AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966986	09/08/2015
NAME OF PROVIDER OR SUPPLIER **LOMBARDO HOME (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 71 STREET NW** **BRADENTON, FL 34209**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Lombardo Home Assisted Living Facility had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure unlicensed staff assisted one of eight sampled residents (Resident #2) with self-administration of medication within the scope of their duties and training under 429.816 FS.

Findings include:

On at 3:45 PM the Administrator was observed going into Resident #2 ' s a machine and medication. The Administrator plugged in the machine, connected the tubing, and cut open the packet containing the medication. She removed the vial of medication. The Administrator unscrewed the cup from the machine, opened the medication, and poured the medication into the dispensing cup. The Administrator placed the machine on Resident #2 ' s knee and told her to turn it on. Resident #2 reached out and turned on the machine. The tubing came out. The Administrator turned off the machine, replaced the tubing, placed the mask over Resident #2 ' s face, and told her to turn on the machine. Resident #2 needed guidance on how to turn on the machine. When the treatment was finished, the Administrator told Resident #2 to turn off the machine, which she did.
On at 4:00 PM an interview was conducted with the Administrator. She stated she thought she was allowed to assist with a treatment if the resident was able to physically turn on the machine. The Administrator stated she had not received any specific additional training necessary in order to assist with the treatment and her last training update for assisting with self-administration of medication was completed .

Class III

0054 Medication - Records

Based on interview and record review the facility failed to maintain an accurate Medication Observation Record (MOR) for seven out of seven (Residents #1-7) sampled residents currently in the facility.

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Findings include:

On [redacted] at 9:40 AM a review was conducted of the MOR for six of the seven residents. The Administrator was then observed writing a MOR for Resident #7 (Photo 10), as she had no MOR for that resident in the building. All seven of the MORs were blank and had not been signed at all during the month of [redacted]. (Photos 3, 4, 5, 6, 7, 9, 10)
On [redacted] at 9:50 AM an interview was conducted with the Administrator. The Administrator stated " I don ' t want to lie to you. I haven ' t filled them out. " She stated she was hand-writing a MOR for Resident #7 (Photo 10) because she had no MOR for that resident. She stated she was using the health assessment (AHCA form 1823) to make sure the resident received the appropriate medications. (Photo 8) The Administrator stated that she was aware that she was supposed to sign the MOR after providing medication to each resident.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to maintain the medication in a safe manner for one (Resident #8) of eight sampled residents. The facility failed to secure medication in a locked cabinet or all times. Specifically, one pill was found on the floor in the kitchen, and medications were found to have been been sitting out in a cup on top of the medication cart for 17 days in a cup designated for Resident #8.

Findings include:

On [redacted] at 9:20 AM a pill was observed on the kitchen floor. The pill was small, round, yellow, and had the numbers 516 printed on one side. The pill was determined to be [redacted].
On [redacted] at 10:15 AM an interview was conducted with the Administrator. The Administrator was shown the pill that had been found on the floor and stated " I think that is an [redacted] ". The Administrator was unable to determine which resident was taking the [redacted]. The Administrator stated her mother also comes into the building and it may have been her medication. She did not know how long it had been on the floor.
On [redacted] at 9:25 AM a stack of small cups was observed on top of the medication cart. One small cup with Resident #8 ' s name on it and " PM " written on the side of the cup had two pills in it. Resident #8 is currently in rehab, and left the building on [redacted]. (Photo 11)
On [redacted] at 10:15 AM an interview was conducted with the Administrator. The Administrator stated the pills for Resident #8 were poured into the cup prior to Resident #8 being transported to the hospital on [redacted]. The Administrator stated she should have disposed of the medications properly. The

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Administrator was unable to say what time Resident #8 left the building.

Class III

0056 Medication - Labeling and Orders

Based on observation, and interview, the facility failed to obtain revised orders for an " as needed " medication for 1 of 7 (Resident #4) residents sampled.

