RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Change Of Pace Ret Center
1715 East Silver Springs Boulevard
Ocala, FL 34470

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for Hayes

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910268	09/02/2015
NAME OF PROVIDER OR SUPPLIER **CHANGE OF PACE RET CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1715 E. SILVER SPRINGS BLVD. OCALA, FL 34470**	

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

0000 Initial Comments

On unannounced biennial licensure survey was conducted at Change of Pace Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain omitted information for 1 of 2 resident health assesments reviewed (resident #11).

Findings:

On a record review was conducted on resident #11's health assessment (AHCA form 1823) dated . It was observed that page #2 of the assessment states resident #11 needs assistance with all his Activities of Daily Living. However the required comments were missing from the ADL section. It was observed that page 3. states resident #11 needs assistance with 4 out of 6 self-care tasks. The required comments were missing from the 4 tasks.

On at approximately 3:15 PM an interview was conducted with the Administrator regarding the omitted comments from resident #11 1823 health assessment. She stated that resident #11 does not need assistance with all his ADL's he is independent with most of them. It was just an oversight on her part.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews the facility failed to provide activities as required for 4 of 6 residents with 12 hours of activities per week (residents #1, #4, #5, and #6).

Findings:

On at approximately 9:30 AM during a tour of the facility it was observed that an activities calendar was posted which had a total of 10 hours of activities scheduled; Sunday Church 9 am- return PM. Monday movie night PM-PM. Tuesday Bingo as interested. Wednesday 6-PM cards. Thursday open act, draw, crafts 2-PM, evening cards 6-PM bingo PM. Friday Shopping 1.5 hrs. Saturday, down town square or special event.

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On at approximately 9:40 AM an interview was conducted with resident #1. During the interview he was asked Do you get to participate in making choices regarding facility activities. Resident #1 stated there are no activities except on Wednesday and Sunday when we have church services.

On at approximately 10:41 AM an interview was conducted with resident #4. During the interview he was asked, do you get to participate in making choices regarding facility activities. Resident #4 stated we only have a preacher come once a week and does bingo, and I attend church, that's the only activities I know of.

On at approximately 11:00 AM an interview was conducted with resident #5. During the interview the resident was asked, do you get to participate in making choices regarding facility activities. Resident #5 stated we have a preacher come on Thursday night to play bingo with us for 1 or 2 hours, and sometimes a man comes and sings for us. That's all the activities I have seen.

On at approximately 11:30 AM an interview was conducted with resident #6. During the interview the resident was asked do you get to participate in making choices regarding facility activities. Resident #6 stated "what activities", No, they do not have any activities here. They have bingo for 1 hour a week that's it.

On at approximately 9:15 AM until approximately 4:32 PM no activities were observed being offered in the facility except for watching television.

On at approximately 9:10 AM until approximately 1:20 PM no activities were observed being offered to residents in the facility.

On at approximately 12:25 PM an interview was conducted with the Administrator in reference to the lack of activities. She stated they have a lot of activities. The go to the down town market on Saturday for 2 hours. For residents that want to go to church on Sunday form 9 am to 1 PM. She said most of the activities on the board are offered in the evening after dinner when staff isn't so busy. She was asked what activities does she provide for residents that do not want to attend church, which she stated what do you mean, if they don't want to go to church they do not have to.

Class III

0078 Staffing Standards - Staff

Based on record reviews and interviews the facility failed to have a freedom from communicable

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and annual negative examination for 1 of 3 staff members (staff B).

Findings:

On a record review was conducted on direct care staff B who was hired . It was observed that staff be did not have a freedom from communicable statement from a health care provider, neither did she have an annual exam performed by a health care provider in her records.

On at approximately 11:35 AM the Administrator was interviewed in reference to the missing communicable statement and for staff B. The Administrator stated the staff member just had her test and they were waiting for the end results.

Class III

0082 Trainina - /

Based on record reviews and interviews the facility failed to have documentation showing 1 of 3 staff members had / training for staff member B.

Findings:

On a record review was conducted on direct care staff B who was hired . It was observed that she had no training documentation in her record.

