for two (Staff A and Staff B) of three sampled staff records. Review of staff employee records revealed that there was no documented training for Emergency Preparedness for Staff B; control for Staff A and Staff B; Assistance with Daily Living and Behavioral needs for Staff A and Staff B; and Elopement Response for Staff A.

Findings Include:

During an interview with the Housing Supervisor on at 1:15 p.m., she reviewed employee files for Staff B and confirmed findings.

A review of Staff B's files on revealed that he was hired on Staff B's file did not have documentation indicating that she received training for emergency preparedness, control and ADL and Behavior needs.

During an interview with the Housing Supervisor on at 1:15 p.m., she reviewed employee files for Staff A and confirmed findings.

A review of Staff A's files on revealed that she was hired on Staff B's file did not have documentation indicating he received training for control, ADL and Behavior Needs and Elopement Response.

A observation was conducted for Staff A and B, both were observed having direct care contact with multiple residents throughout the survey process.

Class III

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0082-Training - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to ensure that one (Employee B) of three sampled employees (out of 3 employee files reviewed) had in-service training within 30 days of employment status.

Findings Include:

During an interview with the Housing Supervisor on at 11:24 a.m. The Housing Supervisor reviewed Employee B's file and confirmed that Employee B has direct care contact with residents on a daily basis and Employee B has not had in-service training within 30 days of employment.

A review of the Employee B's personnel record was conducted on the file revealed that Employee B had a hire date of Employee B's file revealed no documentation on in-service training.

Class III

0090-Training - 58A-5.0191(11) FAC

Finding Include:

During an interview with the Housing Supervisor on at 11:30 a.m., she confirmed that Employee A and B had direct care contact with multiple residents on daily basis and both employee A and B have not had any in-service training.

Observation was conducted on p.m. staff A and B were observed providing direct care services to residents throughout the survey process.

A review of the employee personnel records on revealed that Employee A was hired on Employee A's file revealed there was no documentation indicating in-service training was completed.

A review of the employee personnel records on revealed Employee B was hired on Employee B's file revealed there was no documentation indicating in-service training was completed.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, interviews, and record review, the facility failed to ensure that the substitute meal served during one of one meal observation was nutritionally adequate; failed to ensure that the approved menus were followed and failed to document and maintain a six month substitute menu log for 16 of the 16 residents in the facility.

Findings Include:

During an interview with Resident #2 on at 9:20 a.m., he was asked to describe the food service. He stated, "Sometimes what is served is not what is on the menu".

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A review of the facility's posted menu revealed that it had been approved by a Registered Dietician and that the facility was on the Cycle 3 of the menu. It was noted that the residents were scheduled to be served the following: Soup of the day/crackers; Triple Salad Plate 2 oz Chix, Ham, Turkey Salad; Muffin with margarine; Cucumber/Tomato Salad; Banana; Coffee; Tea; Water and Fruit Punch/SF Beverage.

On at 12:00 p.m. an observation of the lunch meal was conducted. The residents were seated and observed in the main dining . The meal consisted of the following: hot dogs with no , bowl noodles, pickles, cookies, milk, bananas, popcorn and tea. One resident was observed to be served a slice of pizza.

During an interview with Staff B on at 12:20 p.m. he confirmed that the facility was on Cycle 3 of the facility's planned menu cycle. He was asked to provide the Substitution Log at this time. He stated that he could not find the substitution log and confirmed that he did not document the substitution for .

During an interview with Staff A on at 12:35 p.m. she stated that she has been at the facility for one year. She stated that she does provide meals for the residents. She confirmed that when she deviates from the menu, she does not document the meal substitute on a log. She stated "I don't write anything". "Someone else might write it, but I don't".

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that three (Staff A, B and C) of three staff employee records reviewed had three hours of the continued education training biennially, related to Limited Mental Health. The facility staff employees provide direct care for one (Resident # 5) of sixteen residents in the facility receiving and Limited Mental Health Services.

Findings Include:

During a review of the employee records for Staff A and Staff B, there was no Limited Mental Health training certificate observed. A review of the Administrator's employee record revealed that he had the six hour Limited Mental health Training on , but there was no continued education update training documentation observed.

During an interview with the Administrator on at 11:04 a.m. he confirmed that he has not done any update training for Limited Mental Health. He further confirmed that he has not conducted any training with the staff employees in the past twenty-four months. He stated, "We were going to do (the training) but you all showed up. We have not done it yet". He was asked if he had the three hour continued education through distance learning. He stated that he had the 12-Hour CORE update training and that he was under the impression that was all he needed, to satisfy the requirement for the Limited Mental Health training.

Staff A and Staff B were observed providing direct care to residents throughout the survey process.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
B & H Care Homes, Inc.
235 12th Avenue, N.
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a biennial recertification 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/src
Enclosure: State (5000-3547) Form

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