STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910546	03/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
VARNUM'S REST HOME	12167 NW FREEMAN ROAD BRISTOL, FL 32321	

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

0000 - Initial Comments

An unannounced Standard Biennial Licensure survey to include Limited Nursing Services and Limited Mental Health was conducted at Varnum's Rest Home Assisted Living Facility in Bristol, FL on - . Deficient practice was identified at the time of the survey.

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 followed the appropriate procedures for assistance with self- administration of medications for 1 of 1 sampled residents. The facility unlicensed staff were preparing the dose for an pen by dialing the dose on the pen for resident #15.

The findings include:

Review of resident #15's record was conducted on . The record revealed the resident received 30 units by injection every night. An interview was conducted with employee A (an unlicensed caregiver) on at approximately 1:51 PM. Employee A stated she assisted resident #15 with her every night by dialing the correct dose on the pen before the resident injects herself. She stated she dials the dose for the resident to ensure she gets the correct dose. An interview was conducted with resident #15 on at approximately 2:02 PM. The resident confirmed she takes by injection every night. The resident stated the staff turn the dial on the pen to 30 units for her. She stated she was able to turn the dial herself and the staff just want to make sure she gets the proper dose. An interview was conducted with employee B (an unlicensed caregiver) on at approximately 2:15 PM. Employee B stated she dials the dose on the pen for resident #15 and the resident then injects her .

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and interview, the facility failed to serve food in a sanitary manner that is consistent with standard control practices during the lunch meal observation.

The findings include:

On at approximately 11:42am, there were three staff members observed in the kitchen/ dining area assisting with the lunch meal. One staff member was at the sink washing dishes, one staff member was at the door directing the residents to their seats, and staff member "F" was serving food to the residents. One female resident who had finished eating got up and left the dining . Staff member "F" was observed to go over to the table where the resident had left her dishes, and collected the dirty dishes from the table. Staff member "F" was wearing

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0092 Continued From page 1

a pair of plastic gloves. She took the dishes to the trash can and disposed of some of the items and then put the plastic bowl in the sink. She then noticed that one of the residents did not have a plate so she went to the stove and began fixing his plate. The staff member was not observed to change her gloves prior to serving the food. Once she gave the resident his plate, she used those same gloves to reach into a container of saltine crackers and extract a handful to give to the resident. She then picked up a ham sandwich with the same gloves and handed it to the resident.

On at approximately 11:48am, an interview was conducted with staff member "F". She was asked when it would be required for her to change her gloves during the meal service and she stated that she would normally change her gloves anytime she left the came back. When asked if she normally changed her gloves between collecting dirty dishes and serving food, she stated "Yes, I would change my gloves then." When asked why she had not changed her gloves between picking up the dirty dishes from the table and serving the resident at the bar, she stated that she had not realized that she had done that and stated "my bad."

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview, the facility failed to ensure each personnel record contained documentation verifying freedom from signs and symptoms of communicable for 1 of 3 personnel records reviewed. (employee E)

The findings include:

Review of employee E's (an unlicensed caregiver) record was conducted on . The record revealed employee E was hired by the facility on . The record did not contain documentation verifying the employee was free from signs and symptoms of communicable .

An interview was conducted with employee G (the facility manager) on at approximately 12:05 PM. Employee G confirmed the record did not contain documentation verifying employee E was free from signs and symptoms of communicable . Employee G stated they had been having trouble getting providers to sign the form.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview, the facility failed to ensure employee files contained a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, Florida Statutes for 1 of 3 sampled

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SUMMARY STATEMENT OF DEFICIENCIES
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Z816 Continued From page 2

employees. (employee D)

The findings include:

Review of employee D's (an unlicensed caregiver) record was conducted on . The record did not contain a signed Affidavit of Compliance with Background Screening Requirements or similar document. An interview was conducted with employee G (facility manager) on at approximately 11:18 AM. Employee G reviewed employee D's file and confirmed the file did not contain a signed Affidavit of Compliance with Background Screening Requirements or equivalent form.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Varnum's Rest Home
12167 Nw Freeman Road
Bristol, FL 32321

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 through , 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,

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

DH/kb
Enclosure
XG90

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