Findings include:

On at 1:40 PM the Administrator was observed as she used a ointment on Resident #4. The medication was observed to be Volteren 1% gel. The Administrator went into the Resident #4 ' s told her she had ointment to put on her knees. Resident #4 was not asked if she needed the medication. Resident #4 sat down and allowed the Administrator to put on the ointment. The order was observed to read " apply 4 times daily as needed. "
On at 1:50 PM an interview was conducted with the Administrator. The Administrator stated she applies the medication four times daily. The Administrator stated Resident #4 has and the medication is for pain in her knees. The Administrator was not aware that the order needed specific parameters for use.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that three of three sampled employees (the Administrator and Employees A and B) had freedom from ( ) documented on an annual basis. In addition, the facility failed to ensure that one of three sampled employees (Employee B) had a signed statement from a health care provider within thirty days of hire indicating they were free from communicable .

Findings include:

On , a review of the record for the Administrator indicated that the most recent documentation indicating freedom from was a chest x-ray dated . There was no documentation from the last year for the Administrator.
On that same date a review of the employee record for Employee A revealed that Employee A was hired on . Employee A ' s record contained no documentation indicating Employee A was free from

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On that same date, when the employee record for Employee B was reviewed, the record indicated that Employee B started working at the facility in 2015. Employee B ' s record contained no statement from a health care provider indicating Employee B was free of communicable and no documentation indicating Employee B was free of .
When interviewed on at 3:30 PM, the Administrator indicated she understood the findings and had no additional documentation. The Administrator said she had instructed Employee B to go to the doctor and bring her the documentation and said she would follow up.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern. Specifically, the schedule did not include Staff B, Staff C, or Staff D. The facility failed to maintain the minimum staff hours per week required for the current census of seven residents. In addition to the seven full-time residents, the facility also provided care for two daycare residents.

Findings include:

On at 10:10 AM an interview was conducted with the Administrator. She stated the schedule has remained the same for months. She had no current schedule to provide. The last schedule marked with a month was " " She provided a copy of the same schedule.
On at 10:15 AM a record review was conducted of the staff schedule that had been provided by the Administrator. Only three employees were observed on the schedule, the Administrator, the Administrator ' s husband, and Staff A. Staff B, Staff C, and Staff D were not on the current schedule, and had not been on the schedule for several months.
On at 12:30 PM an interview was conducted with Staff B. Staff B stated she had worked in the facility for several months. Staff B stated she started out as a volunteer but then became a paid employee. She stated she works weekdays from 10:00 AM until 2:00 PM or 11:00 AM until 3:00 PM.
On at 2:16 PM an interview was conducted with Staff C. Staff C stated she worked at the facility for the past two months.
On at 2:23 PM an interview was conducted with Staff D. Staff D stated she has worked at the facility for several months. Staff D stated she works on Saturday from 2:30 PM until 9:30 PM and on Sunday from 8:30 AM until 9:30 PM. She stated on those two days she works alone in the facility.
On at 5:10 PM an interview was conducted with the Administrator. The Administrator admitted that Staff B, Staff C, and Staff D have all worked at the facility for several months and she has not put

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them on the schedule. The Administrator stated she has no current schedule with the correct hours, and she admitted she is not able to appropriately count the hours. She was unable to state how many hours have been worked. The Administrator admitted she had not been the hours worked per week. She could not say if she was appropriately staffed at the facility for the current census of seven residents.

Class III

0081 Training - Staff In-Service

Based on observation, interview and record review, the facility failed to ensure that one of three sampled employees (Employee B) providing direct care to residents received required in-service trainings within thirty days of hire.

Findings include:

A review of the employee record for Employee B completed on revealed that Employee B did not have documentation of completing the following required in-service trainings: control, ADL and Behavioral Needs training, elopement response training, emergency procedures and evacuation, incident reporting, resident rights, recognizing and reporting and neglect and nutrition and safe food handling.
On beginning at 10:30 AM, Employee B was observed interacting with the residents and providing assistance to the residents.
On at 3:30 PM, the Administrator was interviewed and confirmed that Employee B regularly worked with the residents providing direct care and that the Administrator had not yet provided the required trainings to Employee B.

