RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Heritage ALF of Tavares, Inc., The
900 East Alfred Street
Tavares, FL 32778

RE: CCR #2015008969

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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Alachua, FL 32615-5669
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922369	11/20/2015
NAME OF PROVIDER OR SUPPLIER **HERITAGE ALF OF TAVARES, INC. (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **900 EAST ALFRED STREET** **TAVARES, FL 32778**	

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

0000 Initial Comments

A complaint investigation (CCR2015008969) was conducted at The Heritage of Tavares Assisted Living Facility on / . . Deficient practice was identified at the time of the investigation.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to secure a medical examination which included a statement, on the day of the examination, that in the opinion of the examining health care provider, the individual ' s needs can be met in an assisted living facility and whether the individual will require any assistance with the administration of medication for 1 (Resident #1) of 3 resident records reviewed.

Findings:

A record review was conducted on Resident #1 ' s Health Assessment Form (AHCA form 1823). The review revealed the examination by the Physician, dated / , showed the Physician checked the "NO" box to "Needs can be met at an Assisted Living Facility (AHCA form 1823 page 2 of 6). Further document review revealed the Physician answered the question "Does the individual need help with taking his/her medications", by checking the box "No" then checked the box "Needs Assistance with Self-Administration of Medications" (AHCA form 1823 page 5 of 6).

An interview was conducted on / at 5:05 PM with the Administrator regarding two Admission Health Assessment statements found on AHCA form 1823 on Resident #1. The Administrator stated she knew the form had been filled-out incorrectly but had not requested a corrected Health Assessment Form (AHCA form 1823) regarding Resident #1 ' s " Needs can be met at an Assisted Living Facility " placement and Resident #1 needs " Assistance with self-Administration of Medication " statement. The Administrator confirmed the AHCA form 1823 was inaccurate at the time of admission on / . Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to maintain a safe and decent living environment.

Findings:

During the initial tour of the facility on / starting at 8:54 AM, the following was observed (photographic evidence obtained):

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1. : a loosely attached TV cable around the inside door frame.
2. TV : one wall of the TV the West Wing had scraped/peeling paint.
3. : Unsecured medications on dresser, is a semi private .
4. : : peeling/torn wallpaper, missing toilet paper holder, ceramic base cove had brown debris along the upper edge. The door to the split and pulled away from the base and up the door approximately 12 inches.
5. : finger stick glucose strips, in numerous bottles in a larger plastic container and a partially filled box of plastic sealed unused new syringes with needles attached on bedside table. is a semi private . : wall had scraped off paint, gray debris around the base of the toilet, odor, sink contained black debris, sink loose from the wall, paint peeled off around the back of the sink, ceramic cove around the base of the floor had dark debris in all the grooves. In the resident , the nightstand for Resident #1 had a missing handle on the center drawer.
6. : : wallpaper peeling off the wall, ceiling had bubbled up and split around the exhaust fan, cracked light switch plate, a two bulb light over with one bulb out, holes in the wall over the .
7. : : fixture had two empty places for light bulbs, one light bulb out leaving one working light bulb, light in the shower does not work, bath mat on floor of shower had brown and black substances on it.
8. : : fixture had one empty place for a light bulb, two light bulbs out, leaving one working bulb, light in the shower does not work, black substance on the bath mat on the floor of the shower.
9. : : paint peeling on the ceiling of shower, light in the shower does not work.

A tour of the facility was conducted with the Administrator and the Assistant Administrator on / at 5:55PM. An interview was conducted with the Administrator on / at 6:07PM. She confirmed the above observations during the tour.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to maintain medications and medication supplies in a secure manner at all times, in a resident ' s 2 (Resident #1, Resident #2) of 3 residents.

Findings:

1. An observation was conducted on / at 9:46 AM of Resident #1 ' s . Observed on top of Resident #1 ' s bedside table, finger stick glucose strips, in numerous bottles in a larger plastic

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container and a partially filled box of plastic sealed unused new syringes with needles attached.
Observed Resident #1 ' s supplies were unsecured on his bedside table.
An interview was conducted on / at 5:05 PM with the Administrator regarding Resident #1 having supplies unsecured in his . The Administrator confirmed that Resident #1 had finger stick glucose strips, in numerous bottles in a larger plastic container and a partially filled box of plastic sealed unused new syringes with needles attached, on his bedside table, in his in a locked secured storage area.

2. An observation was conducted on / at 4:36 PM of Resident #2 ' s . Observed inhaler medication (0.5mg/2 ml susp) and a bottle of (over-the-counter) medication on the top of Resident #2 ' s dresser.
An interview was conducted on / at 4:50 PM with Resident #2. Resident #2 stated his inhaler medication and over-the-counter medication has been on his dresser since he was admitted on .
An interview was conducted on / at 5:05 PM with the Administrator regarding Resident #2 having his inhaler medication and a bottle of (over-the-counter) medication on his dresser. The Administrator confirmed Resident #2 ' s inhaler medication and a bottle of (over-the-counter) medication, was in his his dresser and not in a locked secured storage area

Class III

0079 Staffing Standards - Levels

Based on interview and record review the facility failed to provide adequate staffing, specifically failure to maintain minimum staff hours of 294 hours for 30 residents.

Findings:

Record review of the facility payroll journals and Administrator schedule revealed the following:

Pay period 10/4 - : Total hours 564.45, Weekly average 282.225
Pay period - / : Total hours 581.25, Weekly average 290.625
An interview was conducted with the Administrator on / at 4:30 PM. She stated she works 6 days a week and further states that she does her administrative duties offsite.
Class III

0081 Training - Staff In-Service

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Based on record review and interview the facility failed to ensure that staff members received the required in-service training for 3 (Staff A, B and C) of 3 staff records reviewed.

