STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	**10/08/2015**
NAME OF PROVIDER OR SUPPLIER **FLEET LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **ONE FLEET LANDING BOULEVARD ATLANTIC BEACH, FL 32233**	

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

0000 Initial Comments

On , a biennial relicensure survey was conducted at Fleet Landing. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on a review of resident records, and interview with staff, the facility failed to obtain complete information on the Resident Health Assessments (AHCA form 1823) for 2 of 2 sampled residents whose records were reviewed (Residents #10 and #12).

The findings include:

1. Record review for Resident #12 found she was admitted to the facility on / . An ACHA 1823 which noted a diagnoses of a left hip was not dated by the examining practitioner; therefore, it was not possible to determine if the assessment was completed within the required timeframes of 60 days prior to, or within 30 days of, admission to the facility. The examiner neglected to document whether Resident #12 needed 24 hour or nursing care and services, and omitted his/her address and telephone number on the signature page of the form. Section 3 of the assessment, which is required to be completed by the Administrator or a designee, and intended to itemize the services offered by the facility, was left blank.

An interview was conducted with the Executive Director at 3:40 pm on . She reviewed the assessments for Residents #10 and #12, and confirmed the missing information.

2. A review was conducted of the facilities Limited Nursing Service (LNS) Log and it revealed Resident # 10 was admitted to LNS services for the facility on .

A record review was conducted for Resident #10 and and it revealed a Florida Health Assessment Form (1823) in the chart but was not complete due to a missing signature from a Physician (MD), Advanced Registered Nurse Practioner (ARNP), Doctor of Osteopathic Medicine (DO), or Physicians Assistant (PA) and was not dated to signify when the form was filled out.

An interview was conducted with the Administrator on at 2:45 PM and she confirmed Resident #10's 1823 form was not complete nor was it signed by a MD, ARNP, DO, or PA. She stated

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"We update them once a year but we haven't done this one yet".

Class III

0081 Training - Staff In-Service

Based on a review of employee files, and interview with the Assisted Living Manager (ALM) , the facility failed to provide the required in-service training within 30 days of hire to 2 of 4 sampled employees whose records were reviewed (Employees B and C).

The findings include:

An employee file review conducted for Employee B revealed she was hired on as a Certified Nursing Assistant (CNA). There was no evidence Employee B received the required training within 30 days of hire in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights, or nutrition and safe food handling.

An employee file review conducted for Employee C revealed she was hired as a CNA in 2001. There was no evidence Employee C emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights, incident reporting, or nutrition and safe food handling.

An interview was conducted with the ALM at 2:10 pm on . She confirmed the missing training for Employees B and C.

Class III

0090 Training -

Based on a review of employee files, and interview with the Assisted Living Manager (ALM) , the facility failed to provide the required one-hour in-service training in the facility policies and procedures regarding ( ) to 2 of 4 sampled employees whose records were reviewed (Employees B and C).

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The findings include:

An employee file review conducted for Employee B revealed she was hired on as a Certified Nursing Assistant (CNA). There was no documentation that Employee B received the required one-hour training in the facility's policies and procedures regarding .

An employee file review conducted for Employee C revealed she was hired as a CNA in 2001. There was no documentation that Employee B received the required one-hour training in the facility's policies and procedures regarding .

An interview was conducted with the ALM at 2:10 pm on . She confirmed the missing training for Employees B and C.

Class III

0093 Food Service - Dietary Standards

Based on observation, staff and family interview, and record review, the facility failed to ensure the menu for the day was posted in 1 of 2 dining /buildings in the facility. (Secure Building) The facility also failed to ensure that the weekly menu in 1 of 2 buildings of the Assisted Living Facility contained portion sizes and was reviewed by a Registered Dietician. (Main Building)

The findings include:

Tour of the secure building of the facility on at. 10:15 AM found the menu for the day or week was not posted. An interview with the Unit Manager on at 10:33 AM confirmed the findings. She confirmed the menu was not posted. She stated they do not serve the same meals in the secure building as in the main Assisted Living Facility (ALF). She stated they do not post the menu as the family selects what each resident will eat. She stated each resident gets a menu weekly. It is filled out about a week in advance and they select what they want. An interview as conducted with the husband of Resident #11 on at 1:35 PM. He stated his wife lives in the secure building of the facility and

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he eats with her every day. He stated he fills a slip out in advance about three days a week to select what she will eat. The other days they just get what is served. He stated he does not know what they are serving each day for the days he does not make a selection.

Observation in the main building of the facility on did not find weekly menus posted. An interview was conducted the Registered Dietician (RD) on at 1:26 PM. She was asked to provide the menus for the Assisted Living Facility. She provided the weekly menu for the secure building. She was then asked to provide the menu for the main part of the Assisted Living Facility (ALF). She stated she did not know if there was a menu planned one week in advance for the main ALF.

During further interview with the RD on at 2:18 PM she stated she could not reach the Nutritional Services Coordinator who was over the main ALF to get the menus. She stated she did not go into the kitchen to see if there were menus. The RD went to the kitchen and obtained sheets for week 2. Each day's lunch and dinner was listed on a separate page. The menu was different from the secure building and did not contain the portion sizes and was not signed by an RD. The RD stated that to her knowledge they do not have anything with portion sizes and that she did not sign off on the menus.

Class III

0161 Records - Staff

Based on a review of employee files, and interview with the Assisted Living Manager (ALM), the facility failed to maintain personnel records which included documentation of compliance with all training requirements for 2 of 4 sampled employees whose records were reviewed (Employees B and C).

The findings include:

An employee file review conducted for Employee B revealed she was hired on as a Certified Nursing Assistant (CNA). There was no evidence Employee B received the required training within 30 days of hire in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights, incident reporting, or nutrition and safe food handling. There was no documentation that Employee B received the required one-hour trianing in the facility's policies and procedures regarding . Employee C received the required training in Extended Congregate Care services on ; however, there was no time noted on the certificate documenting that 2 hours of training was provided, as required.

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An employee file review conducted for Employee C revealed she was hired as a CNA in 2001. There was no evidence Employee C emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights, incident reporting, or nutrition and safe food handling. There was no documentation that Employee C received the required one-hour trianing in the facility's policies and procedures regarding . Employee C received the required training in Extended Congregate Care services on / ; however, there was no time noted on the certificate documenting that 2 hours of training was provided, as required.

An interview was conducted with the Executive Director at 2:10 pm on . She confirmed the missing training and times for Employees B and C.

Class III

N276 LNS - Nursing Services

Based on record reviews and staff interview, the facility failed to provide appropriate nursing services within the scope of license for 1 Resident (Resident #10) out of 1 Resident record reviewed for Limited Nursing Services.

The findings include:

A record review was conducted for Resident #10 and it revealed the resident was started on Limited Nursing Services by the facility on . (see photographic evidence)

A review was conducted of the Nursing Assessment and Evaluation for Resident #10 dated that was signed by a Licensed Practical Nurse (LPN). (see photographic evidence)

An interview was conducted with Clinical Manager on at 2:25 PM and she confirmed she did

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not assess Resident #10 and that the assessment was conducted by an LPN.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Fleet Landing
One Fleet Landing Boulevard
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2015 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QHP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
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XG90

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