STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	10/20/2015
NAME OF PROVIDER OR SUPPLIER **A BANYAN RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 BASE AVE EAST** **VENICE, FL 34285**	

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

0000 Initial Comments

An unannounced Relicensure and Complaint survey was conducted / / through at A Banyan Residence, an Assisted Living Facility in Venice, Florida.

Complaint CCR #2015009149 was completed at the same time. The complaint contained 1 allegation of which 0 was substantiated.

Complaint CCR#2015008662 was also completed at the same time.
The complaint had 3 allegations of which 1 were substantiated.

The following is description of the deficiencies that were found at the time of the visit.

0025 Resident Care - Supervision

Based on a review of 2 of 3 residents (residents # 11 and #8) whose records were comprehensively reviewed, facility policy and procedure review, and interview with facility staff, the facility failed to provide supervision with weight monitoring and evaluation.

The findings include:

1. A review of the policy and procedure provided by the facility and dated / was performed. In the policy it stated the residents are weighted upon admission, and then monthly thereafter. It was noted this was the responsibility of the nurse and the caregivers. Weights are to be documented in the "medical record"... and on the monthly weight log. The policy describes what to do for a 5% weight loss within the month and the requirement to notify the physician and family about the change in the resident's condition. The resident is then to weighed on a weekly basis until stable and acceptable to the physician.

2. Resident #8 was admitted to the facility on with diagnoses of , difficulty walking, ... A review of the record revealed a weight on the health assessment of 188 pounds for a 5 foot 5 inch resident. There was no admission weight done by the facility. There was an preadmission assessment which included the same weight of 188 pounds.

A request was made by the surveyor for the resident's weights. There were no weights available in the chart per the Regional Care Coordinator on / at 12 noon. She did remember there were some weights which were done on 2015, and she was able to produce a weight for this resident which was documented as 145 pounds. This was a change of 43 pounds in approximately 15 months

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period or a 24% change in weight. There were no other weights written in this resident's record. It was confirmed with the Regional Care Coordinator the resident was not weighed on admission.

On at 12:30 p.m., interview with the Regional Care Coordinator said they just set up a new system (starting in but not all residents were weighted and not all had evaluations done) to weight the residents monthly and do other assessments for example of the resident's skin and mental status. She agreed this resident had not been weighted prior to / . She said how do I know if the resident had lost all of this weight. She agreed she couldn't without having an accurate weight upon admission.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interviews with residents, family and staff, the facility failed to ensure resident rights were maintained for a clean and sanitary environment.

The findings include:

1. Observation of the facility starting at 9:30 a.m. through noon on / / revealed the following information:

had dried feces on the floor in the

122 floor in the very stained

the floor into the dirty and the door jams leading into the scrapped. The door jam entering the approximately 4 inches where it is very dirty.

the doors are scrapped and dirty both into the the .

the some black areas at the base of the shower. The Floor in the has black areas on it.

the floor in the bath not clean. The shower has a heavy rigid plastic floor mat on the floor in the shower. Under this the shower is very dirty with black particles on it.

under the rigid plastic floor mat the shower is very dirty.

the base of the shower has a thick brown coating 3/4 inch wide.

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2. Interviews with 2 families on / / at 10:30 a.m. and at 11:30 a.m. were performed. Both families indicated housekeeping could be better.

3. On / / at 3 p.m. the housekeeping supervisor was interviewed. She indicated they normally have 2 full time people and 1 part time person who works the weekends. She stated they are short of staff right now and the other full time person is going to work Tuesday through Saturday so the only day without housekeeping present will be Sunday until they can get more staff. Each deep cleaned once a week. This includes ceilings, floors,washing the baseboards, the air vents get dusted, along with the light fixtures. are to be cleansed daily by caregivers and if its really bad the housekeepers are called to clean it. She said the staff is supposed to lift the rigid plastic floor mats in the showers which have them and clean beneath them on a weekly basis. The person who was supposed to supervise this is no longer working for the facility.

4. On at 3:08 p.m. the Administrator said the housekeeping supervisor has only been in position for 2-3 weeks. She said it was better before when the housekeeping supervisor was there, but she went on leave and they found they had a lot of complaints about housekeeping. She said things are better since she is back.

Class III

0055 Medication - Storage and Disposal

Based on observation, review of policy and procedure, and interview with facility staff, the facility failed to ensure medication was stored in a safe manner.

The findings include:

1. A review of the policy related to medication storage was performed on . The policy includes the medication is centrally stored for this facility both for prescription and over the counter medications. The policy stated the medication storage area is to be kept locked when not in use. The key is kept only by the nurse and medication techs. Under #9 it stated "Medications shall be stored in an orderly manner. All medications including treatment items are stored in a locked area, inaccessible to residents and visitors." Under #11 it said all drugs are to have permanently affixed label. It included in the policy the medications should be stored in their original container, should not be transferred from one constrainer to another, and should be discarded when the label states its expiration date. Discontinued medication should be discarded or returned to the pharmacy within 30 days.

