AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	08/06/2015
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015005389, was conducted in conjunction with a change of ownership (CHOW) state licensure survey on .

Park Place Assisted Living had deficiencies at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview, the facility failed to provide an activities program that meets residents ' needs, abilities and interests.

Findings include:

A Change of Ownership (CHOW) Survey (in conjunction with a Complaint Investigation, (CCR # 20155389) was conducted on .
Staff E was asked for a copy of the facility ' s activities calendar. Staff E presented a copy of the 2015 calendar. An additional calendar dated 2015 with a heading in the left hand corner read, " 2105 calendar- Bing Images " was presented showing 1 activity per week. Staff E stated that there is someone who comes in once a week to conduct an activity with the residents.
An interview with Staff E took place at 11:13 A.M. on . Staff E stated that she encourages residents to participate but sometimes they are very tired and just don't want to. Staff E stated that they do chair aerobics every morning for 30-45 minutes but did not do exercises today.
The activity noted on the activities calendar for at 10:45 A.M. was " Massage ". Staff E was asked if this was carried out and she stated that they did not do massage because some families are against it. This activity is listed on the calendar for and / . The activities calendar also shows an activity called " Massage/Hand " for the dates of and / .
During this same interview that began at 11:13 A.M., Staff E stated that during the course of a week, the residents are getting only 5-6 hours of activities. Staff E stated that she will re-do the activities calendar so that activities are more attractive and available to residents.

Class III

0083 Training - First Aid and

Based on interview and record review, the facility failed to ensure that there is a staff member in the

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facility at all times with required documentation showing completion of first aid training for 1 (Staff D) of 4 records reviewed.

Findings include:

An employee record review was conducted on /. A review of Staff D ' s employee file revealed that there was no proof of first aid training. Staff D provides direct care to residents and, per the facility ' s weekly schedule, works mostly alone on the 6 P.M. - 8:00 A.M. shift.

Staff E was interviewed at approximately 3:20 P.M. on and asked to show documentation of Staff D ' s first aid training. Staff E reviewed Staff D ' s file and stated that it wasn ' t there and added that she thought that Staff D ' s ( ) training also covered first aid.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review, the facility failed to maintain documentation showing that unlicensed personnel that provide assistance with self-administration of medication have completed the required, initial 4 hour training for 1 (Staff C) of 4 records reviewed.

Findings Include:

An employee record review was conducted on . A review of Staff C's employee file revealed that there was no proof of the required, 4 hour initial training for unlicensed persons that provide assistance with self-administered medications. The file showed 2 hours of update training completed on /.

Staff E was interviewed at approximately 3:20 P.M. on and asked if Staff C assisted residents with self- administration of medications. Staff E stated that Staff C does assist the residents with self-administration of medications. Staff E was then asked to show proof of the required 4 hour initial training to perform this function. Staff E reviewed the file and stated that the training certificate was not there; only the 2 hour update training certificate was present.

Class III

0093 Food Service - Dietarv Standards

Based on observation, interview and record review, the facility failed to follow its registered dietician

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approved menu and document all food item changes made on its menu substitution list.

Findings include:

A Change of Ownership Survey (CHOW) in conjunction with a Complaint Survey (CCR# 2015005389) was conducted on .
A review of the day ' s lunch menu posted showed beef with onions, steamed rice, spinach, fruit gelatin, rye bread, margarine, low fat milk, water/iced tea, NCS: fruited gelatin as items to be served. The meal served was pork, sweet potatoes, beets, bread and butter, a dessert and beverages. The notation made on the facility ' s menu substitution list documented item planned as beef , and item substituted as pork. There was no documentation on the menu substitution list concerning all other food items substituted.

Staff E was interviewed at approximately 12:00 P.M. on . Staff E was asked about the menu changes and the substitution list. Staff E stated that the meal was changed today due to resident request because several don't like . Staff E stated that she didn ' t realize that she had to notate all changes made to the menu.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Park Place Assisted Living
541 Park Street
Dunedin, FL 34698

RE: CHOW survey & **CCR# 2015005389**

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey and a complaint survey that were 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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosures: State Forms 5000-3547

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