STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910541	09/03/2015
NAME OF PROVIDER OR SUPPLIER **SUMMER'S LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **615 FLORIDA AVENUE** **LYNN HAVEN, FL 32444**	

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

0000 Initial Comments

On , 2015 through , 2015 an unannounced biennial survey was conducted at Summer ' s Landing Assisted Living Facility in Panama City, FL. Deficiencies were identified at the time of the survey

0008 Admissions - Health Assessment

Based on observation of medication pass, staff interview, and resident record review the facility failed to maintain accurate and complete Resident Health Assessment for Assisted Living Facilities (1823) according to the resident's needs regarding medication assistance for 2 of 4 residents (#8, #9) observed during medication pass.

The Findings are:
An observation of resident # 8 was made on about 11:30 am while she was receiving her medications. She was assisted by unlicensed Staff E with medications: / one tablet, 10 mg one daily, 150 mg one daily, and medication 1 gram one tablet before meals.
A review of resident #8's record reveals an 1823 dated . Section B to be completed by health care provider question does the individual need help with his/her medications is marked (No). Then nothing is marked for needs assistance with self-administration of medications or needs medication administration.

An interview was conducted with the Resident Care Coordinator on / about 12:15 pm She says Resident #8 does need assistance with medications. She then stated, "The daughter wants her to have assistance with her medications because she cannot take on her own". She was asked if she had contacted the physician office since the 1823 says she does not need assistance with medications. She stated, "No, I did not. The 1823 was completed in ."

Resident #9 was observed receiving assistance with her medication mg one tablet three times daily by unlicensed staff D on / about 11:45 am. A review of her record was conducted and revealed an 1823 dated . It does not indicate from her health care provider what type of assistance she needs with her medications. The 1823 B was marked Does the individual need help with taking his or her medications(meds) Yes is checked, however the section please place a checkmark in front of the appropriate box. Needs assistance with self-administration of medications or needs medication administration is not checked by the resident's health care provider.

An interview was conducted with unlicensed staff (E) regarding the 1823 on / about 2:25 pm. She

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confirmed that the section of the med pass indicates need yes needs assistance but nothing is marked on the 1823 as to what type of assistance is needed.
On / about 2:30 pm discussed information with administrator who agreed it was not marked regarding the type of assistance needed for medications.
Class III

0078 Staffing Standards - Staff

Based on staff interview and employee record review the facility failed to provide a statement regarding communicable for 1 of 3 employees (Employee A) within 30 days of hire and failed to document annually a negative examination for 2 of 3 employees (Employee A and C).

The findings are:

A staff file review was completed on / . Staff A was found to have a hire date of / . A review of the staff file failed to reveal a statement from a health care provider that she is free of communicable within 30 days.
An interview was conducted with the Resident Care Coordinator on / about 9:45 am. She stated, "No she does not have a communicable statement yet."

Further review of the file revealed Employee A did not have documentation of a negative statement even though her hire date is / . Employee C has a date of hire of / . Her file revealed a skin test which was negative on .

An interview was conducted with the Resident Care Coordinator on / about 9:45 am. She confirmed that Employee A and Employee C had not had the skin test. She stated, "Employee A has not had hers done yet. Yes, I know Employee C's was done last done in 2014. We are looking for someone to complete these for us."

Class III

0081 Training - Staff In-Service

Based on staff interview and employee file review the facility failed to provide training for safe food handling for 1 of 3 employees (Employee A).

The findings are:

AGENCY FOR HEALTH CARE ADMINISTRATION

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Employee A was identified by the Resident Care Coordinator (RCA) as a Housekeeper and a Resident Assistant Helper on entry to the facility. Her hire date is / .

A review of her file failed to reveal a one hour training for safe food handling. The RCA was interviewed on / about 9:45 am . She confirmed Staff A had not had the training and then stated, "I have not finished training her yet".

Class III

0082 Training - /

Based on staff interview and employee file review the facility failed to provide the required training for - (- acquired) for 1 of 3 employees (Employee A) reviewed

The findings are:

A review of employee A's file revealed she had a hire date of / with a job title of Housekeeper/Resident Assistant Helper. The necessary training for - was not found in her file.

An interview was conducted with the Resident Care Coordinator (RCA) on about 9:45 am who confirmed the training has not occurred. She stated, "No she has not had the - training. She has only had control. I am still training her."

Class III

0090 Training -

Based on staff interview and employee file review the facility failed to provide the required training for 3 of 3 direct care staff employees (employee A, C, and E).

The findings are:

Employee A has a hire date of / with a job title of housekeeper/ resident assistant helper, Employee C is a resident assistant/ medication tech hired on , and Employee E is a resident assistant/ medication tech hired .

A review of the three files failed to reveal the one hour training required for . An

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interview was conducted with the resident care coordinator (RCC) was conducted on about 9:45 am. She confirmed Employee A had not received the training and then stated, "We have never had this training in this facility."

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on staff interview, resident record review, and policy review the facility failed to complete an adverse incident report following a resident elopement. (resident #10)

Findings include:
On at approximately 11:11a.m. an interview was conducted with Staff B. During the interview Staff B was asked if a resident had ever wandered away from the facility. Staff B stated, "Yes, a resident did wander away from the facility and staff acted immediately by calling the resident's family, and got the resident back into the facility. I believe the resident had made it as far as across the street."
On / at approximately 3:10p.m. an interview was conducted with the Resident Care Coordinator (RCC) for purposes of identifying the facility 's protocol for resident elopements and to identify if there had been any resident elopements since their last survey. The Resident Care Coordinator reported, "Any resident that elopes has to be moved from the facility or the family has to hire a sitter until alternative placement can be achieved. Any resident reported to be an elopement risk upon admission will not be allowed to reside at facility. The last resident elopement was approximately 8-9 months ago when resident #10 left the building and went to the store down the street. Resident #10 was located, the family was contacted and resident #10 was discharged." When asked if the elopement had been reported to The Agency for Healthcare Administration (AHCA) the RCC stated, "I did not report the elopement to AHCA when the resident eloped from the facility."
On / at approximately 9:55a.m. a review of the medical record for resident #10 was conducted. A resident care note dated indicated resident #10 was observed walking down the road by a housemate. Staff was alerted to resident's whereabouts and they attempted an unsuccessful search for the resident. The facility received a call from an off duty employee stating resident #10 was observed by CVS on highway 77. The facility contacted the police, provided a description of resident #10 and notified resident's family. Notes indicated resident's family member came to facility and took resident home. Notes also indicated on / the facility's Administrator spoke to resident's son and informed him that he needed to find resident another place to live. A discharge summary dated was reviewed and indicated resident was discharged home to son due to running away from the facility.
On at 10:35a.m. a follow-up interview was conducted with the RCC who reported, "I didn't complete an incident or adverse incident report for resident #10's elopement because I was instructed not to. I was told that resident was being discharged and that I did not need to do anything further. I

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know that I should have reported the elopement as an adverse incident and will be sure to go with my instinct in the future".
Review of facility's elopement policy indicated the following procedures: -Check sign out log, check facility, resident's grounds. Call family, inform your supervisor/manager, call Lynn Haven Police Dept. for area check, describe all you can about resident and time last seen, Fill out adverse report, follow up by Administrator adverse report in 10 days, all steps completed in 20 minutes. Report to oncoming staff ...
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Summer's Landing
615 Florida Avenue
Lynn Haven, FL 32444

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted] 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 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 [redacted], 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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