| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964707 | 02/24/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Indigo Palms | 570 National Healthcare Blvd Daytona Beach, FL 32114 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
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 - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0181 - 58a-5.026(2) Fac - Emergency Plan Approval S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
A biennial licensure survey was conducted at Indigo Palms on , 2015. Deficiencies were identified.

**0078-Staffing Standards - Staff 58A-5.019(2) FAC**
Based on a review of employee files, and interview with staff, the facility failed to ensure that 3 of 3 sampled employees (Employees A, B and C) complied with the training requirements of Rule 58A-5.0191, F.A.C; and failed to provide a written job description to 1 of 3 sampled employees (Employee B); and failed to have a licensed health care provider assess the results of the annual testing for 1 out of 4 sampled employees. (Employee C).

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Resident Aide and Medication Technician. Further review of the record revealed she had never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

A personnel file review conducted for Employee B found he was hired on as a Resident Aide and Medication Technician. There was no documentation that Employee B received a written job description upon hire. Finally, further review of the record revealed Employee B never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

A review of the facility schedules confirmed Employee B had been working in the facility since , 2014.

A personnel file review conducted for Employee C found he was hired on as a Resident Aide and Medication Technician. Further review of the record revealed he had never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

An interview was conducted with the Administrator on at 2:55 pm. He confirmed Employees A, B and C had not received facility-specific training in emergency preparedness. He acknowledged the missing job description and the untimely Level 2 background screening for Employee B. The Administrator stated Employee B's background clearance must have been overlooked upon hire.

Record review for Employee C, a medication technician, with a a hire date of revealed a

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test completed

During an interview on at 2:45pm with Roz Fonsworth LPN Employee E, she stated that she and the Director of Nursing DON Darren Pedigo LPN read the annual tests for the employees. Employee E confirmed that the DON signed that he assessed the results of the test results for Employee C. Employee E confirmed that both she and the DON were licensed practical nruses (LPN's).

Class III

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**
Based on a review of employee records, and interviews with staff, the facility failed to provide the required training on facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations within 30 days of hire to 3 of 3 sampled employees (Employee A, B and C).

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Resident Aide. Further review of the record revealed she had never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

A personnel file review conducted for Employee B found he was hired on as a Resident Aide and Medication Technician. Further review of the record revealed he never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

A personnel file review conducted for Employee C found he was hired on as a Resident Aide and Medication Technician. Further review of the record revealed he had never received facility-specific training in emergency procedures that included chain-of-command, or the roles of staff during an emergency situation or evacuation.

An interview was conducted with the Administrator on at 2:55 pm. He confirmed Employees A, B and C had not received facility-specific training in emergency preparedness.

Class III

**0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC**
Based on a review of employee records, and interview with staff, the facility failed to ensure that training certificates documented in personnel files included the training provider's credentials, and professional license number, for 2 of 3 sampled employees (Employees A and C) who received assistance with self-administration of medications on-line.

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Resident Aide. Employee A had several certificates of completion for an on-line course titled Medication Management in Assisted Living, all dated . At the bottom of the certificate was a trainer's signature, also dated , however, the trainer failed to include his/her credentials or license number. It was not possible to determine if a Registered Nurse or a

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licensed Pharmacist had coordinated and provided the training, as required.

A personnel file review conducted for Employee C found he was hired on ___ as a Resident Aide and Medication Technician. Employee C had a certificates of completion for an on-line course titled Medication Management in Assisted Living dated ___. At the bottom of the certificate was a trainer's signature, also dated ___, however, the trainer failed to include his/her credentials or license number. It was not possible to determine if a Registered Nurse or a licensed Pharmacist had coordinated and provided the training, as required.

An interview was conducted with Consultant RN on ___ at 3:00 pm. She reviewed the course certificates for Employees A and C's medication training, and confirmed they did not include the credentials of the trainer.

Class III

**0160-Records - Facility 58A-5.024(1) FAC**
Based on review of facility records, and interview with staff and county officials, the facility failed to maintain a completed emergency management plan (EMP), with documented review and approval by the county's emergency management agency, as described in Rule 58A-5.026, F.A.C.

The findings include:

A review of the facility's comprehensive emergency management plan found missing documentation that the plan had been reviewed and approved by the local emergency management agency. A letter dated ___ confirmed the annual updates to the facility plan had been received. The letter was from an Administrative Coordinator; however, the letter had no signature, and was not printed on county letterhead.

A telephone interview was conducted with the Administrative Coordinator for the county's emergency management agency on ___ at 2:53 pm. The Administrative Coordinator confirmed the facility's EMP was not complete, and had not been approved. She explained she was still waiting for requested information from the facility following receipt of an incomplete emergency plan. To date, she had still not received the requested material from the facility.

An interview was conducted with the Administrator on ___ at 2:55 pm. He confirmed the facility EMP had not been approved by the county. He explained the EMP had not been approved for two years, despite his repeatedly seeking approval.

Class III

**0181-Emergency Plan Approval 58A-5.026(2) FAC**
Based on review of facility records, and interview with staff and county officials, the facility failed to maintain a completed emergency management plan (EMP), with documented review and approval by the county's emergency management agency, as described in Rule 58A-5.026, F.A.C.

The findings include:

A review of the facility's comprehensive emergency management plan found missing documentation that the plan had been reviewed and approved by the local emergency management agency. A letter dated ___ confirmed

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the annual updates to the facility plan had been received. The letter was from an Administrative Coordinator; however, the letter had no signature, and was not printed on county letterhead.

A telephone interview was conducted with the Administrative Coordinator for the county's emergency management agency on [redacted] at 2:53 pm. The Administrative Coordinator confirmed the facility's EMP was not complete, and had not been approved. She explained she was still waiting for requested information from the facility following receipt of an incomplete emergency plan. To date, she had still not received the requested material from the facility.

An interview was conducted with the Administrator on [redacted] at 2:55 pm. He confirmed the facility EMP had not been approved by the county. He explained the EMP had not been approved for two years, despite his repeatedly seeking approval.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Indigo Palms
570 National Healthcare Blvd.
Daytona Beach, FL 32114

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2015 by a representative 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. Should you have any questions please call this office at

Sincerely,

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

PM/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida