RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sweetwater At Duck Pond Alf Llc
207 Ne 7th St
Gainesville, FL 32601

Dear Administrator:

This letter reports the findings of a biennial re-licensure inspection survey conducted on 25-26, 2016, by representatives of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within ten days of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

A 0030-Resident Care-Rights and Facility Procedures-Class II-Your Assisted Living Facility failed to protect a resident from by a staff member who restrained a resident by the arms, causing injuries ( ) to the resident's left upper arm and hand, and to the resident's right hand.

A 0053-Medication-Administration-Class II-Your Assisted Living Facility failed to have a licensed nurse administer medications to residents who require assistance with medication administration. Specifically, the medication technician pre-poured medications for 2 of the residents, placed the medications in a cup in front of the residents. When asked why she was not following proper procedures for assistance with self-administration by reading the label in the presence of the residents, the medication technician stated "What does it matter, they (residents) have ."

A 0081-Training-Staff In-Service-Class II-Your Assisted Living Facility failed to provide the required in-service for Staff C, who was hired on / . The specific required in-service training is as follows: Reporting Major Incidents within 30 days of employment; Reporting Adverse Incidents within 30 days of employment; Facility Emergency Procedures within 30 days of employment; Resident Rights within 30 days of employment; Recognizing and Reporting Resident , Neglect, and within 30 days of employment; Resident Behavior and Needs within 30 days of employment; Providing Assistance with Activities of Daily Living (ADL's) within 30 days of employment; Safe Food Handling Practices within 30 days of employment; Resident Elopement Response Policies and Procedures within 30 days of

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

employment.

A 0090-Training- ( )-Class III-Your Assisted Living Facility failed to ensure that Staff C, hired on / , had received the required Training within 30 days of employment.

A 0091-Training-Documentation & Monitoring-Class III-Your Assisted Living Facility failed to ensure that documentation of completion of training for assistance with self-administration of medication was contained in the employee record of 1 of 2 staff reviewed.

A 0165-Risk Management & Quality Assurance: Adverse Incident Report-Class II-Your Assisted Living Facility failed to report alleged of a resident to the Department of Children and Families as required under chapter 415.

Z 815-Background Screening; Prohibited Offenses-Unclassified-Your Assisted Living Facility failed to conduct a Level 2 background screening for Staff C, who was hired on /

Directed Corrective Actions:

1. The Assisted Living Facility is required to develop a comprehensive policy and procedure regarding resident rights, including how to respond to situations of alleged , neglect or , of residents. The policy and procedure needs to include reporting requirements to the Department of Children and Families, to law enforcement, notifying the resident's family, and completion of Agency for Healthcare Administration (AHCA) Initial Adverse Incident Report and Full Adverse Incident Report. The policy and procedure needs to include the facility's responsibility to conduct an internal investigation of alleged , neglect or of residents, to include steps taken to protect the residents from the alleged abuser until completion of internal and external investigations. **This must be completed by , 2016.**

2. All facility staff having contact with and providing direct care to residents **INCLUDING THE ADMINISTRATOR** must be re-trained on resident rights and recognizing and reporting , neglect, and of adults. This training must be provided by a representative of the Department of Elder Affairs or the Department of Children and Families or an approved provider of one of these agencies. **You must initiate contact and schedule this training within 10 days of receipt of this letter.**

3. The Assisted Living Facility is required to retrain all facility staff on the requirements listed below. This training must be taught by a CORE trained individual other than the current administrator of this facility. The trainer must have completed CORE training, passed the exam and maintained the requirement for 12 hours of continuing education every 2 years.

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, 2016

A-Adverse Incident Reporting
B-Reporting Major Incidents
C-Facility Emergency Procedures

This item must be completed by ; 2016.

4. All facility staff who assist residents with self-administration of medications must be re-trained on assistance with self-administration of medications. This training must be provided by a registered nurse or licensed pharmacist. **You must initiate contact and schedule this training within 10 days of receipt of this letter.**

5. The Assisted Living Facility will conduct an audit of all active employee records, who provide direct care to residents, to determine if employees have received the following required In-Service Training:

A- Control
B-Reporting Major Incidents
C-Reporting Adverse Incidents
D-Facility Emergency Procedures and Evacuation
E-Resident Rights
F-Recognizing and Reporting , Neglect, and

For direct care staff, other than nurses or CNA's, an audit will be conducted to determine if employees have received the follow required In-Service Training:

A-Resident Behavior and Needs
B-Providing Assistance with the Activities of Daily Living (ADL's)

For staff who prepare or serve food, an audit will be conducted to determine if employees have received the required 1-hour in-service training in safe food handling practices.

