**AGENCY FOR HEALTH CARE ADMINISTRATION**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968495 | 07/23/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**COMMONS ON PRETTY POND (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**38130 PRETTY POND RD**<br>**ZEPHYRHILLS, FL 33540** | |

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

**0000 Initial Comments**

ASSISTED LIVING FACILITY

A Standard Biennial Survey was conducted on and

Commons on Pretty Pond (The) had deficiencies found at the time of the visit.

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensure that all newly hired staff provided evidence of negative testing and submitted a statement from a health care provider within 30 days after beginning employment, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including

Findings include:
A review of 6 Employee files was conducted during facility visit on & Per record review, 3 of 6 employee records (Staff B, E, & F) did not contained evidence of testing and did not contain a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including

Staff B was hired as a Resident Care Aide on and works 2nd shift in the Memory Care Unit. Staff E was hired as a LPN on and works 1st & 2nd shifts with both Assisted Living and Memory Care Unit residents. Staff F was hired as a LPN on and works 2nd shift with both Assisted Living and Memory Care Unit residents. There was no evidence of testing and no statement of freedom from signs or symptoms of a communicable including found in any of these 3 employee records.
Per interview conducted with the Administrator and review of company hiring requirements, all new employees are required to undergo testing and submit signed document attesting to freedom from any communicable . Administrative staff were unable to locate the missing documents by the end of the survey; the Administrator stated the facility will need to find the documents or employees will be retested and required to provide the required documentation.

Class III

**0081 Training - Staff In-Service**

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Based on record review and interview, the facility failed to ensure that all facility staff receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. The facility failed to ensure that all staff who provides direct care to residents receives 3 hours of in-service training within 30 days of employment that covers Resident behavior and needs and providing assistance with Activities of Daily Living and a minimum of 1 hour in-service training within 30 days of employment that covers the facility ' s emergency procedures and staff roles relating to emergency evacuation.

Findings include:
A review of 6 Employee files was conducted during facility survey visit on ..... & ..... Per record review and interview, Staff A was hired as a Resident Care Aide/ Medication Technician on ..... and works with Assisted Living residents primarily on 1st shift, was working both 1st & 2nd shifts at time of visit, and has also worked 3rd shift. Staff B was hired as a Resident Care Aide on ..... and works 2nd shift in the Memory Care Unit. Staff C was hired as a Resident Care Aide/Medication Technician on ..... and works 3rd shift with both Assisted Living and Memory Care Unit residents. Staff D was hired as a LPN on ..... and works 1st shift with both Assisted Living and Memory Care Unit residents. Staff E was hired as a LPN on ..... and works 1st & 2nd shifts with both Assisted Living and Memory Care Unit residents. Staff F was hired as a LPN on ..... and works 2nd shift with both Assisted Living and Memory Care Unit residents.
Per record review, 2 of 6 employee records (Staff E & F) did not contain evidence of completion of training in the facility's resident elopement response policies and procedures.
Per record review, 1 of 3 staff (Staff B) employed as a Resident Aide, not a nurse, did not contain evidence of completion of required training covering Resident behavior and needs and providing assistance with Activities of Daily Living. Staff B was hired as a Resident Care Aide on ..... as of ..... review, there was no documentation in Staff B's personnel file of completion of training in Resident behavior and needs and providing assistance with Activities of Daily Living.
Per record review, 6 of 6 employee records (Staff A, B, C, D, E, & F) contained 2 standard facility training certificates: "1 Hour Emergency Preparedness" and "1 Hour Major Incidents, Adverse Incidents & Facility Emergency Procedures." There is no indication of training in the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
Per interview with the Administrator on ..... & ..... the Administrator acknowledged the specific staff in-service training needs not completed and/or not properly documented at the time of the visit.

Class III

**0082 Training - HIV/AIDS**

Based on record review and interview, the facility failed to ensure that all employees have completed a

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SUMMARY STATEMENT OF DEFICIENCIES
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one-time education course on .....

Findings include:
A review of 6 Employee files was conducted during facility visit on ..... & ..... Per record review, 2 of 3 staff employed as Resident Aides, not nurses, (Staff A & Staff C) did not contain evidence of completion of a one-time education course on ..... and .....
Per record review and interview, Staff A was hired as a Resident Care Aide/Medication Technician on ..... and works with Assisted Living residents primarily on 1st shift, was working both 1st & 2nd shifts on the day of visit, and has also worked with residents on the 3rd shift. There was no documentation in Staff A's personnel file of completion of an education course on ..... and .....
Per record review Staff C was hired as a Resident Care Aide/Medication Technician on ..... and works 3rd shift with both Assisted Living and Memory Care Unit residents. There was no documentation in Staff C's personnel file of completion of an education course on ..... and .....
Per interview with the Administrator on ..... & ..... the Administrator acknowledged the specific staff in-service training needs not completed and/or not properly documented at the time of the visit.

Class III

**0086 Trainina - ADRD**

Based on observation, record review, and interview, the facility failed to ensure that all staff who have regular contact with or provide direct care to residents with ..... 's ..... and Related obtain 4 hours of initial training within 3 months of employment (ADRD Level I Training) and an additional 4 hours of training within 9 months of employment (ADRD Level II Training).

