STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	10/30/2015
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey in conjunction with extended congregate care (ECC) was conducted on

The Cottages of Port Richey, 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 to that 1 of 2 staff observed assisting with the self administration of medications did so in a safe manner. (Staff D).

Findings include:

On at 12:00 P.M. Staff D was observed in Cottage 4, a memory care unit, assisting residents with the self administration of medications. Staff D prepared the Resident #2's medications by placing 5 mg prescribed twice daily and marked as noon and 5 PM on the Medication Administration Record (MOR). She placed the pill in a souffle cup. She marked the MOR as given. She went on to prepare the next medication, - II liquid 30 ML 3 times a day at 8 AM, 12 NOON and 6 PM. . She proceeded to look everywhere in the med cart, but could not find the medication. The MOR was marked as given at 8 AM. When asked what she did with it after the 8 AM dose, she stated "I think I gave it, I would have thrown the bottle in the garbage" . The bottle could not be located in the garbage (which had not yet been picked up to be emptied). She stated "I'm sorry, I'm not used to this, I don't usually do meds" She proceeded to look for 100/mg 5%...apply every 8 hours as written in ink on the MOR to be applied at 6 AM, 2 PM, and 10 PM. She could not find the medication. Again, she was asked where it could be since it was documented by the previous shift's staff that it was applied at 6 AM. She did not know. She then proceeded to prepare the next resident's medication without giving Resident #2 the she had in a cup.

Staff D prepared Resident #3's medication 1 mg 3 times a day and 8 AM, 12 PM and 6 PM She placed the pill in a cup next to Resident #2's cup with the pill in it. She signed the MOR as having given it. She went on to prepare the next medication and realized after she started to place it in the cup, that it was a 2 PM medication. She then went thru the MOR book to see what other medications needed to be given , went back to the 2 cups with pills in them, and realized she did not know what pill was in

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each cup and whose medication it was. She was at a loss as to what to do and then looked at the "punch card" for each resident and compared the pill in the cup to the card. She then gave Resident #2 and Resident #3 their medications.

Staff D stated that she is a Med Tech but normally works as a caregiver and had been working in a different cottage.

Interview with the Resident Care Director at 1:30 PM revealed that Staff D had asked for time away from the Memory Care Unit because she was stressed and had been working as a caregiver in a different cottage for approximately a month. She is trained as a Med Tech and has worked in that capacity many times.

CLASS III

0078 Staffing Standards - Staff

Based on interview and record review the facility failed to ensure that 1 (Administrator) of 4 sampled employee was free from communicable 30 days after beginning employed.

Finding Include:

A review of the employee personnel records on revealed the Administrator was hired on /. The Administrator file showed no documentation indicating he was free from communicable

During an interview with assistant Administrator on at 1:23 p.m., the assistant Administrator reviewed the Administrator personnel file with surveyor and confirmed findings. No further documentation was provided to surveyor at this time.

Class III

0082 Training -

Based on interview and record review, the facility failed to provide evidence of required in-service training within 30 days of employment concerning for 3 (employee A, B, and C) of 4 sampled employee files reviewed.

Findings include:

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A review of the employee's A personnel records was conducted on file revealed employee (A) had a hire date of / / . Employee A ' s file revealed no documentation on in-service training in personnel file.
A review of the employee's B's personnel records was conducted on file revealed employee (B) had a hire date of . Employee B ' s file revealed no documentation on in-service training in personnel file.
A review of the employee's C personnel records was conducted on file revealed employee (C) had a hire date of . Employee C ' s file revealed no documentation on in-service training in personnel file.
During an interview with the assistant administrator on at 1:24 p.m. The Assistant Administrator reviewed employee A, B and C file and confirmed that employee A, B and C has direct care contact with resident s on a daily basis. No further documentation was provided at this time.

Class III

0086 Training - ADRD

Based on interview and record review, the facility failed to ensure 2 (The Administrator and employee C) of 4 sampled employee's files reviewed had the required 4 hours of initial Level I in-services training within three months of hire date.