Findings:

A review of the training records for Staff A, Staff B and Staff C revealed they did not receive the required in-service training in Activities of Daily Living (ADL)/Behavioral Needs, Emergency Preparedness/Evacuation, and Recognizing, Reporting , Neglect and .

Further record review revealed that Staff A and Staff C did not have Incident Reporting training.

An interview with the Administration on / at 5:24 PM confirmed that the training had not been received.

Class III

0082 Training - / .

Based on record review and interview the facility failed the ensure that staff members received the required training in / (/) for 3 (Staff A, Staff B and Staff C) of 3 staff records reviewed.

Findings:

A review of the training records for Staff A, Staff B and Staff C revealed they did not receive the required training in / (/).

An interview with the Administration on / at 5:24 PM confirmed that the training had not been received.

Class III

0090 Training -

Based on record review and interview the facility failed to ensure that staff members received the required training in for 1 (Staff B) of 3 staff records reviewed.

Findings:

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A review of the training records for Staff B revealed that the required training in was not received.

An interview with the Administration on / at 5:24 PM confirmed that the training had not been received.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review the facility failed to follow the regular menu provided by a licensed dietitian or offer substitutions of a comparable nutritional value to the residents during the observed meal service.

Findings:

An observation of breakfast on / revealed the following was served: 1 Cup of cereal of choice (hot or), 1 slice of whole wheat toast with jelly, juice and coffee.

A review of the menu revealed the following for breakfast on / : 3/4 C chilled orange juice, 1 C cereal of choice, 1 egg of choice, 1 slice whole wheat toast with jelly, 1 C milk, coffee and tea. The menu was provided by and signed by a licensed Registered Dietitian.

An interview was conducted with the Cook on / at 9:03 AM. When asked if eggs were served with breakfast she stated that she did not have any eggs this morning, so she did not serve them. She confirmed that no other substitution of comparable nutritional value was offered to the residents.

An interview was conducted with the Administrator at 6:00 PM on / . She stated that the facility does have eggs and does not know why the cook did not serve them. She confirmed that the menu was not followed for breakfast and that there was no substitution of equal nutritional value offered.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to provide a safe living environment, free from

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hazards and ensure that all facility systems/equipment are in good working order.

Findings:

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1. : a loosely attached TV cable around the inside door frame.
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7. : : fixture had one empty place for a light bulb, two light bulbs out, leaving one working bulb, light in the shower does not work, black substance on the bath mat on the floor of the shower.
8. : : paint peeling on the ceiling of shower, light in the shower does not work.

A review of the payroll records revealed that there is one maintenance employee for the facility. It further revealed that in the last 6 weeks the maintenance employee only worked 16.2 hours. An interview was conducted with the Administrator on / at 6:00 PM. She stated that her maintenance employee only comes to work when she calls him in.

A tour of the facility was conducted with the Administrator and the Assistant Administrator on / at 5:55PM. An interview was conducted with the Administrator on / at 6:07PM. She confirmed the above observations during the tour.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

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Based on observation, interview and record review, the facility failed to report an occurrence of an adverse incident, to the agency on 1 (Resident #3) of 1 resident.

Findings:

An observation was conducted on / / at 2:37 PM of Resident #3. The Resident had a , on her left hand/ area.

An interview was conducted on / / at 2:37 PM with Resident #3 regarding the on her left hand/ area. Resident #3 stated she in the a week ago and hurt her left hand/arm and sustained she thought a "bad strain".

A record review was conducted of the incident documentation dated / / on Resident #3. The incident was listed as an unwitnessed in Resident #3 ' s injury of pain and of Resident #3 ' s left wrist. No documentation was found that the Physician or POA, had been notified on / / . Review of staff documentation on / / revealed Resident #3 complained of severe pain in her left wrist. Further documentation dated / revealed the Assistant Administrator notified the Physician and received orders to send Resident #3 to the Emergency Department.

A record review was conducted of the Emergency Department physician ' s note on Resident #3 dated / / . Documentation revealed that Resident #3 had sustained a Left Wrist and was admitted to the hospital for further observation, evaluation and treatment with possible surgical intervention. Further review of the hospital Physician note revealed the Resident's left wrist was and was discharged back to the Assisted Living Facility on / .

An interview was conducted on / at 4:00 PM with the Assistant Administrator regarding Resident #3's unwitnessed on / . The Assistant Administrator stated she received notice from 2 staff members on / around 11:00 PM that Resident #3 had been found on the floor near her bed and the wall. The Resident was complaining of pain in her left wrist and there was "some ". The Assistant Administrator stated she instructed the staff members to place ice on the residents left wrist and assist Resident #3 in taking her prescribed pain medication of . The Assistant Administrator confirmed she did not contact the Physician on / .

An interview was conducted on / at 4:10 PM with the Administrator and the Assistant Administrator regarding Resident #3's incident occurring on / . Both the Administrator and Assistant Administrator confirmed the Physician was notified on / but did not document this communication. The Administrator and the Assistant Administrator confirmed several attempts were

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made to contact the POA on / and / but there was no documentation of the attempts to contact the POA. The Assistant Administrator confirmed there was no documentation the POA was aware of the incident and being sent to the emergency .
An interview was conducted on / at 4:30 PM with the Administrator and requested the Adverse Event report they reported to the agency. The Administrator stated they did not send an adverse event report to the agency. The Administrator further stated she thought one was not needed.

Class III