STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968618	03/30/2016
NAME OF PROVIDER OR SUPPLIER **PAMPERED PARENTS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6 SETON CT** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On , 2016 a biennial relicensure survey was conducted at Pampered Parents Assisted Living Facility. Deficient practice was identified during the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, and interview the facility failed to provide a monthly activity calendar with meaningful activites for 4 of 4 sampled residents(Residents #1, #2, #3 and #4).

The findings include:

Observed an activity calendar posted at entrance on wall. The activity calendar read:
8:00 AM Breakfast evey day with choice of menu items
9:00 AM "Steve Harvey " TV Channel 9 or take walk with Fabian, dog
10:00 AM "How to be a Millionaire" TV Game Channel 9, Movie or bingo
11:00 AM Exercise hour available for everyone at their own ability to music or "The View" TV show on Monday-Friday Channel 9 and On Saturday and Sunday there is on TV.
12:00 PM -1:00 PM "The Chew" TV show, lunch
2:00 PM Walk out doors with Fabian, dog or watch movie, TCM, Water flowers in garden or sit on patio
4:00-4:30 PM Dr. Oz on TV, games, pop corn nuts or ice cream snack
4:30-5:00 PM Outside Pati time
5-6:00 PM High tea or light dinner
6:30-7:00 PM Dessert and TV Jeopardy and Wheel of Fortune
7:30 PM Prepare everyone for bed or late open television

Observed Residents #3 and #4 throughout the day on . Residents were not observed in any activities except watching TV.

An interview with the Administrator at 8:30 AM on revealed the population of the residents is 90- with and . Administrator stated "I did not know I should have a monthly activity calendar. I use this typewritten paper for activities that is used all the time." The Administrator was briefed that eating meals and watching TV are not activites.

Class III

0032 Resident Care - Elopement Standards

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Based on record review and staff interview the facility failed to provide two elopement drills as required per year.

The findings included:

A record review of elopement drills revealed no documentation of any drills in the past year or since opening in 2014.

An interview was conducted with the Administrator at 9:15 AM on in which she confirmed no elopement drills were performed in the last year or ever. Administrator stated" I thought I just had to have a plan, I did not know I was suppose to have them. I have conducted fire drills."

Class III

0055 Medication - Storage and Disposal

Based on observation, and interview the facility failed to properly store a medication for 1 out of 4 sampled residents (Resident #1).

The findings include:

Observed a in a medicine cup sitting at Residents #1 bedside on a tray table on at 8:45 AM. Resident #1 stated"That is my from 3 AM this morning, I did not take it."

An interview was conducted with the Administrator at 8:50 AM on concerning the medication in Resident's #1's . The Administrator stated "The was given at 3 AM and Resident stated she was going to take it. I haven't had a chance to return to pick it back up. " Observed Administrator dispose of in .

0078 Staffing Standards - Staff

Based on employee record review, and a interview with the Administrator, the facility failed to ensure that 1 out of 3 sampled employee's (Employee B) received annual verification of freedom from communicable and ( ) within 30 days after beginning employment.

The findings included:

A review of the employee file for Employee B revealed a date of hire as / . Employee B did not

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have documentation of a communicable statement or proof of a negative yearly examination in the file.

An interview with the Administrator at 4:15 PM on confirmed there was no documentation of a communicable statement or negative examination in the file for Employee B.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide documentation of in-service training on Elopement response, Emergency Preparedness, Incident Reporting, Resident Rights, Recognizing and Reporting , and Nutritional Safe Food Handling for 2 of 3 sampled employees (Employee A and B) within 30 days of hiring.

The findings include:

A record review was completed for Employee A with a date of hire of . Employee A did not have proof of training in Elopement response, Emergency Preparedness, Resident Rights, Recognizing Reporting , Neglect and Nutritional Safe Food Handling.

A record review was completed for Employee B with a date of hire of . Employee B did not have proof of training in Elopement response, Emergency Preparedness, Incident Reporting, Resident Rights, and Recognizing and Reporting .

On , 2016 at 4:15 PM the Administrator confirmed that in-service training documentation for Employee A in Elopement response, Emergency Preparedness, Incident Reporting, Resident rights, Recognizing and Reporting and Nutritional Safe Food Handling was not completed or documented in Employee A's file. The Administrator confirmed Employee B did not have training in Elopement Response, Emergency Preparedness, Incident Reporting, Resident Rights, and Recognizing and Reporting .

Class III

0083 Training - First Aid and

Based on employee file review and interview with the administrator, the facility failed to ensure that 2 out of 3 sampled employee ' s (Employee A and C) was trained in First Aid.

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The findings include:

An employee file review was conducted for Employee A which revealed a date of hire of . Observed training for with expiration date of ,but did not observe First Aid listed as part of the training.