All facility staff records must be audited to determine if all employees have received required in-service training regarding the facility's resident elopement response policies and procedures.

All newly hired staff must receive the above noted in-service training within 30 days of hire. As a result of the employee record audits, any required training noted above that employee(s) have not received, must be scheduled and provided within 10 days of receipt of this letter. Employee record audit results must be provided to Agency for Healthcare Administration (AHCA) within 10 days of receipt of this letter.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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6. The Assisted Living Facility will conduct an audit of employee records for the administrator, managers, direct care staff and staff involved in resident admissions, to determine if staff have received the required one hour of training in the facility's policies and procedures regarding ('s). **All newly hired staff must receive the required Training within 30 days of employment. As a result of the employee record audits, any required training that employee(s) have not received, must be scheduled and provided within 10 days of receipt of this letter. Employee record audit results must be provided to AHCA within 10 days of receipt of this letter.**

7. The Assisted Living Facility will ensure that all employee files, including any newly hired staff, contain documentation of a current Level 2 Background Screening indicating the employee is eligible. **Absolutely no staff without a Level 2 Background Screening shall appear on the schedule or have any contact with residents of the facility, resident property or resident living areas. This must be completed by , 2016. Employee record audit results must be provided to AHCA within 10 days of receipt of this letter.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions by law.

Should you have any questions, please contact . Laura Manville, Survey and Certification Support Branch, at (727) 552-1955, or Chuck Bory, Alachua-Area 3 Supervisor, at (386) 462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella

Filed Office Manager

KJM/CB

Enclosure

Received By Date

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968220	02/26/2016
NAME OF PROVIDER OR SUPPLIER SWEETWATER AT DUCK POND ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 207 NE 7TH ST GAINESVILLE, FL 32601	

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

0000 Initial Comments

From 25-26, 2016 a biennial licensure survey was conducted at Sweetwater at Duck Pond Assisted Living Facility. Deficient practice was identified. The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observations, interviews and record reviews the facility failed to prevent for 1 of 8 residents in the facility, for resident #5.

Findings:

On at approximately 11:05 AM, an observation was made with resident #5 who had suffered from a 2 years prior and had much difficulty talking. During the observation, it was observed the resident had on his left upper arm and hand. He also had on his right hand (photos taken).

On at approximately 11:05 AM, resident #5 was asked how he obtained the on his left arm and hands. He stated "staff" and pointed to a chair in the dining area where he eats. When he was asked how, he could not explain it. He read the statement written by staff A and said it was partly true.

On , a record review revealed a statement on resident #5 written by Staff A on . It states: Resident 5 became upset and began yelling at staff....staff asked resident to back up three times which he refused. Resident hit staff in shoulder....Staff scooped resident with her arm under his armpit and sat him in the chair where he banged his left arm on top of the chair and the left arm went back to the wall so he has a on top of the hand and wrist.

On at approximately 12:03 PM, the manager was interviewed in reference to the incident between staff A and resident #5. She stated the facility did not call Department of Children and Family Services about the incident. She said law enforcement was not called either, but staff did notify the son the same day. She stated it was resident #5's son who called DCF. She was asked if an incident report was done because nothing else was in the resident's record except the statement from staff A. She stated yes and she needed to go get it from the office.

On at approximately 12:53 PM, an interview was conducted with resident #5's son by phone. The family member stated he was notified of the incident with his dad the day after it happened on . He said staff told him his dad was misbehaving and they had to put him in a chair. When they

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did, his arm hit the back of the chair. Staff did not say anything about being hit. After I spoke to staff I called DCF.

On at approximately 1:35 PM, the manager produced an incident report and her documented investigation. It stated that the resident said the incident was his fault. He was able to clearly state that he over reacted and wasn't listening. She asked the resident....to try and control his anger. The under his arm came from a half hinge still attached to the doorway in the dining area, which had been removed (not until at approx. 10:45 AM).

Class II

0053 Medication - Administration

Based on observation and interview, the facility failed to have a nurse administer medication for 2 of 2 residents (Residents #5 and #6) observed. The unlicensed staff was observed to pre-pour the medication, then place the medication in a paper cup in front of both residents, who suffer from , not ensuring that the residents self administered their medications as ordered by their physician.

