AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953664	02/22/2016
NAME OF PROVIDER OR SUPPLIER **MIDWAY MANOR RETIREMENT RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1754 ENSLEY AVENUE CLEARWATER, FL 33756**	

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

0000 Initial Comments

Assisted Living Facility

Amended

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was conducted on .

The Midway Manor ALF, Assisted Living Facility, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that a list of medications prescribed was incorporated with the Health Assessment (1823) completed by the residents' physician for one (resident # 1) out of two resident records reviewed.

Findings included:

During a record review of resident #1 on / , the list of medications prescribed by the physician did not accompany the 1823, as noted on the medication page "see list ".
On at 10:45am, during an interview with the Resident Care Coordinator, she could not find a list of the resident's current medications anywhere in the chart.
On at 11:00am, during an interview with the Administrator, he stated he will have one faxed over from the physician's office.

Class III

0054 Medication - Records

Based on interview and record review, the facility failed to ensure the Medication Observation Record was updated and accurate for two (resident # 1 and #6) out of three residents reviewed for medication observation.

Findings included:

On / at 10:00am during a resident record review it was discovered that Resident # 1's Medication Observation Record (MOR) had no documentation for a controlled substance being supplied to the

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resident. Per the physician ' s order, 5mg, 1 tablet by mouth every 12 hours as needed, was signed on the MOR as given to the resident, but did not have the time it was given for the following days in : 2, 10, 11 and 12.
A record review for Resident #6 revealed the following: The physician ' s order states: 75mg, take 1 capsule 3 times daily. The following omissions to the MOR were discovered: / -8pm dose; - 8am and 2pm doses; and / - 8 pm dose.
An interview with the Resident Care Coordinator at 11:45am confirmed the above findings. She revealed that she was in charge of all the Med Techs on all shifts, and she looks over the med books on occasion to make sure everything is " right. " She confirmed that procedure dictates, as they were taught in the medication technician training classes and updates, that they write the times that any " as needed " medication is given to the Resident and that medication should be signed for by the Tech after it is given to the resident.
An interview with the Administrator was conducted on / at 12:00pm: informed him of the above findings and discussed further during the exit interview. The Administrator acknowledged the findings.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure that required in-service training certificates are documented in the facility's personnel files and include title and subject matter/agenda of the training, trainee's name, dates of participation, location of the training, number of hours of the training, and training provider's name, dated signature and credentials, including professional license number, if applicable.

Findings included:

Three of 3 employee records randomly selected for review on / beginning at 9:30am did not contain documentation of in-service training as required. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was hired as a Resident Care Aide/Med Tech on / ; Staff C was hired as a Resident Care Aide/Med Tech on .
Per Surveyor review of training records, Staff A's employee file contained one "In-service" certificate listing 2 hours of "Pre-service training," 1 hour of Control, 1 hour of Reporting Major/Adverse Incidents and emergency procedures, 1 hour of Residents' Rights/Recognizing & Reporting , Neglect, & , 3 hours of Resident Behavior & Needs/Providing ADLs, 1 hour of Resident Elopement & Response, 1 hour of , 1 hour of HIPPA Privacy Training, and 1 hour of "Safe Food Handling Practices-Dietary Cooks Only." The certificate for 12 hours of training is dated & signed by Staff A on / and by the Administrator on . Staff A's file also contained 2 Certificates of

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Completion: One certificate, dated . / , listed "Elopement, Reporting of Major Incidents, ADLs, and Residents' Rights/ ." Another certificate, also dated , listed "Elopement, Emergency Procedures, Control, & ." There was no indication of trainer, actual training date(s) & location, or number of hours of the listed training. Staff A's employee file did not contain training documentation as required.

Staff B's employee file contained one "In-service" certificate listing 1 hour of Control, 1 hour of Reporting Major/Adverse Incidents and emergency procedures, 1 hour of Residents' Rights/Recognizing & Reporting , Neglect, & , 3 hours of Resident Behavior & Needs/Providing ADLs, 1 hour of Resident Elopement & Response, 1 hour of , 1 hour of HIPPA Privacy Training, and 1 hour of "Safe Food Handling Practices-Dietary Cooks Only." The certificate for 10 hours of training is dated & signed by Staff B and the "Staffing Supervisor" on / . Staff B's file also contained one Certificate of Completion for 3 hours of " , Elopement, & Universal Precautions" dated . Staff B's file also contained training certificates from employment at another assisted living facility, including a certificate of training in Emergency Preparedness and Evacuation dated , not policy and procedures at current facility where employed since / . Staff B's employee file did not contain training documentation as required.

Staff C's employee file contained one "In-service" certificate listing 2 hours of "Pre-service training," 1 hour of Control, 1 hour of Reporting Major/Adverse Incidents and emergency procedures, 1 hour of Residents' Rights/Recognizing & Reporting , Neglect, & , 3 hours of Resident Behavior & Needs/Providing ADLs, 1 hour of Resident Elopement & Response, 1 hour of , 1 hour of HIPPA Privacy Training, and 1 hour of "Safe Food Handling Practices-Dietary Cooks Only." The certificate for 12 hours of training is dated & signed by Staff C on / & / / and by the Administrator on / / . Staff C's employee file did not contain training documentation as required.

Per interview with the Administrator on at 4:00pm, the Administrator stated that he thought the one-page signed listing of training would be sufficient to meet regulations. Surveyor discussed the specific requirements of staff in-service training and documentation requirements with the Administrator and Staffing Coordinator; both acknowledged understanding and stated they will create individualized training certificates as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

Re: Amended Report

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) 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.

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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

XG90