An employee file review was conducted for Employee C which revealed a date of hire of . Observed training for with an expiration date of , but did not observe First Aid listed as part of the training.

An interview with the Administrator at 4:15 on revealed the class was all day and first aid was included but not listed on the certificate. The Administrator called training center but was unable to reach. Administrator was informed she could fax in any additional information to office. The office did not receive any additional information.

Class III

0090 Training -

Based on record review and a interview with the Administrator the facility failed to provide ( ) training for 1 of 3 sampled employees (Employee B).

The findings include:

A record review was conducted of Employee B's file which revealed no documentation of training Employee B was hired / .

An interview was conducted with the Administrator at 4:15 PM concerning Employee B's training. The Administrator confirmed Employee B did not have training her file.

Class III

0160 Records - Facility

Based on observation, interview and record reviews the facility failed to provide an up to date admission and discharge log listing the names of residents and date of admission for 2 out of 4 sampled residents (Resident #3 and #4). The facility also failed to have documented resident elopement response drills.

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The findings include:

A record review of the Admission/Discharge log at 8;55 AM on revealed 2 residents were listed. Resident #1 and #2 were listed on the Admission/Discharge Log. Resident #3 and #4 were not observed on the admission discharge log. Resident #3 was admitted . Resident #4 was admitted .

An interview was conducted with the Administrator at 8:55 Am on . Administrator stated" I thought Resident #3 was on there." Administrator confirmed Resident #3 and #4 are not listed on the Admission/Discharge log.

A record review of elopement drills revealed no documentation of any drills in the past year or since opening in 2014.

An interview was conducted with the Administrator at 9:15 AM on in which she confirmed no elopement drills were performed in the last year or ever. Administrator stated" I thought I just had to have a plan, I did not know I was suppose to have them. I have conducted fire drills."

Class III

0161 Records - Staff

Based on record review and staff interview the facility failed to maintain personnel records for employees which contain, documentation of background screening, and documentation of compliance with all training requirements for 3 out of 3 sampled employees (Employee A, B, and C).

The findings include:

A record review was conducted of Employee A's file which revealed a date of hire of . Background Screening, training for Elopement Response, Emergency Preparedness, Resident Rights, Recognizing and Reporting , Neglect, and Nutritional Safe Food Handling was not observed in the employee file.

A record review was conducted of Employee B's file which revealed a date of hire of . A Background Screen, training for Elopement Response, Emergency Preparedness, Incident Reporting, Resident Rights and Recognizing and Reporting was not observed in the employee file.

A record review was conducted of Employee C's file which revealed a date of hire of . A

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Background Screen was not observed in the employee file.

Entered the Background Screening Website at 2:50 PM on to review employees listed above. Employee A was listed with a date of on the Background Screening Website. Employee C was listed with a date of / on the Background Screening Website. Employee B was listed as agency review required.

An interview was conducted with the Administrator at 2:55 PM and results of Background Clearinghouse Website was shared with Administrator viewing the information. The Administrator confirmed there were no Background Screens in the employee files for Employee A, B or C. The Administrator confirmed the above training was missing for Employee A and Employee B.

Z813 Results of Screening & Notification in File

Based on record review and interview with the Administrator the facility failed to provide the elgibility results of 3 of 3 sampled employees in the employee files.

The findings include:

A record review was conducted of Employee A's file which revealed a date of hire of . Background Screening was not observed in the employee file.

A record review was conducted of Employee B's file which revealed a date of hire of / . A Background Screen was not observed in the employee file.

A record review was conducted of Employee C's file which revealed a date of hire of . A Background Screen was not observed in the employee file.

Entered the Background Screening Website at 2:50 PM on to review employees listed above. Employee A was listed with a date of on the Background Screening Website. Employee C was listed with a date of / on the Background Screening Website. Employee B was listed as agency review required.

An interview was conducted with the Administrator at 2:55 PM and results of Background Clearinghouse Website was shared with Administrator viewing the information. The Administrator confirmed there were no Background Screens in the employee files for Employee A, B or C.

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Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview with the Administrator the facility failed to provide a Level II Background Screen for 1 of 3 sampled Employees (Employee B).

The findings include:

A record review was conducted of Employee B's file which revealed a date of hire of / . A Background Screen was not observed in the employee file.

Entered the Background Screening Website at 2:50 PM on to review employee listed above. Employee B was listed as agency review required.

An interview was conducted with the Administrator at 2:55 PM and results of Background Clearinghouse Website was shared with Administrator viewing the information. The Administrator confirmed there were no current Background Screen for Employee B.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Pampered Parents ALF, Inc.
6 Seton Court
Palm Coast, FL 32164

Dear Administrator:

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

Sincerely,

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

RS/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com