STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968269	02/24/2016
NAME OF PROVIDER OR SUPPLIER **SARAH HOUSE III, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 OLD TOMOKA RD** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

An unannounced beinnial relicensure survey was conducted at the Sarah house III on . The Sarah house had deficiencies at the time of survey.

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to have a completed Florida Health Assessment Form (1823) for Resident # 3 out of 2 resident records that were reviewed.

The findings include:

A review of Resident #3 record revealed a Florida Health Assessment form (1823) signed and dated by the physician on / . The physician did not indicate if the resident ' s needs could be met in an assisted living facility. (Photographic evidence obtained)

An interview with the Director of Operations on at 11:05 am confirmed the 1823 for Resident # 3 was not complete and did not list if the resident needs can be met in an assisted living facility.

CLASS III

0053 Medication - Administration

Based on observation, record review, and staff interviews, the facility failed to have licensed staff assist resident's with the administration of , treatments and glucose monitoring for 2 Resident's (Resident # 7 and Resident #8) out of 5 residents observed for medication assistance.

The findings include:

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A medication observation was conducted on at 11:55 am of Employee D, Med tech, obtaining a plastic ampule from the bottom drawer of the medication cart. The box was labeled Ibratropium/ for Resident #7. The employee was asked who she was obtaining the medication for and she stated " I am going to do the treatment for Resident #7. She confirmed unlicensed staff assist Resident #7 with her treatment 4 x a day. Employee D was then observed opening the ampoule, pouring the contents into canister, applying a mask to the resident's face then turning the machine on. The employee then informed Resident #7 she would be back in 10 minutes to remove the mask. An concentrator was observed at this time at the beside for Resident #7. An interview with Employee D at this time was asked who assist the resident with her ? Employee D replied, " We do. We put it on her at night and then take it off when she get's up".

An interview with Resident #7 on at 12:00 PM confirmed she is not able to do her own treatments or manage her own and the unlicensed staff (med techs) at the facility assist her with both.

A review was conducted of the Medication Observation Record for Resident #7 and it revealed non licensed staff (Med Tech's) are assisting Resident #7 with her treatments. (photographic evidence obtained)

An interview with Resident #7 on at 12;00 PM confirmed she is not able to do her own or and the med techs at the facility assist her.

An interview with the Director of Operations on at 12:50 PM confirmed unlicensed staff are assisting Resident #7 with her and breathing treatments.

2) During an interview with Resident # 8 on at 11:36 AM the resident informed this surveyor the staff at the facility (medication technicians) are taking her fasting glucose monitoring (BGM) every morning. She stated " I can probably due it myself but I don't need to they do a good job so I let them".

A record review for Resident #8 revealed a physician order dated / for Home Health to do

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for the resident.

A review of the MOR for Resident #8 revealed the staff are initialing daily they are assisting Resident #8 with her BGM. (photographic evidence obtained)

An interview with Director of Operations on at 2:40 PM confirmed the facility does not have licensed staff to assist Resident #8 with her BGM's and the Med Techs are assisting her.

CLASS III

0055 Medication - Storage and Disposal

Based on observation, and staff interviews, the facility failed to properly store/lock medications for the main medication cart of the facility which houses medication's for all 18 residents on the current census.

The findings include:

An observation was conducted upon entering the facility on at 9:05 am medication cart which is housed in the main living , was found unlocked. In addition a bottle of powder and tears for Resident #3 was observed on top of the cart. 12 residents were observed sitting in living to the medication cart, with access to the medications due to not being stored/locked correctly.

An observation was conducted on at 9:20 am of Employee E, Resident Care Aid/ Med tech, assisting resident # 3 with her medications. The resident was sitting in the main dining was resistant to take her medications. Employee E, the proceeded to assist the resident to her . While transporting the resident and assisting her with an eye drop Employee E left a plastic cup of dissolved in water on the table in the dining . There were 4 resident's still eating breakfast in the dining access to the medication.

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An interview with Employee E, on /2016 at 9:22 AM confirmed the for Resident # 3 was left unattended on the counter in the dining .

An observation was conducted of Employee E, on at 9:40 AM obtaining medications for another resident and walking away from the medication cart without locking the cart. An interview was conducted at that time with Employee E and was questioned why the medication cart is not being locked when she walks away? She replied " I can't, I don't have keys. They were taken home with an employee from last night". Employee E confirmed the 3-11 shift employee took the keys with her when she left at 11 PM on and the medication cart remained unlocked all night and this am.

An observation was conducted of at 9:47 AM of the Employee E receiving the medication cart keys from another employee and locking the medication cart.

An interview with the Administrator on at 10:00 AM confirmed an employee took the medication cart keys home and the cart remained unlocked since 11pm on .

CLASS III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that 2 of 3 sampled employees had a freedom from communicable statement within 30 days of hire (Employee A & C). In addition, the facility failed to ensure that 1 of 3 sampled employees had freedom from documented annually (Employee C).

The findings include:

A review of Employee A's personnel record revealed a hire date of / / . Further chart review revealed there was no communicable statement available for review.

A review of Employee C's personnel record revealed a hire date of / . Further chart review

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revealed there was no communicable statement or freedom from examination available for review.

In an interview with the Director of Operations on / at 11:44 AM, she confirmed the missing documentation.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees received the required in-service training within 30 days of hire for 1 of 3 sampled employees (Employee C).

The findings include:

A review of conducted of Employee C's personnel record and revealed a hire date of / . There was no evidence found that Employee C completed the following required in-service training: control, reporting major and adverse incidents, facility emergency procedures, resident rights, recognizing and reporting , resident behavior and needs, providing assistance with activities of daily living, elopement, and safe food handling.

In an interview with the Director of Operations on / at 11:51 AM, she confirmed the missing training.

Class III

0082 Training - / /

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees (Employee C) received training in / within 30 days of hire.

The findings include:

A review of Employee C's personnel record revealed a hire date of / . Further chart review revealed there was training in / available for review.

In an interview with the Director of Operations on / at 11:51 AM, she confirmed the missing

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training.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees (Employee C) received training in the facility's ( ) within 30 days of hire.

The findings include:

A review of Employee C's personnel record revealed a hire date of / . Further chart review revealed there was training in available for review.

In an interview with the Director of Operations on / at 11:51 AM, she confirmed the missing training.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to post the dining menu in a place that is available to residents.

The findings include:

On at 9:30 AM, tour of the facility found no menu posted as to what was being served for the day or week. On at 12:30 PM, dining was observed. No menu was observed posted, to let residents know what was being served.

In an interview with Employee D on at 12:32 PM, she reported that the menu is posted in the kitchen. The kitchen was observed and had a plastic chain, blocking the entrance. The menu was posted to the far left inside wall of the kitchen. It was not within view of the residents.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Sarah House III
1001 Old Tomoka Road
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call this office. at -4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/AF/sm
Enclosure
XG90

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