STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968000	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sutton Homes	6102 Sand Pines Estates Blvd Orlando, FL 32819	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0076 - 58a-5.0186 Fac - [redacted] S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= B
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:
0000-Initial Comments
Re-licensure survey was conducted on [redacted] Sutton Homes had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations the facility failed to ensure the unlicensed staff thatwho assisted 1 of 4 sampled residents (#4) with self-administration of medications followed the correct procedure.

Findings:

Observations on [redacted] at approximately 4 PM of the medication pass noted that staff #B assisted resident #4 with self-administration of medications. The staff washed her hands. She retrieved the medication from the locked medication cabinet. She reviewed the Medication Observation Record (MOR). She poured the medication in a plastic cup and signed the MOR. The resident sat in the breakfast nook. She handed the cup to the resident. She observed the resident take the medication. She did not read the label in the presence of the resident and she signed the MOR before the resident took the medication.

In an interview on [redacted] at approximately 4:30 PM with the administrator who stated she observed the staff do the medication pass and she noted the staff did not follow the correct procedure.

Class III

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007 58A-5.0186 FAC

Based on record review and interviews the facility failed to ensure the facility's policies and procedures explain its implementation of state laws and rules relative to . An assisted living facility must honor a properly executed .

Findings:

Resident record review for residents #1 & #2 revealed that the policy indicated the following:

"In the event the resident needs and a is on file the staff will not withdraw or other lifesaving procedures until appropriate personnel have arrived. Those professionals will be informed of the at the time of their arrival".

"In the event a resident experiences or , staff trained in or a health care provider present in the facility, may withhold compression, and

"(b) In the event a resident is receiving hospice services and experiences or , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility."

The facility's policy did not indicate that a properly executed will be honored but rather indicated that although a was properly executed the staff or a healthcare provider present at the facility would perform until appropriate personnel had arrive. The policy did not explain who the "appropriate personnel" were. There was no guidance as to what the policy was regarding those residents without a .

In an interview on at approximately 3:30 PM with the administrator stated there was some and the policy needed to be revised.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observations, record review and interviews the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to provide a nursing service; the application and removal of compression stockings to 1 of 2 sampled residents (#1); failed to ensure that freedom from [redacted] was documented yearly for 2 of 5 sampled staff (A & B).

Findings:

1. Review of the facility license on [redacted] at approximately 8:45 AM noted the facility had a Standard Assisted Living Facility (ALF) license.

Record review of resident #1 on [redacted] at approximately 2 PM revealed a health assessment dated [redacted] that listed diagnoses of [redacted] and lymphedema. She was legally [redacted] and had agitation. Assistance was needed with all activities of daily living. Continued review reviled a healthcare provider order dated [redacted] that indicated compression hose - apply in AM remove at bedtime daily.

Observations on [redacted] at approximately 11:30 AM noted the resident had the hose on, after her daughter visited.

In an interview on [redacted] at approximately 2:30 PM with the administrator who stated the resident's daughter came daily to apply the hose and the caregivers removed them at night. If the resident's daughter was out of town she would tell the facility whether to put them on or not.

2. Personnel record review on [redacted] at approximately 3 PM revealed:

Staff A hired on [redacted] had a [redacted] test result dated [redacted]

Staff B hired on [redacted] had a [redacted] test result dated [redacted]

In an interview on [redacted] at approximately 3:30 PM with the administrator who stated the staff were due for [redacted] test.

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0090-Training - 58A-5.0191(11) FAC
Based on interview and record review the facility failed to ensure 3 of 5 sampled staff (A, B, & C) received an in-service training regarding the facility's that included all the information in Rule 58A-5.0186, F.A.C.

Findings:

1. In an interview on at approximately 9:30 AM with staff A, who was asked what was; she stated that meant She was then asked what she do if a resident did not have a "I do If they have a I would call the administrator and then 911. If the resident was under the care of hospice "I would call the administrator, the administrator would then get in touch with hospice.

