STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	**05/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
OCEAN VIEW MANOR	**624 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118**	

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

0000 - Initial Comments

An unannounced biennial with Limited Mental Health survey was conducted on 2015 at Oceanview Manor in Daytona Beach Florida. Deficiencies were identified during the visit.

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

Based on observation, record review and staff and resident interview, the facility failed to document significant changes for Resident #1 for weight loss out of 2 resident records reviewed and failed to maintain a general awareness of the whereabouts for 1 of 16 sampled residents (Resident #16).

The findings include:

1. The weight record for Resident #1 was reviewed. On the day of his admission, the resident's weight was 170 (pounds). He had a progression of weight loss since admission. His weights were recorded as follows:

154
123
122
109

Resident #1 was interviewed on at 12:48 p.m. He stated that he was not trying to lose weight. He was observed to have missing, discolored, and broken He stated he could not chew his food and that was why he was losing weight. He stated that the facility did not assist him with getting any nutritional supplements.

The resident's clinical record revealed only one note regarding the resident's weight loss on It revealed the resident had to be reminded to come to meals. It revealed the resident lost 10 in the last 2 months. The note read that Resident #1's physician was informed of the weight loss and the physician was seeking supplements for the resident as well as other meal options. There was no other documentation in the resident's file that his weight loss had been assessed.

The Administrator was interviewed on at 12:50 p.m. She stated she was not sure why the resident was losing weight. She stated that she was not aware that Resident #1 had any dental issues. She reported that the facility recorded weights every six months but stated that it was up to the resident's doctor to review the weight book and make any recommendations. She stated nursing staff was not providing any supplements to Resident #1.

The facility cook, Employee D, on at 12:42 p.m. stated that dietary does not supply any supplements to Resident #1.

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0025 Continued From page 1

2. Employee C, a caregiver employed at the facility for about 4 months, was interviewed on at 1:20 p.m. He was asked if any resident ever eloped from the facility. He responded that Resident #16 was missing from the facility on one of his shifts. He went to give him his 4 p.m. medications and he could not locate Resident #16 and could not locate him for his entire 8 hour shift. Employee C reported that he did not report Resident #16 missing to anyone because their policy was to write these events of the shift report, which he did. Employee C reported that when he returned to work the next day, the resident was at the facility.
Review of the clinical record for Resident #16 revealed an admission observation log dated Upon admission, the resident appeared pacing around the office and did not want to sit while signing the paperwork. Resident #16 told staff that he tended to wander and go on grandiose adventures which could last a few hours. Staff informed him to be sure to sign in and out and be sure to be able to find his way back. The resident had a health assessment revealing he had a
Employee A, the administrative assistant, was interviewed on at 2 p.m. She looked through shift reports and the resident's clinical record and could not find any documentation of the resident not being able to be located, since admission.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and staff interview, the facility failed to develop a detailed written policy and procedure for responding to a resident elopement. This had the potential to affect all 82 residents living in the facility.

The findings include:

During a review of the facility policies and procedures, none were found to address elopement. An interview was conducted with the administrator on at 1:45 pm. When asked to provide the policies and procedures for resident elopement, she stated she did not have any written protocols. She was asked how do staff know what to do if a resident is missing. She stated they go over all that during orientation, however there was nothing in writing specific to what they should do.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and staff interview, the facility failed to read the medication label in front of the resident for 3 of 3 sampled residents (Residents #1, #2, and #3).

The findings include:

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0052 Continued From page 2

On [redacted] at 8:39 a.m., Employee A, a Certified Nursing Assistant, was observed to assist residents with self-administration of medications. She removed 4 medications for resident #1 from their packages and placed in a medication cup. She walked up the medication window and handed Resident #1 his medications and watched him take them. She did not read the medication label in front of the resident.

Employee A did the same medication technique for both Residents #2 and #3.

On [redacted] at 9 a.m., the Administrator was told of the observation of medication assistance by Employee A and not reading the medication labels in front of them. She confirmed that Employee A should be reading the label.

Class III

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

Based on review of employee files and staff interview the facility failed to ensure newly hired staff provided documentation from a health care provider that the individual does not have signs and symptoms of communicable [redacted] for 2 of 3 sampled employees. (Employee A, C)

The findings include:

Review of the employment file for Employee A, revealed a hire date of [redacted] There was no health statement documenting the employee was free of communicable [redacted] An interview with the administrator on [redacted] at 2:10 pm, confirmed there was no health statement.

Review of the employment file for Employee C, revealed a hire date of [redacted] There was no health statement documenting the employee was free of communicable [redacted] An interview with the administrator on [redacted] at 2:10 pm, confirmed there was no health statement.

Class III

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

Based on review of the employee files and staff interview, the facility failed to ensure all staff receive in-service

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0081 Continued From page 3

training regarding resident elopement response policies, provide a copy of the facility's elopement policies and demonstrate an understanding and competency in the implementation of the elopement response policies for 3 of 3 sampled employees. (Employees A, C, E).

