STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	03/08/2016
NAME OF PROVIDER OR SUPPLIER **VICK STREET MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **22332 VICK STREET** **PORT CHARLOTTE, FL 33980**	

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

0000 Initial Comments

An unannounced Complaint survey for CCR #2016001733 was conducted on at Vick Street Manor, an Assisted Living Facility in Port Charlotte, Florida.

This complaint contained 5 allegations of which 3 were not substantiated. There were 2 associated deficiencies at A0080, and AZ816. There was 1 non-associated deficiency at A0028.

The following is a description of the deficiencies.

0028 Resident Care - Activities of Daily Living

Based on a review of facility documentation and interview with administrative staff, the facility failed to ensure there was bathing help given as per contract to 3 (Residents #2, #3 and #4) of 9 residents reviewed for bathing.

The findings include:

The facility has a bathing schedule that was posted in the Activities of Daily Living (ADL) book. The schedule listed the days of the week the resident was supposed to get help for showering or bathing. Within the book, was documentation showing the days of the week and when the care was provided, the aide was supposed to document what care was provided. The services included: bathing, independent, refused; Toileting-BM/ |; Needs Help ambulating; dressing/ | independent, stand by assist; Meal record percentage, breakfast, lunch, dinner; resident checks with the hours of the day marked off in 2 hour increments; laundry p/u (pick up); returned. The resident aide was to initial under the date when the care was provided.

A total of 17 residents were on the "showering" list. On at 4:42 p.m., it was confirmed with the Administrator and Staff I they do not document residents who need assistance or supervision with bathing. In fact, they agreed there was no place to document such care.

1. Resident #2 was admitted on / and discharged on / to a higher level of care. A review of the ADL record for Resident #2 for the months of and revealed the resident received no assistance with bathing, toileting, dressing, |, or ambulation with the exception of / . There was no documentation to indicate any assistance was provided to this resident. A review of the initial resident record revealed the 1823 health assessment revealed the resident required assistance with bathing, supervision with |, assistance with toileting and ambulation, and transfers. There was no evidence any of this type of care was provided to the resident.

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2. On at 10:00 a.m., Resident #4 stated the staff "used to" help her with her bath and do not now. A review of the documentation in the ADL book for Resident #4 revealed no bath assistance was given for the first week of and only 1 bath assistance was given for the last week of the month. On at 3:00 p.m., the Administrator and Staff I verified Resident #4 was to receive 2 baths per week.

3. On at 3:00 p.m., the Administrator and Staff I confirmed Resident #3 was to get showers 2 times a week. A review of the ADL record revealed there was no shower the first week of the residents' residence in and only 1 the last week of from through .

Class III

0080 Training - Core & Competency Test

Based on a review personnel files, the facility failed to provide required training in and neglect and for 1 (Staff A) of 6 staff reviewed.

The findings include:

Staff A was hired on as a resident assistant. A review of the personnel file on revealed no evidence of the required , Neglect, and training was given to this employee.

On at 4:42 p.m., the Administrator agreed this employee had not received the training. She further indicated the training had been scheduled, but it had not been completed.

Class III

Z816 Background Screening-Compliance Attestation

Based on a review of personnel files and interview with administrative staff, the facility failed to ensure 1 (Employee D) of the 6 employee files has a current background screening after a 90-day lapse in a participating facility.

The findings include:

Employee #D was employed on . A review of the employee's background screening revealed it

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was completed on . A review of the employee application revealed there was no employment noted in 2015. The facility did not perform a new background screening or clarify the employees work history.

Interview with the Administrator on ../.. at 4:30 p.m., confirmed they had not confirmed this employee history and had not rescreened this employee.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

RE: CCR #2016001733

Dear Administrator:

This letter reports the findings of a state licensure survey 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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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