Findings:

On at approximately 8:20 AM, it was observed that resident #5 had a small plastic bowl of medications sitting on the table while he was in the kitchen getting a cup of water. No staff were present.

On , during a record review of resident #5 1823 health assessment dated . It stated he required assistance with self-administration of medication.

On at 8:25 PM, it was observed that the manager was in the office pre-pouring the residents medication into clear plastic containers from the prescription packs. No residents were present. One container had resident #6's name on the container which contained about five pills.

On at approximately 8:25 AM, the manager was asked if she was a nurse and she stated no. She was asked why she was not following proper procedures for assistance with self-administration by reading the medication label in the presence of the resident. The manager stated "What does it matter, they (residents) have ".

Class II

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0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide the required in-service training for 1 of 3 staff members (Staff C).

Findings:

On , a record review was conducted on Staff C, who was hired on / . It was observed that she had none of her in-service training as required. Specifically, Staff C had not received the following required in-service training within 30 days of hire: Control Training, Activities of Daily Living (ADL's) and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness and Evacuation Training, Incident Reporting Training, Resident Rights Training, Recognizing/Reporting , Neglect, and Training; Nutritional and Safe Food Handling Training .

On , Staff C was asked if she had any of her in-service training since she came to work in the facility. She stated no, she did not.

Class II

0090 Training -

Based on record review and interview, the facility failed to ensure 1 of 3 staff members (Staff C) received ( ) training.

Findings:

On , a record review was conducted on Staff C, who was hired on / . It was observed she did not have any training documentation in her record.

On at approximately at 11:28 AM, Staff C was asked if she knew what a was and she said no. She was asked if she had the training since working in the facility and she said no.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure that documentation of assistance with self-administration of medication training for 1 of 2 staff (Staff B), who assists residents with

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self-administration of medications, was contained within the staff's employee record.

Findings:

On , a record review was conducted on Staff B, who is the facility manager. She had been observed administering medications to residents prior to the record review. During the review, it was observed she had no documentation showing she had received any annual 2 hour medication update training since her initial assistance with self-administration of medication training on / /.

On at approximately 12:19 PM, Staff B (manager) was asked if she had received any 2 hour updated training for assistance with self-administration of medication. She stated no.

On , the facility owner e-mailed a copy of Certificate of Completion of Medical Technician Class for Four Hours, awarded to Staff B, dated , training provided by consultant pharmacist.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to call the Department of Children and Family Services in reference to a resident incident for 1 of 8 residents (Resident #5).

Findings:

On at approximately 11:05 AM, an observation was made of Resident #5, who had suffered from a 2 years prior and had much difficulty talking. During the observation, it was observed the resident had on his left upper arm and hand. He also had on his right hand (photos taken).

On at approximately 11:05 AM, Resident #5 was asked how he obtained the on his left arm and hands. He stated "staff" and pointed to a chair in the dining area where he eats. When he was asked how, he could not explain it. He read the statement written by Staff A and said it was partly true.

On , a record review revealed a statement on resident #5 written by Staff A on /. It states: Resident 5 became upset and began yelling at staff....staff asked resident to back up three times which he refused. Resident hit staff in shoulder....Staff scooped resident with her arm under his armpit and sat him in the chair where he banged his left arm on top of the chair and the left arm went back to

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the wall so he has a on top of the hand and wrist.

On at approximately 12:03 PM, the manager was interviewed in reference to the incident between Staff A and Resident #5. She stated the facility did not call the Department of Children and Family Services (DCF) about the incident. She said law enforcement was not called either, but staff did notify the son the same day. She stated it was Resident #5's son who called DCF. She was asked if an incident report was done because nothing else was in the residents record except the statement from Staff A. She stated yes and she needed to go get it from the office.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to obtain a Level II Background Screening for 1 of 3 staff members (Staff C), since hire date of / .

Findings:

On , a record review was conducted on Staff C, who was hired / . It was observed that she did not have a Level II Background Screening in her record.

On at approximately 11:30 AM, an interview was conducted with Staff C in reference to her Level II Background Screening. She stated the only background screening she has is from Agency for Persons with , when she worked at Tacachale. She said she does not have a copy of it.

search of Agency for Healthcare Administration (AHCA) Background Screening Clearinghouse website showed that Staff C did not have a Level II Background Screening.

Unclassified