STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	**03/31/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TUSCANY HOUSE	**5806 INDIGO CROSSING DR ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . Tuscany House had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation and interview the facility failed to have a completed Health Assessment Form (1823) for 1 of 2 sampled residents (#2).
A record review for resident #2 revealed the resident was admitted on . The Health Assessment Form (1823) did not have the answer to question B on page 4. The question was left blank. The health care provider did not answer the question "Does the resident need assistance with medications; yes or no - and if yes what type of assistance does the resident need with medication.
On . . . . at approximately 4:00 PM the Administrator stated she had sent the Health Assessment to the health care provider several times to correct. However, s/he did not notice that question B on page 4 still remained unanswered.
Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation, interview and record review the facility failed to follow physician ordered diet (thicken liquids) for 1 of 2 sampled residents (#2) after readmission after a hospitalization; failed to contact resident's health care provider and responsible party of a significant change that resulted in a hospitalization for 1 of 2 sampled residents (#2).
Findings:
Record review for resident #1 revealed she was admitted to facility on . . . . Further review of the record resident #1 had a legal guardian and limited guardianship paperwork in record dated . . . . Review of the Agency for Care (AHCA) Health Assessment for (1823) dated . . . . documented that the resident was on regular diet with thicken liquids. Also in the record was a prescription dated . . . . thickened liquids signed by the physician.
According to documentation in the resident's record she was sent out to the hospital on . . . . for . . . . . The resident returned to the facility the same day. Review of the discharge summary did not include any dietary restrictions. However, there was no order to discontinue (D/C) thicken liquids in the resident's record.
During observation of lunch on . . . . at approximately 1:50 PM the resident was observed drinking juice. The juice was observed being poured from the container into the resident's glass along with other resident's glasses. There was no thicken observed added to the juice provided to the resident.
Further review of the record revealed that the facility had no note in the file that they contacted the medical provider and family for the hospital visit noted above.
On . . . . at approximately 2:40 AM the administrator stated since the resident was discharged from the hospital without thickened liquids she felt the thickened liquids could be discontinued. The Administrator stated she did contact the resident's physician and family. The Administrator was unable to provide any documentation that she

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0025 Continued From page 1

contacted the medical provider and family.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview the facility failed to have medication in its properly labeled container for 1 of 2 sampled residents (#2).
Findings:
On at approximately 9:45 AM a medication pass was observed for resident #2. Staff B took a bottle of Azopt eye drops out of the locked cabinet. The medication was in a clear bottle and was prescribed as follows according to the MOR: 10 ml one drop in both eyes daily. Staff B did not have the box with the prescription label on it for the eye drops.
On at approximately 10:00 AM in an interview with the Administrator, she stated she threw the labeled box away but would contact the Pharmacy for a new labeled box.
Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations and interview the facility failed to ensure that a written work schedule which reflected a 24 hour staffing pattern for a given time period was maintained.
Findings:
During the facility tour on at approximately 10:00 AM the Administrator stated the facility census was 5 residents. Observations noted that 5 residents lived in the facility.
Review of the staffing schedule from 1, 2015 to , 2015 and , 2015 through 2015 revealed the staff schedule was a clean piece of paper with a table of 4 rows and 7 columns with one staff name in each one of the first boxes. The schedule did not indicate the hours each staff was assigned to work. The schedule did not reflect the 24 hour staffing pattern.
In an interview on at approximately 10:15 AM with the Administrator stated that the staff work 12 hour shifts: 7a to 7p and 7p to 7a. She stated the staff name in the first box is the first shift for the week of 1, 2015 to , 2015 and the staff name in the box below that is the second shift for the same week. She stated she had always done her schedules that way.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observation and interview the facility failed to provide 1 hour of training within 30 days of hire in the facility's policy and procedure regarding Training for 2 of 3 sampled staff (Staff B, and C).
Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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0090 Continued From page 2

Personnel record review for Staff B, hired and Staff C hired did not have a certificate in their personnel files for training.
On at approximately 3:20 PM in an interview with the Administrator she stated staff did not have the training.
Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on Personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (A) had a certificate or copies of certificates for: CORE training, Control, ADL and Behavioral Needs, Training, Medication Training & Updates, First Aid Training and Training
Finding:
During Personnel record review for Staff A (Administrator/Owner) hired on , there was no documentation found to confirm that she received the following training: CORE training, Control, ADL and Behavioral Needs, Training, Medication Training & Updates First Aid Training and Training.
On at approximately 3:20pm, in an interview the Administrator stated she left her file in her locked vehicle at her house.

Class

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have substitutions to the menu noted before or when the meal is served, and kept on file in the facility for 6 months, and did not ensure that the menu items being substituted were of comparable nutritional value.
Findings:
At approximately 1:00 PM on lunch was observed. The menu noted the following for lunch:
4 ounces meatloaf, 1 C mashed potato, ½ C broccoli, 1 C mixed salad, 1 T salad dressing and, ½ Cup gelatins and drink of choice.
The residents were served 1 slice of ham and 1 slice of cheese on 1 piece of bread, ½ C fresh carrots, ½ bananas, ½ of a mandarin orange and drink of choice.
After all but 2 residents left the table and had finished eating the staff brought over 2 hot bowls of cooked broccoli.
Observation of the menu after lunch was served revealed that no substitutions were noted for
On at approximately 1:20 PM in an interview the Administrator stated she thought she could use anything on the dietician's substitution log and did not know she had to keep a log of substitutions. The Administrator went on to say that everything served was from the dietician's substitution log. She stated she did not look at food groups being of equal nutritional value. She stated she now understands the need to keep a substitution log book and note substitutions on the menu.
Class III

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0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an up-to-date admission and discharge log listing the names of all residents with the required information.
Findings:
Review of a book that was labeled Admission/Discharge log. The book revealed a log of 7 residents with "Admit" dates. There was "Discharge" dates for 3 of those 7 residents. The Administrator did not have an up-to-date admission and discharge log listing the names of all residents and required information.
In an interview with the Administrator on [redacted] at approximately 3:20 PM, she stated she did not have any Admission/Discharge log.
Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Tuscany House
5806 Indigo Crossing Dr
Rockledge, FL 32955

RE: Biennial relicensure

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com