Findings include:

During an interview with the assistant administrator on at 1:29 p.m. The Assistant Administrator reviewed employee C file and confirmed that employee C and the Administrator has direct care contact with all resident within memory care (cottages three and four) on a daily basis. The assistant Administrator reviewed the Administrator file and confirmed findings. No further documentation was provided at this time.
A review of the employee's , C personnel records was conducted on file revealed employee (C) had a hire date of . Employee C ' s file revealed no documentation on the required 4 hours of initial Level I in-services training within three months of hire date.
A review of the Administrator personnel records was conducted on file revealed the Administrator had a hire date of / . However, the Administrator file revealed no documentation on the required 4 hours of initial Level I in-services training within three months of hire date.

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Class III

0090 Training -

Based on interview and record review, the facility failed to ensure 2 (employee's B and C) of 4 sampled employee's files reviewed had in-service training within 30 days of employment status.

Finding Include:

During an interview with the assistant Administrator on at 2:47 P.M., The assistant Administrator reviewed personnel file with surveyor and confirmed that Employee B and C did not have the required in-service training in file for . No further documentation was provided.
A review of the employee personnel records on revealed employee B was hired on . Employee B file revealed Employee (B) file did not have documentation indicating in-service training was completed.
A review of the employee personnel records on revealed employee C was hired on . Employee C file revealed Employee (C) file did not have documentation indicating in-service training was completed.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview the facility failed to ensure menus were posted in three (cottages # three, four and six) of five dinning locations, where resident can visibility see menus.

Finding include:

On 12:00 P.M. A food service observation of dining areas for cottages, three, four and six was conducted. Surveyor's did not observed menus posted at this time.

On 11:32 P.M. During an interview's with resident's # 7 and #13 both confirmed they not made aware of what's on the menus on a daily basis. Resident #7 stated, " No menus are posted for breakfast or lunch, I would like to know ahead of time what I am having." On at 2:21 P.M.

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During a interview with resident #13 she stated, " I never know what we are having ahead of time, no menus are posted, I wish I did."

During an interview with the Assistant Administrator on , 4:45 P.M. The assistant Administrator confirmed findings. The Assistant Administrator, stated " We normally just write what meals we are having on a dry erase board each day, not sure what happened, ok we will fix that. "

Class III

E210 ECC - Training

Based on interview and record review, the facility failed to ensure 1 (employee C) of 4 sampled employee's received out of 4 employee's files reviewed had the required two hours of Extended Congregate Care in-service training within 6 months of employment status.

Findings include:

A review of the employee's , C personnel records was conducted on file revealed employee (C) had a hire date of . Employee C ' s file revealed no documentation two hours of Extended Congregate Care in-service training.
During an interview with the Assistant Administrator on at 1:24 p.m. The Assistant Administrator reviewed employee C file and confirmed that employee C has direct care contact with resident s on a daily basis. No further documentation was provided at this time.
During an interview with staff C on 1:52 P.M. staff C confirmed the facility has not provided any training's at this time.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview, the facility failed to ensure that 1 (Staff A) of 4 employees had a " eligible " status when their employee information was reviewed in the Agency ' s Background Screening Website.

Findings include:

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A review of staff A personnel file did not have evidence of a level II background screening. Surveyor reviewed the AHCA (Agency for Health Care Administration) background screening website on at 2:07 P.M. The AHCA (Agency for Health Care Administration) background screening website showed no evidence of a level II background screening. However, during a interview with the facility Assistant Administrator, the Assistant Administrator confirmed staff A is currently working the 3:00 P.M. to 11:00 P.M. work shift and is actively providing director care to residents on a daily basis. During a interview with the Assistant Administrator on 2:15 P.M. The Assistant Administrator reviewed personnel file for (Staff A) with surveyor and confirmed findings. The assistant Administrator stated, " He has been working here for many years providing direct care to residents, he should have had a level II background completed, but I don't see it in the file" No provide further documentation at this time.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cottages of Port Richey (The)
5905 Pinehill Road
Port Richey, FL 34668

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) 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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