STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966948	**04/14/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CARINGTON MANOR	**3215 EAST JAMES LEE BLVD CRESTVIEW, FL 32539**	

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

0000 - Initial Comments

An unannounced abbreviated biennial survey with a Limited Nursing Services monitoring visit was conducted on at the Carington Manor Assisted Living Facility. The Carington Manor Assisted Living Facility 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 record reviews and staff interview, the facility failed to ensure 1 of 4 sampled residents (#8) who were observed during the medication pass observation task, had a complete Agency for Healthcare Administration (AHCA) Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010.

The findings are:

A medication pass observation was done on at 12:17PM with the Licensed Practical Nurse, sampled staff G, for sampled resident #8. The nurse was observed to administer the resident's noon medications. The resident's record was reviewed to ensure the physician's medication orders were followed by the nurse. A review of the resident's AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was done to ascertain if the physician ordered for the staff to administer the medications.

Record review revealed a AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 with a date of examination and signed by the physician on Page 4 Section B of the form has not been completed by the physician. The physician failed to indicate if the resident needs assistance with self administration of medications or if the resident needs medication administration. Interview with the facility administrator on at approximately 1:17PM revealed this is the resident's most recent 1823, and she confirmed this section was not completed by the physician and stated the resident needs medication administration for all his medications due to his poor cognition.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and staff interview, the facility failed to provide a written statement from a health care provider documenting that 4 of 6 employees (#B, C, D and E) do not have any signs or symptoms of communicable within 30 days of employment. The facility also failed to provide evidence of a negative examination on an annual basis for two of six employees. (#A and D)

The Findings:

A record review was conducted of the following employees:
1. Employee #A last chest x-ray was done on The record did not have a written statement from a health care

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0078 Continued From page 1

provider documenting any signs or symptoms of communicable ..... within 30 days of employment. There was no documentation showing evidence of a negative ..... examination in the past 12 months.

2. Employee #B record did not have a written statement from a health care provider documenting any signs or symptoms of communicable ..... within 30 days of employment.

3. Employee #C record did not have a written statement from a health care provider documenting any signs or symptoms of communicable ..... within 30 days of employment.

4. Employee #D last chest x-ray was done on The record did not have a written statement from a health care provider documenting any signs or symptoms of communicable ..... within 30 days of employment. There was no documentation showing evidence of a negative ..... examination in the past 12 months.

5. Employee #E record did not have a written statement from a health care provider documenting any signs or symptoms of communicable ..... within 30 days of employment.

On ..... at approximately 12:45pm an interview was conducted with the Administrator who confirmed the above findings. The Administrator reported that she thought that Employee #A and #D did not have to update their chest x-rays for five years. The Administrator reported that she did not have any documentation that employee #A and # D ..... examinations are done on an annual basis.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and staff interview, the facility failed to provide the 1 hour in-service trainings control, activities of daily living, emergency preparedness and evacuation, incident reporting, resident rights and recognizing/reporting within 30 days of employment for 1 of 6 employees. (#C)

The Findings:

On a record review was conducted of Employee #C personnel file which revealed that she was hired on ..... A review failed to locate documentation of the completed 1 hour in-service trainings of control, activities of daily living, emergency preparedness and evacuation, incident reporting, resident rights and recognizing/reporting ..... The certificate of completion was not found in Employee #C file.

On ..... at approximately 12:45pm an interview was conducted with the Administrator who confirmed that the certificate of completion for the above trainings was not found in Employee #C personnel files. The Administrator reported that Employee #C had completed the trainings, but she could not provide documentation of the trainings.

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

0081 Continued From page 2

Class III

0082 - Training - [redacted] - 58A-5.0191(3) FAC

Based on record review and staff interview, the facility failed to provide documentation for 1 of 6 employees (#C) one-time education course on [redacted] and [redacted] within 30 days of employment.

The Findings:

On [redacted] a record review was conducted of Employee #C personnel file which revealed that she was hired on [redacted]. Employee #C one-time education course on [redacted] was not found in the file.

On [redacted] at approximately 12:45pm an interview was conducted with the Administrator who confirmed that the one-time education course on [redacted] was not in the file. The Administrator reported that it was difficult to get Employee #C to come in for her trainings.

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 that 1 of 6 employees (#B) had a signed Affidavit of Compliance with background screening.

The Findings:

On [redacted], a record review was conducted of Employee #B personnel file. The record indicated that Employee #B did not have an Affidavit of Compliance with background screening in the file.

On [redacted] at approximately 12:45pm an interview was conducted with the Administrator who verified that the Affidavit of Compliance with background screening for Employee #B was not in the file. The Administrator reported that it was an oversight on her part.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Carington Manor
3215 East James Lee Blvd
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 13 and 14, 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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