STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967639	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hill View Assisted Living	3854 Highway 2 Graceville, FL 32440	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0000-Initial Comments
An unannounced Standard Biennial Licensure survey was conducted at Hill View Assisted Living Facility located in Graceville, Florida on - Deficient practice was identified during the survey.

0010-Admissions - Continued Residency 429.26(1&9) FS; 58A-5.0181(4) FAC
Based on record reviews and staff interview, the facility failed to ensure all residents have a face to face medical exam, recorded on AHCA form 1823 at least every 3 years after the initial assessment or after a significant change for 2 of 2 sampled residents. (residents #4 and 7)

The findings include:

Review of resident #4's record was conducted on . The record revealed the resident was admitted to the facility on . The record revealed a health assessment, recorded on AHCA form 1823 dated . No further 1823 health assessments were in the record.

Review of resident #7's record was conducted on . The record revealed the resident was admitted to the facility on . The resident was admitted to hospice services on . The most recent health assessment (AHCA form 1823) was dated . The health assessment dated was not complete. The section with check boxes for type of help required for medications was not checked. The health assessment dated indicated the resident was not bed bound, required supervision for eating and did not mention hospice services. No further health assessments were completed to reveal the resident's current status and hospice services.

An interview was conducted with employee A on at approximately 11:00 AM. Employee A stated the resident was on hospice, was bed bound and had not been out of bed in at least a month and had to be fed by staff.

An interview was conducted with the facility Administrator on at approximately 3:35 PM. She stated she had no idea a new health assessment was required every 3 years or after a significant change.

Class III

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0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, record review and resident interviews, the facility failed to provide a diversified, ongoing activities program for 3 of 6 sampled residents. (#1, 2 and 6)

The findings include:

An observation of the activities calendar posted in the dining area was conducted on . at approximately 9:39 AM. The calendar indicated the residents were to play board games on . from 9 AM- 11 AM, have a bible study on . from 1:30 PM- 3:30 PM, and on . have a bible study from 9 AM- 11 AM. Surveyor was in the facility on these dates and times and these activities were not observed. 2 residents were observed watching television with employee A on . and . 3 female residents were observed playing dominos on . at approximately 1:23 PM. No other activities were observed to be offered to the residents.

An interview was conducted with resident #1 on . at approximately 10:28 AM. Resident #1 stated there was not much to do in the facility and that they play dominos once in a while. She stated the facility does not follow the calendar posted in the dining area. They have a gospel sing about once a month. She stated they do not offer board games or bible studies as indicated on the calendar. She wished the facility offered more activities.

An interview was conducted with resident #2 on . at approximately 11:05 AM. Resident #2 stated we do not do any activities. She stated they are supposed to have activities daily but they do not get around to them.

An interview was conducted with resident #6 on . at approximately 2 PM. Resident #6 stated we do not have a lot of activities, I stay in my . I do word searches.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review, resident interview and staff interview, the facility failed to ensure unlicensed staff follow the appropriate procedures for assistance with self- administration of medications for 1 of 4 sampled residents. The facility unlicensed staff were preparing the dose for an . pen by dialing the dose on the pen for resident #4.

The findings include:

Review of resident #4's record was conducted on . The current Medication Observation Record revealed the resident received Lantus . flexpen 32 units every night at 9 PM, client injects.

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An interview was conducted with resident #4 on at approximately 1:26 PM. Resident #4 stated she takes an injection every night around 8:15 PM. She stated she injects the herself and the staff turn the dial to the dose on the pen.

A telephone interview was conducted with employee B on at approximately 3:16 PM. Employee B stated she dials the dose for the resident because the resident's hands are too shaky. She stated the resident could probably do this if she would try, but she asks the staff to dial the dose.

Class III

007t 58A-5.0186 FAC
Based on record review and staff interview, the facility failed to establish written policies and procedures that explain its implementation of state laws and rules regarding

The findings:

Review of the facility records on revealed the facility records did not have a facility policy.

An interview was conducted with the facility Administrator on at approximately 11:16 AM. She stated the facility does not have a facility policy regarding

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on observations, staff record review and staff interview, the facility failed to ensure a staff member trained in and First Aid with a currently valid card for and First Aid were in the facility at all times.

The findings include:

Observations of staff in the facility were conducted on and during the day. The staff observed in the facility were the Administrator and employees A and C. Review of the Administrator, employee A and C's records revealed none of them had current and First Aide training.

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An interview was conducted with the Administrator on at approximately 11:16 AM. The Administrator stated all staff and First Aid training have expired.

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 unlicensed persons who provide assistance with self-administered medications complete a minimum of 2 hours continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility for 3 of 3 sampled employees. (Employees A, B and D)

The findings include:

Review of employees A, B, and D staff records was conducted on The records did not contain evidence of the required minimum 2 hours continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

An interview was conducted with the facility Administrator on at approximately 12:33 PM. The Administrator confirmed employees A, B and D did not have the required 2 hour training on providing assistance with self-administered medications. She also confirmed employees A, B and D provide assistance with self-administered medications to the residents.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record reviews and staff interview, the facility failed to ensure staff receive training regarding the facility's policy for 3 of 3 sampled employees. (employees A, B and D). The facility did not have a policy in place.

The findings include:

Review of employees A, B and D employee files was conducted on No evidence of facility training was in the records. Employee A was hired on Employee B was hired on Employee D was hired on

An interview was conducted with the facility Administrator on at approximately 11:16 AM. She stated the facility does not have a facility policy regarding

Class III

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, staff interviews and record review, the facility failed to ensure each resident was offered all menu items or equivalent items and standard minimum food portions during 1 of 2 meal observations for 1 of 11 sampled residents. (lunch, resident #7)

The findings:

An observation of the lunch meal was conducted on . beginning at approximately 11:30 AM. 10 of 11 residents were observed to be served turkey, dressing with cranberry sauce, broccoli, a roll and peaches in the dining . Resident #7 was in bed and a hospice resident. Resident #7 did not eat in the dining . Employee A and C were both observed to eat the meal the residents were served at approximately 12 noon. An observation of resident #7 was conducted on at approximately 1:09 PM. Her were dry and she was thin. She was awake and in bed. During the lunch meal on the dining area and door to resident #7's visible during the meal. No staff attempted to take and offer resident #7 a meal from approximately 11:30 AM until 1:18 PM after the surveyor began asking questions about resident #7's meals.

An interview was conducted with employee C on at approximately 1:11 PM. Employee C stated the staff feed her soft foods when she is awake, they give her fruit and leftovers they can mash and make soft. Employee A was then observed to ask employee C if there was any dressing left from lunch for resident #7 and employee C replied no. Employee A then provided resident #7 an ensure and a bowl of beef vegetable soup with crackers. The resident was not served the same meal at approximately the same time as the other residents.

Review of resident #7's record was conducted on . The record revealed a current hospice care plan indicating diet as tolerated and she was fed by others and a health assessment (AHCA form 1823) dated indicating the resident required a regular diet.

An interview was conducted with the Administrator on at approximately 12:59 PM. She stated all residents should be offered a balanced diet, variety and substitutes if they refuse foods.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hill View Assisted Living
3854 Highway 2
Graceville, FL 32440

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted , 16, 2015 and , 2015 by representatives 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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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