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2. The facility has a nursing station outside of the dining . . . . . This is a long narrow area, that throughout the entire time of the survey was never locked. Observation on at 12:30 p.m. it was observed with a open cabinet over one of the computers contained the following medications: bottle of with no label on it; 81 mg with no label; with no label and has expired as of / ; Voltaren gel with the resident name but no pharmacy label; Antiblemish cleanser that has no label, and a bottle of normal with no label and expiring in 2015. There was one resident's bag of medications that contained 5 medications with labels on them plus 2 bottles of Alpha , 1 bottle of D neither of which had labels of any type on them and a bottle of tablets with no label.

3. The area counter has drugs sitting on the counter behind the computer with the following medications in plain sight: , Ondassetron, inhaler, and . There was a note on the medications stating it would be disposed of on / / (observation made on /).

4. In a basket on the back counter were one of the residents and constrained (3 of them with 2 different doses), Diclopmine (3 containers), (3 containers) Mybetriq, and 2 bottles of Gertitol. Also present was a new bin of multiple medications just delivered from the pharmacy.

5. On / at 12:30 p.m. interview with the regional case manager agreed the door to this not lock. She said they put discontinued medications and extra medications in the cabinet over the computer but it is supposed to be kept locked. If the family brings extra medications in for the residents she puts it in that cabinet unlabeled until it is needed. The box on the counter top that has a specific resident's medication she is not sure what they are doing on the counter top. The resident was admitted to the facility on . She thinks the medications are "extra". The medications behind the computer she did not know why they were there, but thinks maybe they were out to be disposed of.

6. Observation throughout the day on revealed the top of the medication charts had spills and stains present.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure 1(A) of three staff reviewed had an annual statement of freedom from .

Findings include:

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Record review for staff A found she was hired / / . Staff A's last statement of freedom from was dated / / .

On / / at 10:20 a.m. the administrator said Staff A had no statement of freedom from since / / .

Class III

0081 Training - Staff In-Service

Based on record review and interview the facility failed to ensure 3(A, B &C) of three staff reviewed had appropriate training.

Findings include:

Record review for staff A found she was hired / / . Staff A had no documentation of having received training in assisting with Activities of Daily Living.

Record review for staff B found she was hired / / . Staff B had no documentation of having received training in Resident Rights and and Neglect, control and assisting with Activities of Daily Living.

Record review for staff C found she was hired / / . Staff C had no documentation of having received training in assisting with Activities of Daily Living.

On at 10:20 a.m. the administrator said Staff A had no documentation of having received training in assisting with Activities of Daily Living. Staff B had no documentation of having received training in Resident Rights and and Neglect, control and assisting with Activities of Daily Living. Staff C had no documentation of having received training in assisting with Activities of Daily Living.

Class III

0082 Training - /

Based on record review and interview the facility failed to ensure 1(A, B &C) of three staff reviewed had appropriate training in .

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Findings include:

Record review for staff B found she was hired / . Staff A had no documentation of having received training .

On / at 10:20 a.m. the administrator said Staff B had no documentation of having received training in .

Class III

0189 ADCCs in ALF

Based on record review and interview the facility failed to ensure 1(A) of three staff reviewed had an annual update training in and related .

Findings include:

Record review for staff A found she was hired / . Staff A last documentation of having received an annual and related training was dated / .

On at 10:20 a.m. the administrator said Staff A had no documentation of a training update in and related .

Class III

Z816 Background Screening-Compliance Attestation

Based on record review and interview the facility failed to ensure staff who had more than a 90 days break in employment that required a level II background screening was rescreened prior to employment for 2(A & C) of 3 staff reviewed.

Findings include:

Record review for staff A found she was hired / . Staff A had level II background screening result completed / . Staff A's emmployment application shows she was let go from her previous employer in 2012.

Record review for staff C found she was hired . Staff C had level II background screening result

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completed / / . Staff C's emmployment application shows she worked for a maid service from 2014 until date of hire.

On at 10:20 a.m. the administrator said Staff A & C were hired before she learned staff must be rescreened if they had a 90 day brieak in employement which required a level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Banyan Residence
100 Base Ave East
Venice, FL 34285

RE: AMENDED

Dear Administrator:

Please see the AMENDED State (5000) Form reflecting the Relicensure we conducted with the Complaint surveys on and .

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

Enclosure: State (5000) Form

2727 Mahan Drive • Mail Stop #1
Tallahassee, FL 32308

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2295 Victoria Ave,
Fort Myers, FL 33901