RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Benton House of Clermont
16401 Good Hearth Boulevard
Clermont, FL 34711

RE: CCR #2016002602 & Biennial Licensure

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 (386) 462-6201.

Sincerely,

Charles Berry for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	03/17/2016
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **16401 GOOD HEARTH BLVD** **CLERMONT, FL 34711**	

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

0000 Initial Comments

On 16-17, 2016 a biennial licensure with complaint investigation (CCR#2016002602) was conducted at Benton House Assisted Living Facility. Deficient practice was identified during the survey. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to ensure Resident Health Assessments (AHCA Form 1823) were complete and accurate for 3 of 3 residents reviewed (Resident #7, #11 and #13).
Findings:
1. A review of the medical record for Resident #7 revealed the Resident Health Assessment (AHCA Form 1823) contained inaccurate information. Page 4, Section B reads " Does the individual need help with taking his or her medications? " It is answered " Yes, Needs Medication Administration. "
An interview was conducted with the Director of Nursing (DON) on at 6:50 AM. She confirmed the Resident Health Assessment (AHCA Form 1823) for Resident #7 was not correct. She confirmed Resident #7 self-administers her own medications without facility assistance.
2. On , a record review was conducted on Resident #11 1823 health assessment dated / . It was observed to be missing the following:
Pg. 2: Section A Activities of Daily Living: missing comments (dressing and eating)
Pg. 3: Section A Ability to Perform Self- Care Tasks: missing comments
Pg. 4: Section B "Does the individual need help with taking his or her medications (meds)?" Not completed; Medical License # not completed; address of examiner not completed; telephone # not completed; date of examination not completed
On at 1:00 PM, Resident #11 was observed using a rolling walker while ambulating in the dining lunch. His 1823 health assessment states resident needs total assistance with ambulation.
On at 11:07 AM, an interview was conducted with Staff D and Staff E. Staff D and Staff E confirmed they failed to obtain omitted information on resident #11 1823 health assessment and that it contained inaccurate information regarding his ambulation assistance needs
3. A review of the medical record for Resident #13 revealed the Resident Health Assessment (AHCA Form 1823) contained inaccurate information. On page 2, section B, Special Diet Instruction, the type of diet was left blank. Under "other" it reads "Pureed Diet."
An interview was conducted with the Director of Nursing (DON) on at 11:16 AM. She confirmed there was no diet order for Resident #13. She also stated the facility does not offer a pureed diet.
A review of the medical record for Resident #13 revealed the Resident Health Assessment (AHCA Form 1823) contained inaccurate information. On page 2, section C, #1A reads: A communicable , which could be transmitted to other residents or staff? It was answered with a yes and a comment "Hx

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	03/17/2016
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **16401 GOOD HEARTH BLVD CLERMONT, FL 34711**	

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

of , ESBL (History of , Extended Spectrum -lactamase)."
An interview was conducted with the Director of Nursing (DON) on at 11:20 AM. She confirmed the resident does not currently have a communicable . She confirmed the Resident Health Assessment was inaccurate.

0008 Admissions-Health Assessment
Class III

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to obtain an Interdisciplinary Care Plan for 1 of 1 Hospice residents reviewed (Resident #13).
Findings:

A review of the medical record for Resident #13 revealed she was re-admitted to the facility on under the care of hospice. Further review revealed there was no evidence of an Interdisciplinary Care Plan that specifies the services being provided to Resident #13 by the facility staff and by hospice staff.
An interview was conducted with the day shift Licensed Practical Nurse (LPN) on at 11:32 AM. She confirmed the facility does not have an Interdisciplinary Care Plan that specifies the services being provided to Resident #13 by the facility staff and by hospice staff.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure all staff received the required Medication Training and Updates for 1 of 3 staff reviewed (Staff A).

Findings:

A review of the personnel records for Staff A revealed no evidence of Medication Training or Updates required for assisting residents with self-administration of medications.

An interview was conducted with the Administrative Assistant on at 10:25 AM. She confirmed Staff A had the Medication Training but she confirmed that she does not have any documentation/evidence of the training.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968627	03/17/2016
NAME OF PROVIDER OR SUPPLIER **BENTON HOUSE OF CLERMONT**	STREET ADDRESS, CITY, STATE, ZIP CODE **16401 GOOD HEARTH BLVD** **CLERMONT, FL 34711**	

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

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure staff received the required 1.0 hour of ( ) Policy and Procedure Training for 3 of 3 staff reviewed (Staff A, B and C).

Findings:

A review of the personnel records revealed documentation of ( ) Policy and Procedure training for Staff A, B and C. The Certificates of Completion read 0.5 hours of training received, not the required 1.0 hours.

An interview was conducted with the Administrator on at 10:54 AM. He confirmed the Policy and Procedure training is a 0.5 hour not the required 1 hour.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to ensure a job description was contained in the personnel file for 1 of 3 staff reviewed (Staff A).

Findings:

A review of the personnel record for Staff A revealed no evidence of a job description was contained in the personnel file.

An interview was conducted with the Administrative Assistant on at 7:41 AM. She confirmed there was no job description for Staff A in the personnel file.

Class III