AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	02/16/2016
NAME OF PROVIDER OR SUPPLIER **RESIDENCE RETIREMENT CTR., INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 MARVELINE DRIVE LAKELAND, FL 33815**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016, a biennial relicensure survey with limited mental health (LMH) in conjunction with complaint survey, CCR#2016000114 was conducted at Residence Retirement Center assisted living facility. Deficient practice was identified

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have in staff personnel files written statements from health care providers documenting that the direct care staff does not have any signs or symptoms of communicable for four (#A,#B,#C & #D) of four direct care staff who were sampled for communicable .

Findings included:

Record review of staff #A, #B, #C and #D's personnel files on revealed there was no statement from health care providers which stated they were free of any signs or symptoms of communicable .

When interviewed on at 1:10 pm, the administrator stated she thought having the test done was the same as testing for communicable .

Class III

0079 Staffing Standards - Levels

Based on record review and interview, the facility failed to maintain the minimum staffing hours for the week of , 2016 through 11, 2016.

Findings included:

Record review of the staffing schedule for the week of , 2016 through 11, 2016 showed there were 296 staffing hours for a census of 41 for the week. The required minimum staffing hours for a census of 41 is 335. The facility was short 39 staffing hours for the week.

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When interview on / at 1:00 pm, the administrator verified the staffing hours were short and stated they had hired two more staff and they were in the process of being trained.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents for four (#A, #B, #C & #D) of four direct care staff sampled for control training.

Findings included:

Record review of staff #A's personnel file on revealed she was hired on and there was no documentation in her file stating she had been provided a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

Record review of staff #B's personnel file on / revealed he was hired on and there was no documentation in his file stating he had been provided a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

Record review of staff #C's personnel file on revealed he was hired on and there was no documentation in his file stating he had been provided a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

Record review of staff #D's personnel file on revealed she was hired on / and there was no documentation in her file stating she had been provided a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents.

When interviewed on / at 1:15 pm, the administrator verified the documentation regarding control was not in staff #A, #B, #C & #D personnel files.

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Class III

0093 Food Service - Dietary Standards

Based on observation, interview and record review, the facility failed to provide proof of complete regular and therapeutic menus to be used by the facility were reviewed annually, signed and dated by a licensed or registered dietitian. The facility also failed to notify residents that the menu had changed and did not note the change on the menu on the substitution log.
Findings included:
A dining and food services review was conducted on Tuesday, 11:34 A.M. and copies of the facility's approved and signed Menus were requested from the facility administrator.
An interview was conducted with the facility administrator at 12:10 P.M. on / / . The administrator, provided copies of menus for for breakfast, lunch and dinner. However, menus did not show evidence of signatures or dates provided by a registered dietitian. The administrator stated, that she was not sure if Menus are ever signed or dated by a registered dietitian. The Administrator, reviewed Menus with surveyor and confirmed findings. No further documentation was provided at this time.
A review of the posted breakfast menu for / at 8: 10 am was sausage gravy and biscuit, cereal with milk, orange juice and 2 cups of coffee.

The residents were observed on at 8:10 am being served sausage gravy and toast instead of sausage gravy and biscuit. The residents were not told before the meal that a substitution was to be made and the substitution was not noted on the substitution log before or when the meal was served.

The cook stated on at 8:15 am she did not know she had to tell the residents that the menu had changed and she had not written it on the substitution log.

Class III

0167 Resident Contracts

Based on record review and interview, the facility did not include the daily, weekly or monthly rate on the contract for one (#10) of two residents sampled for contracts.

Findings included:

Record review on / / of Resident #10's facility contract showed no amount for the monthly listed on his contract. The words "state rate" was written in place of the actual amount that was due

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each month.

When interviewed on at 1:20 pm, the administrator verified the exact amount for Resident #10's was not listed on his contract.

Class III

L241 LMH - Records

Based on record review and interview, the facility did not provide to one (#9) of two limited mental health (LMH) residents a completed community living support plan (CLSP). Also the required form, CF-ES 1006 was not provided for one (#10) of two limited mental health residents who were sampled for records required for limited mental health residents.

Findings included:

Record review on of Resident #9's LMH file revealed her community living support plan was only half completed. The areas regarding resident specific needs and specific goals were filed in but the areas regarding clinical services to be provided by mental health center and other non-clinical services were not filled in.

Record review on of Resident #10's LMH file revealed the required form, CF-ES, 1006 which is an affirmative statement that the resident is receiving Supplemental Security Income (SSI) or Social Security Insurance (SSDI) due to a .

When interviewed on at 1:30 pm, the administrator verified the community living support plan did have information missing in two areas for Resident #9's file and there was no form CF-ES, 1006 in Resident #10's file.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Residence Retirement Ctr., Inc (the)
208 Marveline Drive
Lakeland, FL 33815

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) that was conducted on , 2016 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 , 2016.** 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/clt
Enclosure: State (5000-3547) Form

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