2. In an interview on at approximately 10:30 AM with staff B, who stated she did not know what meant.

3. In an interview on at approximately 9:40 AM with staff C, who stated was a yellow paper and was unable to elaborate anymore.

In an interview on at approximately 3:30 PM who stated staff had been trained and evidently needed a refresher class.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel records review and interview the facility failed to ensure that personnel records contained certificates, or copies of certificates, of any training required by this rule was documented in the facility's personnel files for 1 of 5 sampled staff (B).

Findings:

In an interview on at approximately 10:30 AM with staff B, who stated she had been trained to do her job. The training included what to do in the event of an emergency.

Personnel record review on at approximately 3 PM for staff B revealed she was hired on Continued review revealed a multiple page orientation document. The documented listed the required in-service training and an agenda. A page indicated that 8 hours of in-service were given on a specific date and was dated and signed by the staff and

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the administrator. However, trainings listed on the agenda was not individually dated and signed. There was no evidence to confirm the staff attended an in-service training regarding ,Activities of Daily Living/Resident Behaviors/ Emergency Procedures and adverse incident reporting. When asked if all the training was done on the same date. The administrator replied that not always; sometimes is done over a few days.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and interviews the facility failed to ensure all regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist and that regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months.

Findings:

Observations during the facility tour on [redacted] at approximately 9 AM noted there was a menu posted by the dining area. The menu was signed by a dietitian and was dated [redacted] The menu posted by kitchen indicated the lunch to be served was chicken stew, vegetables, apple pie, cucumber salad, roll and beverage

In an interview on [redacted] at approximately 10 AM with staff A, who stated that was the menu being followed and used today.

Observation of the menu lunch served was strudel instead of apple pie and tomato/onion salad instead of cucumber salad.

In an interview on [redacted] at approximately 12 PM staff A stated other foods were not available. She did not note the substitution before or when the meal was served.

The administrator provided week 3 and 4 of a menu dated [redacted] by a registered nutritionist, but those were not the menus being used.

Class III

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0167-Resident Contracts 58A-5.025 FAC
Based on record review and interviews the facility failed to ensure the resident contract contained all the required components that included advance payments and continued residency.

Findings:

Individual resident record review on [redacted] at approximately 2 PM for residents #1 and #2 revealed the facility required a deposit for the last month's rate. Continued review of the contract revealed it did inform the resident /family or responsible party of the policy regarding advance payment/deposit. The contract did not indicate the deposit must be kept in a baking institution in the same state and community where the facility was located; that those funds were to be kept separate from the facility funds, and that the name and address of the banking institution was to be provided to the resident /responsible within 30 days of admission to the facility.

The contract did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

In an interview on [redacted] at approximately 3:30 PM with the administrator who stated the information was overlooked.

Class [redacted]

Z827-Unlicensed Activity 408.812, FS
Based on observations, record review and interviews the facility failed to ensure they obtained a Limited Nursing Services license before performing the services for 1 of 4 sampled residents (#2).

Findings:

Review of the facility license on [redacted] at approximately 8:45 AM noted the facility was a Standard Assisted Living Facility (ALF).

Record review for resident #1 on [redacted] at approximately 2 PM revealed a health assessment dated [redacted] that listed diagnoses of [redacted] and lymphedema. She was legally [redacted] and had agitation. Assistance

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was needed with all activities of daily living. Continued review reviled a healthcare provider order dated [redacted] that indicated compression hose - apply in AM remove at bedtime daily.

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In an interview on [redacted] at approximately 2:30 PM with the administrator who stated the resident's daughter came daily to apply the hose and the caregivers removed them at night. If the resident's daughter was out of town she would tell the facility whether to put them on or not.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Sutton Homes
6102 Sand Pines Estates Blvd
Orlando, FL 32819

RE: Biennial

Dear Administrator:

This letter reports the findings of a state licensure 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 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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