| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966952 | 01/12/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Lilac House | 1770 S Lilac Circle Titusville, FL 32796 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**
0000-Initial Comments
A complaint investigation CCR# 2014012323 was conducted on . Lilac House Assisted Living Facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review the facility failed to ensure staff left in sole charge of the residents provided observation of the activities of the residents while on the premises and awareness of the general health safety and physical and emotional well-being of the residents. The needs for incontinence care, adequate hydration and nutrition for 1 of 8 residents(Resident #1) was not met.

Findings:

Interview conducted on at approximately 4 PM with Staff D who stated that on staff C who was on duty was informed that she would not be in until after 1:00 PM because she was going to Church. Staff C took it upon herself to call Staff B and left her alone with the residents. Staff C did not contact the Administrator, any House Manager or Supervisor to discuss or to get permission to make the schedule change. Staff B is not an employee and has no training or background screening. Staff B left the home at approximately 8:30 AM.

Interview conducted on by Titusville Police Corporal with staff B who stated staff C called her to relieve her because she was tired. Staff C stated she does not have any of the facility training. She does not have a background screening. Staff B stated that between 8:30 and 9:00 AM she checked on resident #1 who was still sleeping and dry. When the resident's family arrived at 11:30 AM Staff B stated she was sleeping on the sofa. Staff B stated that resident #1 did not get up for breakfast

Interview conducted on by Titusville Police Corporal with staff C who stated that she left the facility on at approximately 8:30 AM. She had changed resident #1 at approximately 6:00 AM and put on double depends on her. Staff C stated that Resident was in

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the habit of sleeping late until approximately 9:30 AM. Residents #2 and #8 had breakfast before she left the facility.

Review of the documentation of the interview conducted on [redacted] between Titusville Police Corporal and Family Member of Resident #1 who stated that she arrived at the facility on [redacted] at approximately 11:30 AM. She found staff C sleeping on the sofa in the living [redacted]. She proceeded into resident #1's [redacted] found strong [redacted] odor and the resident was soaked in [redacted]. Resident had not had her medications or breakfast at that time.

Interview conducted on [redacted] at approximately 5:15 PM with the administrator who stated that no staff is hired until they pass the level II background screening. After they pass they are trained. Staff C is not a staff member. Staff B did not call Administrator, House Manager or Supervisor to discuss changing the schedule. The administrator stated she had no idea that Staff B was alone in the home until the family member called her.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview and record review the facility failed to ensure that an unlicensed staff left in sole charge of residents had training in assistance with self-administration of medication for 1 of 8 sampled residents #1.

Findings:

Record review conducted on [redacted] for resident #1 revealed a Facility Health Assessment Form (AHCA 1823) with diagnosis of [redacted] and restless leg. Physician indicated the resident needs can be met in an Assisted Living Facility. The resident requires assistance with self-administration of medications. Review of the Medication Observation Record (MOR) dated [redacted] 2014 for resident #1 revealed the medications for [redacted], 2014 were not signed for.

Interview conducted on [redacted] by Titusville Police Corporal with Staff B who stated; she did not give medications to any resident on [redacted] She had no instructions to give resident #1 any medications. Resident #1 was not given any medications between 8:00AM and 11:30 AM, when her family arrived that morning. The MOR reflects that the medications are signed for as given from date of admission on [redacted] at 8:00PM through [redacted] at 8:00 PM.

Interview conducted on [redacted] with the administrator who stated Staff B is not a staff person. The staff person assigned to be at the facility on [redacted] from 8:00 AM -2:00PM

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was Staff D along with Staff C who was the full time 24 hour staff. Staff D called Staff C and informed her she would be in at 1:00PM. Staff C took it upon herself to call Staff B who is not employed by the facility to cover for her. Medication was not given to any resident between 8:00 AM and 1:30 AM.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview and record review the administrator failed to ensure staff was trained and had level II background screening before being in sole charge of the residents in the facility.

Findings:

Interview conducted on at approximately 4:00 PM with Staff D who stated she was on the schedule to work 8:00 AM - 2:00 PM. She called staff C and told her she would not be in until 1:00 PM because she was going to church. She did not know that Staff C would call in staff B to work and leave the home.

Interview conducted on at 5:30 PM with the administrator who stated that on staff C called staff B to the facility to work for her. Staff B is not an approved staff person. She was never interviewed and did not have a background screening or training. The administrator stated that all prospective employees are put through the background screening process before they are trained. The administrator stated she had no knowledge that Staff B would be at the ALF that day. Staff C did not call the Administrator, House Manager or Supervisor to get approval to leave the home or change the schedule.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview the facility failed to ensure that the individual left in the sole care of the residents had a level II background screening for 8 of 8 residents.

Findings:

Interview conducted on at approximately 4:00 PM with Staff D who stated she was on the schedule to work 8:00 AM - 2:00 PM. She called staff C and told her she would not be in until 1:00 PM because she was going to church. She did not know that Staff C would call in the individual identified as staff B to work and leave the home.

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Interview conducted on at 5:30 PM with the Administrator who stated that on staff C called staff B to the facility to work for her. Staff B is not an approved staff person. She was never interviewed and did not have a background screening or training. The administrator stated that all prospective employees are put through the background screening process before they are trained. The administrator stated she had no knowledge that staff B would be at the ALF that day. She further stated staff C did not have the authority to have staff B to work at the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Lilac House
1770 S Lilac Circle
Titusville, FL 32796

**RE: CCR #2014012323**

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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