STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	09/30/2015
NAME OF PROVIDER OR SUPPLIER **ST MARY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 W. WINTER PARK STREET** **ORLANDO, FL 32804**	

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

0000 Initial Comments

A biennial re-licensure Survey including Limited Mental Health was conducted on / . St. Mary's Home Assisted Living Facility had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to obtain an accurate and complete Resident Health Assessment after a significant change for 2 of 4 sampled residents (#1).

Findings:

Record review for resident #1 revealed a Resident Health Assessment form (1823) that was completed after a hospital admission and was dated . The sections that indicated they type of assistance the resident required with medications was left blank. Further review of the 1823 form revealed the section where the health care provider would list the medications had "see attached". There was nothing attached to the 1823.

Review of the Admission and Discharge log revealed Resident #2 was admitted to the facility on / /_ _ _. Record review for resident #2 revealed there was no 1823 found that was completed 60 days prior to admission or 30 days after admission.

During an interview with the administrator on at approximately 2 PM, he stated he searched for the admission 1823 for resident #2 and could not locate it and he did not realize the information was left off of the 1823 form for resident #1.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain written records and to notify the health care provider and representatives when 2 of 4 sampled residents (1# and #2) had significant changes requiring hospital visits.

Findings:

Record review for resident #1 revealed the facility notes that documented the following hospital visits and or admissions: / , / / , / / , / / , and there was no documentation to

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confirm that the health care provider was notified and on , 5, / , / , / , there was no documentation to confirm that the health care provider or representative was notified.

Record review for Resident #2 revealed the facility notes that documented the following hospital visit and or admissions: / , / , / , , , , , / , , and / there was no documentation to confirm that the health care provider or representative was notified and on / , / , and / / there was no documentation that the health care provider was notified
During an interview with the administrator on at approximately 1:30 PM he stated he did notify resident #1 and #2's case manager each time and did not document the calls. He further stated he did not notify the health care provider because he was not aware he was required to notify the health care provider.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 staff (C) had a statement for his health care provider documenting freedom from communicable .

Findings:

Personnel record review for Staff C hired revealed there was no documentation found to confirm that he was free from Communicable available for review. The health assessment dated / that was signed by the health care provider noted "further evaluation warranted before person can be designated as free from communicable ."

During an interview with the Staff A the administrator on / at approximately 3:30 PM, he stated he had search Staff C's record for his old freedom of communicable statement and could not locate it.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review and interview, the facility failed to ensure that 1 staff in a sample of 2 unlicensed staff (C), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

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Findings:

During an interview with Staff A the administrator on at approximately 3 PM, he stated Staff C assisted with the Self Administration of Medications.

Personnel record review for Staff C revealed there was no documentation to confirm that he had received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF). There only a 2 hour updated that was dated ../.. available for review.

During an interview with Staff A the administrator at approximately 3:30 PM, he stated he had searched the personnel record for Staff C and he did not receive the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an ALF.

Class III

0093 Food Service - Dietary Standards

Based on observations and interview the facility failed to ensure a 3-day supply of water sufficient for drinking and food preparation was stored and available at all times to be used in the event of an emergency for the 12 residents of the facility.

Findings:

During the Entrance Conference on at 9 AM, the administrator stated the census was 12 residents.

Observations on ../.. at approximately 11:30 AM, there were only 11 gallons of water and 36 were required (1 gallon x 3 days x 12 residents).

During an interview with the administration at the time, he confirmed there was not enough water available to be used in the event of an emergency.

Class III

0152 Physical Plant - Safe Living Environ/Other

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Based on observations and interviews, the facility failed to provide and maintain a home-like living environment and did not ensure that 2 of 4 sampled residents (#2 and #4) who used portable bedside commodes were provided privacy.

Finding:

Observation on / at approximately 9:15 AM, revealed the carpet in the living large dark stains and also bleach stains. Observations on / at approximately 9:30 AM, revealed resident #4's of and there was a portable bedside commode in the middle of the . There were two beds observed in the . During an interview with resident #4 on / at approximately 9:40 AM, she stated she had the portable bedside commode in her emergencies. She stated when she had to use it, her would leave the give her privacy. She stated her was in the hospital and did not mind leaving the needed. Further observations of the ' the facility had made no provisions for resident #4 to have privacy while using the portable bedside commode other than asking the to leave the time.

Observation on / at approximately 10 AM revealed resident #2's two beds in the ' there was the portable bedside commode in the middle of the . During an interview, resident #2 stated "I only use it as an emergency and when I am unable to make it to ." Further observations of the ' the facility had made no provisions for resident #2 to have privacy while using the portable bedside commode other than asking the to leave the time.

During an interview with resident #7 (resident #2's) at approximately 10:15 AM, She stated she would leave the ' resident #2 needed to use the portable bedside commode and would sometimes help assist her because they are best friends. Resident #7 stated she did not mind.

During an interview with the Administrator at approximately 2 PM, he stated resident #2 rarely used the portable bedside commode and it was only for the event of an emergency; mostly resident #2 used the everyone else. He further stated he discussed it with resident #7 and she did not mind leaving the . The Administrator stated at the time resident #4 would also only use the portable bedside commode in emergencies.

Observations of # on / at approximately 11 AM, revealed the cluttered, there were large piles of hair with leaves inside behind the and the and sink were both dirty and needed to be clean. The window pane and mini blinds were dirty.

During an interview with the Administrator on at approximately 11:45 AM, he stated the resident

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would not allow the staff to clean his his family was aware of the condition of his .

Class III

0167 Resident Contracts

Based on record review and interviews the facility failed to ensure the resident contract for 2 of 2 sampled records (#1 and #2), contained all the required components.

Findings:

Resident record review for residents #1 and #2 revealed their contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

During an interview with the administrator on at approximately 1 PM after he reviewed the contracts he stated their contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

Class

L241 LMH - Records

Based on record review and interview, the facility did not ensure that Community Living Support Plans (CLSP) were completed annually and did not have the Completed Alternate Care Certification for ( ) Form, CF-ES Form 1006, 1998 the for 2 limited mental health (LMH) resident in a sample of 2 residents (#1 and #2).

Findings:

During an interview with the Administrator on at approximately 9 AM, he stated resident #1 and #2 were both Limited Mental Health Residents.

Record review for resident #1 revealed a CLSP was dated / / . Further record review revealed there was no Alternate Care Certification for ( ) Form, CF-ES Form 1006, 1998 found.

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Record review for resident #2 revealed her CLSP was dated / .

There were no annual CLSP for resident #1 and #2 available for review.

During an interview with the Administrator on / at approximately 3 PM, he stated he was not aware that the CLSP were due annually.

Class III

L243 LMH - Training

Based on Personnel Record review and interview, the facility failed to ensure that 3 of 3 sampled staff (A, B, C) had received a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially.

Findings:

Personnel record review for Staff A revealed that last LMH training he received was on . For Staff B and Staff C the last LMH training they received was on .
Further personnel record review revealed that there was no documentation to confirm that the staff had obtained a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially as required.

During an interview with Staff A the administrator on at approximately 3 PM, she stated the staff did not receive the additional 3 hours of LMH continuing education biennially.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
St Mary's Home
718 W. Winter Park Street
Orlando, FL 32804

RE: Relicensure w/LMH

Dear Administrator:

This letter reports the findings of a 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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