Findings include:
On ..... & ..... beginning at approximately 9:30am, AHCA Surveyors conducted a tour and observations of the facility, reviewed records, and interviewed residents, staff, and family members. The in-house Assisted Living census at the time of visit was 122, including 20 residents living in the secure Memory Care Unit.
Five employee records of personnel who provide direct care to Memory Care Unit residents were reviewed for training in ..... and Related ..... (ADRD). Two of 5 records reviewed did not contain evidence of completion of the required ADRD trainings, as follows:
Staff C was hired as a Resident Care Aide/Medication Technician on ..... and works 3rd shift with both Assisted Living and Memory Care Unit residents. Per ..... record review, Staff C completed ADRD Level I training on ....., not within 3 months of employment, and has not completed level II training. There was no documentation of any further ADRD training; Staff C did not complete an

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additional 4 hours of training within 9 months of employment (ADRD Level II Training), as required. Staff D was hired as a LPN on and works 1st shift with both Assisted Living and Memory Care Unit residents. As of record review, Staff D has not completed ADRD Level I training (due by approximately and has not completed ADRD Level II training (due by approximately Per interview with the Administrator on & the Administrator acknowledged the specific staff in-service training needs not completed and/or not properly documented at the time of the visit.

Class III

**0090 Training -**

Based on record review and interview, the facility failed to ensure that all direct care staff receive at least one hour of training in the facility's policies and procedures regarding within 30 days after employment.

Findings include:
A review of 6 Employee files was conducted during facility visit on & Per record review, 3 of 6 staff employed to provide direct care services to residents (Staff B, E, & F) contained no indication of training in the facility ' s policies & procedures relating to
Per record review, Staff B was hired as a Resident Care Aide on and works 2nd shift in the Memory Care Unit. As of review, there is no indication of training in the facility's policies and procedures regarding
Per record review, Staff E was hired as a LPN on and works 1st & 2nd shifts with both Assisted Living and Memory Care Unit residents. As of review, there is no indication of training in the facility's policies and procedures regarding
Per record review, Staff F was hired as a LPN on and works 2nd shift with both Assisted Living and Memory Care Unit residents. As of review, there is no indication of training in the facility's policies and procedures regarding
Per interview with the Administrator on & the Administrator acknowledged the specific staff in-service training needs not completed and/or not properly documented at the time of the visit.

Class III

**0091 Training - Documentation & Monitoring**

Based on record review and interview, the facility failed to ensure that employee training certificates document the training provider's name, dated signature, and credentials, including professional license number as applicable.

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Findings include:
A review of 6 Employee files was conducted during facility visit on & . Per record review, the following staff training certificates in Employee files contain an illegible signature (on 15 of 19 samples), with no indication of training provider's name and credentials:
" 1 Hour Emergency Preparedness "
" 1 Hour Major Incidents, Adverse Incidents & Facility Emergency Procedures "
" 3 Hours Resident Needs and Activities of Daily Living "
" 1 Hour borne & Control "
" 1 Hour Resident Rights, Recognizing & Reporting aAbuse, Neglect, & "
" 1 Hour Food Handling "
" 1 Hour Emergency Preparedness "
" 1 Hour Elopement-Missing Resident Policy & Procedure "
" "
Per interview with the Administrator on the Administrator stated that she signed all the above in-service training certificates because she is the only person at the facility who has had CORE training, though she delegates the actual training to other staff, such as LPNs and the Food Service Director. Per record review, additional training certificates provided by Vanguard Advanced Pharmacy Systems/Omnicare list several trainings on one certificate, with signature and RN following signature. The trainer's professional license number is not included on certificates and was not available at the facility on the days of visit. The Trainer faxed a copy of her CORE training certificate (dated to the facility on but did not provide a copy of her RN license or number.

Class III

**0162 Records - Resident**

Based on interview and record review, the facility failed to maintain required documentation concerning guardianship or power of attorney for 1 of 2 records reviewed (resident #16).

Findings include:

During a resident record review conducted on , it was discovered that resident #16's facility rental agreement (contract) was signed by another person. A further review of resident #16's record revealed a lack of documentation of an appointment of guardianship or power of attorney for the person who did sign the contract.

The Wellness Director was interviewed on this date at approximately 4:00 P.M. and asked to review

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resident #16's record for an appointment of guardianship or power of attorney. The Wellness Director reviewed the records and stated it wasn't there.

The missing appointment of guardianship or power of attorney documentation was brought to the attention of the Administrator at 4:10 P.M. on this date. The Administrator stated that the documentation was probably in another file and immediately contacted the Marketing Director to locate it. The Marketing Director conducted a search for the missing documentation and stated that it wasn't there. The Marketing Director stated that she would get a copy and fax it to the AHCA area office on

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Commons On Pretty Pond (the)
38130 Pretty Pond Rd
Zephyrhills, FL 33540

Dear Administrator:

This letter reports the findings of a biennial 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than . 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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