On at approximately 11:35 AM an interview was conducted with the Administrator in reference to the missing documentation for staff B. She stated staff be has not had the training because it has been difficult to get their schedule together.

Class III

0083 Trainina - First Aid and

Based on record reviews and interviews the facility failed to have current and valid First Aid and documentation for 3 of 3 direct care staff members A, B, and C.

Findings:

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On a record reviews were conducted on direct care staff A, B, and C for First Aid training and training.

Staff A works the 7 AM to 2 PM shift. It was observed she had a First Aid and documentation dated from an online course provided by International Institute.

It was observed staff B who works 2 PM-9 PM had received First Aid and training on through an online course offered by eCPRcertification.com

It was observed staff C who works from 9 PM-7 AM had received First Aid and training on / / through an online course offered by eCPRcertification.com

On at approximately 12:23 PM the Administrator was interviewed in reference to the online First Aid and training. She stated that she did not know if the online courses were accredited nor did she know if they had been approved by the American Red Cross or American Association or National Safety Council or Department of Health. She stated that the above staff are at the facility by themselves most of the time on 2 PM-9 PM and 9 PM-7 AM shift. She is at the facility most of the time after 9 AM-5 PM and she holds a current First Aid card from the American Association which expired on .

Class III

0090 Training -

Based on record reviews and interviews the facility failed to have Training documentation for 1 of 3 direct care staff members (C).

Findings:

On a record review was conducted on direct care staff C training records. It was observed that there was no training documentation in his record. Neither could the Administrator produce the training documentation for the staff member.

On at approximately 12:30 PM an interview was conducted with the Administrator regarding the missing documentation for staff C. She stated she could not find the documentation. She stated he did have the training but she must have misplaced it when she went through his records.

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0091 Training - Documentation & Monitoring

Based on record reviews and interviews the facility failed to have training certificates for 1 of 3 direct care staff members which contained the required documentation for staff C.

Findings:

On during a record review of direct care staff C it was observed he did not have training certificates that included the required documentation for the following; Control, Activities of Daily Living and behavior needs (staff C is not a nurse of certified nures aid). No Emergency Preparedness and Evacuation training. No Resident Rights, Reporting Neglect or explotation training.

On at approximately 12:23 PM the Administrator stated that she needed to make the training certificates for staff C, she had them but cannot find them.

Class III

0093 Food Service - Dietary Standards

Based on observations and interviews the facility failed to maintain a three day emergency food supply for 22 of 22 residents in the facility.

Findings:

On at approximately 3:58 PM an inspection of the facility emergency 3 day food supply was conducted. The Administrator provided a five gallon bucket of freeze dried food from Auguson Farms which stated 30 day food storage and stated this was her 3 day emergency food supply. However when you go to the online website for Auguson Farms it plainly states the bucket of freeze dried food will feed 1 person for 30 days at 1,857 calories per day. The facility emergency food supply was insufficient to meet the needs for 22 residents for three days (pictures available).

On at approximately 3:58 PM the Administrator stated because the freeze dried bucket said it contains 300 servings and she equated the 300 servings to three hundred meals. She stated even the County Emergency Management Personal approved the bucket as being enough food for the facility. She was asked if she had stored extra water to the food because she only had enough water to meet the 1 gallon per-day per-resident requirement. She said no she had not stored extra water.

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Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to make repairs to the dining which is missing wall paper and had a black color substance on the bare drywall that looked like mold. The facility failed to repair or replace furniture cushions which where torn in the common area for 22 of 22 residents which have access.

Findings:

On at approximately 9:30 AM during a tour of the facility it was observed in the dining area that the west wall which contained a wall air-conditioner had large patches of the wall paper missing. On the bare drywall it was observed that there was a black color substance which looked like mold.

In the common area where residents gather to watch television and socialize it was observed that one of the couches cushions and chairs had large tares in the cushions.

On at approximately 12:25 PM an interview was conducted with the Administrator concerning the needed repairs on the dining and furniture cushions. She stated she is looking for wallpaper to match what is already on the wall and when she finds it she will make the repair. She said that the cushions on the furniture are going to be replaced she just hasn't gotten around to it.

Class III