Class III

0082 Training -

Based on interview and record review, the facility failed to ensure that one of three sampled employees (Employee B) received required training on and .

Findings include:

A review of the employee record for Employee B completed on revealed no documentation of Employee B completing required training on / .

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When interviewed on at 3:30 PM, the Administrator indicated that she had not yet arranged for Employee B to have this training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, interview and record review, the facility failed to ensure that one of one sampled employees (Administrator) providing assistance with self-administration of medication to residents completed the required two hour annual training update.

Findings include:

During an interview conducted on at 9:40 AM, the Administrator stated that she is the only employee who provides assistance with self-administration of medications to the residents.
On that same date, a review of the employee record for the Administrator revealed documentation indicating that the Administrator had 4 hours of training on assistance with self-administration of medication on _/_/_ and received 2-hour updates on _/_/_ and . There was no documentation of an annual two-hour update completed after .
On at 1:40 PM and 3:45 PM, the Administrator was observed providing assistance with self-administration to a facility resident.

Class III

0090 Trainina -

Based on interview and record review, the facility failed to ensure that one of three sampled staff (Employee B) completed required training on the facility's policy for ( ) within thirty days of hire.

Findings include:

On , a review of the employee record for Employee B revealed no documentation of Employee B completing required training on the facility's policy.
When interviewed on at 12:30 PM, the administrator said she had not yet provided training on to Employee B.

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0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to maintain a 3-day supply of non-perishable food sufficient for their current census of seven residents. The facility failed to maintain a water supply sufficient for drinking and food preparation for seven residents during an emergency.

Findings include:

On at 3:40 PM an observation was conducted of the emergency food supply. The cabinet designated for the emergency food supply contained a canister of coffee, crackers, six cans of food, an eight-pack of juice boxes, applesauce, and two boxes of spaghetti that would require cooking. (Photo 1)
On at 3:40 PM an interview with the Administrator was conducted. The Administrator stated she had either used the emergency food supply or discarded the items for being expired. She admitted she had no emergency food supply in the building. The Administrator stated she was aware that she needed to replenish the three-day supply of non-perishable foods. The Administrator stated even the water supply had expired. The Administrator stated that she had not replaced the emergency water supply. She had no water stored in the building. The Administrator stated she had no contract to obtain water in an emergency.
On at 4:40 PM a review was conducted of the facility's emergency management plan approved by the county. There was no contract to obtain water in the plan.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview and record review, the facility failed to ensure that one of four sampled staff (Employee B) had a completed Level II background screen indicating they were free of disqualifying criminal offenses and eligible to provide direct care to residents.

Findings include:

On beginning at 10:15 AM, Employee B was observed in the facility, providing care to residents, including preparing and serving meals, assisting residents to the rest and to areas throughout the facility and with conducting activities.
When the staff schedule (provided by the Administrator) was reviewed, the schedule indicated that Employee B worked 4-5 days per week from approximately 10:00 AM-7:00 PM.
On that same date, when Employee B ' s record was reviewed, no documentation of the required Level II background screen was found.

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A review of the Agency ' s background screening website conducted that same date revealed results for Employee B indicating " A new screening is required. " The website did not indicate whether Employee B was found eligible.
On , an e-mail received from the Agency ' s Background Screening Unit indicated that because Employee B was " still awaiting privacy policy there has been no eligibility given " and Employee B was not found eligible.
On at 11:30 AM, the Administrator was interviewed and confirmed that she knew Employee B was not found eligible and did not have a Level II background screen indicating she was eligible to work. The Administrator also confirmed that Employee B regularly provided care to the facility residents.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lombardo Home (The)
620 71 Street Nw
Bradenton, FL 34209

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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

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

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