The findings include:

Review of the employment file for Employee A, revealed a hire date of . There was no elopement training, copy of elopement response policy, or participation in elopement drills. An interview with the administrator on . at 2:20 pm, confirmed there was no elopement training and there were no written policies regarding elopement response.

Review of the employment file for Employee C, revealed a hire date of . There was no elopement training, copy of elopement response policy, or participation in elopement drills. An interview with the administrator on . at 2:20 pm, confirmed there was no elopement training and there were no written policies regarding elopement response.

Review of the employment file for Employee E, revealed a hire date of . There was no elopement training, copy of elopement response policy, or participation in elopement drills. An interview with the administrator on . at 2:20 pm, confirmed there was no elopement training and there were no written policies regarding elopement response.

Class III

0082 - Training - . - 58A-5.0191(3) FAC

Based on review of the employee files and staff interview the facility failed to ensure newly hired staff obtain . training within 30 days of hire for 1 of 3 sampled employees. (Employee C)

The findings include:

Review of the employment file for Employee C, revealed a hire date of . There was no . training. An interview with the administrator on . at 2:30 pm, confirmed that the employee had not had . training.

Class III.

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

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0160 Continued From page 4

Based on record review and staff interview, the facility failed have written resident elopement policies and procedures and failed to conduct resident elopement response drills, potentially affecting 83 of 83 residents.

The findings include:

During a review of the facility policies and procedures, none were found to address elopement. An interview was conducted with the administrator on at 1:45 pm. When asked to provide the policies and procedures for resident elopement, she stated she did not have any written protocols. She was asked how do staff know what to do if a resident is missing. She stated they go over all that during orientation, however there was nothing in writing specific to what they should do. When asked how often the facility was conducting elopement drills,she stated she could not find any.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and staff interview, the facility failed to have a completed demographic sheet for 1 of 2 of residents, Resident # 15.

The findings include:

Resident #15 was admitted on The resident's demographic sheet was not completed. The health care provider's name was not correct. There was no name , address, or telephone number of the health care provider. There was no next of kin, legal representative, or case manager identified on it.

The Administrator on at 11:07 a.m. stated this demographic sheet was the old one and confirmed she needed to do another one.

Class III

L241 - LMH - Records - 58A-5.029(2) FAC

Based on resident record review and staff interview, the facility failed to obtain a Community Life Support Plan within 30 days of admission for 2 residents (Residents #6 and #16) and failed to obtain an annual Community Life Support Plan for 2 residents (Residents #15 and #1) , 4 of 82 residents receiving Limited Mental Health Services.

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L241 Continued From page 5

The findings include:

Resident #6 was admitted to the facility on as a mental health resident. There was no Community Life Support Plan(CLSP) for this resident.

Resident #16 was admitted on as a mental health resident. There was no CLSP for this resident.

Resident #15 was admitted on as a mental health resident. The most current CLSP was dated

Resident #1 was admitted on as a mental health resident. The most current CLSP was dated

The Administrator on at 11:59 a.m. confirmed that she did not get a CLSP within 30 days of admission for Residents #6 and #16 and did not get annual CLSPs for any of the other residents yet.

Class III

L242 - LMH - Responsibilities of Facility - 429.075(2) FS; 58A-5.029(3) FAC

Based on record review and staff interview, the facility failed to document behaviors for a resident who was involuntary committed for services (Resident #16) , 1 of 4 sampled residents on Limited Mental Health Services.

The findings include:

Resident #16 was admitted on The facility Admission Discharge Log revealed the resident was discharged on for reasons of endangerment. Employee A, a caregiver on at 1:53 p.m. stated the resident was removed from the facility on by the police department. She filled out the Ex-Parte paperwork and brought it to the County Courthouse due to his behaviors. The judge signed it but it was the weekend and the police would not come out until She stated the resident was walking into traffic and the police had to

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L242 Continued From page 6

return him to the facility on several occasions. Finally, the police had the resident committed.

Resident #16 was admitted on as a mental health resident with . There was no Community Life Support Plan for this resident.

Employee A and the Administrator were both asked for any documentation of these behaviors and Ex-Parte paperwork. On at 1:55 p.m. neither Employee A or the Administrator could find any documentation of these behaviors. Employee A stated that Resident #16 never returned to the facility after the involuntary examination. She could not explain why the discharge date on the admission discharge log was dated instead of the date.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and staff interviews the facility failed to ensure employees received minimum of three hours continuing education biennially related to mental health needs for 2 of 3 sampled employees. (Employees A, D).

The findings include:

Review of the employee files for Employees A and D, revealed they had only received two hours of continuing education related to mental health needs, instead of the three hours required. An interview was conducted with the administrator on at 2:40 pm . When asked if Employees A and D had the required 3 hours of continuing education related to mental health, she stated "no", they only had 2 hours as she thought that was all that was required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ocean View Manor
624 S Atlantic Avenue
Daytona Beach, FL 32118

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Mental Health survey that was conducted on . 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. **Please forward documentation of correction to the Field Office.** 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 this office at .

Sincerely,

Jane Meyering

Jane Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure
XG90

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