AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968216	04/21/2016
NAME OF PROVIDER OR SUPPLIER **ELLAS PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **313 DOLPHIN WAY** **KISSIMMEE, FL 34759**	

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

0000 Initial Comments

Assisted Living Facility

On / , a biennial relicensure survey was conducted at 's Place. Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on record review and interview, two of two staff sampled (A; B) either had no statement attesting to their freedom from signs and symptoms of communicable from a health care provider based on an examination within the last 6 months, or had a ( ) assessment that had been updated on an annual basis. Findings include:

A review of personnel files during the survey revealed that although Staff A, hired 2012, had a statement from , further review of the record found no general assessment from a health care provider (ARNP; physician; physician's assistant) verifying this employee was free from other communicable . A review of Staff B's record indicated that although she had a general evaluation from pertaining to her health/freedom from communicable , further review of the file found no updated annual statement. Interview with the administrator at 1:25pm on / confirmed that both of the above-referenced documents were missing.

Class III

0081 Training - Staff In-Service

Based on record review and interview, one of two caregiver staff sampled (B) who had been employed at least 30 days had not received training multiple areas. Findings include:

A review of personnel records during the survey indicated that the caregiver who, according to the administrator, "had occasionally assisted her during periods when she received some residents, and would be called upon in the future for the same," had no documented evidence of having completed the following training:
a) control; b) 3 hrs. assisting residents with ADLs and resident behavior & needs;
c) the facility's elopement policies/procedures (1 hr.); d) the facility's emergency preparedness policies

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and evacuation protocols (1 hr.); major and adverse incident reporting(1 hr.); e) resident rights in an ALF (1 hr.) f) recognizing and reporting [illegible], neglect and [illegible] (1 hr.) and g) food safety (1 hr.). Interview with the administrator at 11:45am on [illegible] confirmed that Staff B had not necessarily received
official training/documented certification of training in all of these areas.

Class III

0082 Training - [illegible]

Based on record review and interview, one of two staff sampled (B) who had been employed at least 30 days had not completed the one-time course on [illegible] and [illegible]. Findings include:

A review of Staff B's file during the [illegible] survey revealed that although she had been hired 2014 and worked on an as needed basis, no documentation verifying that Staff B had completed an [illegible] class could be located. Interview with the administrator at 1pm on [illegible] confirmed that said certificate was missing from the record.

Class III

0083 Training - First Aid and

Based on record review and interview, one of two staff sampled (B) did not maintain a currently valid card in both First Aid and [illegible]. Findings include:

A review of personnel records during the [illegible] survey indicated that the latest First Aid and certifications held by Staff B both had expired [illegible]. Interview with the administrator at 1:50pm on [illegible] confirmed that she did not have any updated First Aid and [illegible] cards for Staff B, "even though this employee wasn't utilized that much."

Class III

0085 Training - Nutrition & Food Service

Based on record review and interview, the administrator had not obtained a minimum 2 hours of continuing education in topics related to nutrition and food service in an assisted living facility on an annual basis. Findings include:

An interview with the administrator at 11am on [illegible] revealed that she was in charge of the facility's

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nutrition/food service. Although review of the administrator's personnel file during the survey found a certificate of a 1 hour food handling class, no evidence could be located that a 2 hour seminar/continuing education course had been obtained on an annual basis in topics related to nutrition/food service in an ALF setting. Interview with the administrator at 12:40pm on verified that she had not taken any 2 hour nutritional update training.

Class III

0090 Training -

Based on record review and interview, one of one caregiver staff sampled (B) who had been employed at
least 30 days had not yet received training in the facility's policy and procedures re: . Findings include:

A personnel file review during the inspection found that Staff B, hired 2014, had no documentation verifying that she had been formally oriented to the facility's policies/procedures pertaining to . Interview with the administrator at 1:45pm on confirmed that "although she had at one point gone over this material with Staff B, no official certificate had been issued."

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility had not had its menus reviewed and approved on an annual basis by a licensed/registered dietitian, the reviewing dietitian's registration card had expired, and the diet plans that had been approved did not match those referenced were available in the facility's contract. Findings include:

A review of the menus currently in use by the facility found a 4 week cycle of regular diet plans that had most recently been reviewed and approved by the dietitian . In addition, review of this professional's registration card found a document that had expired . Finally, review of the facility contract revealed that it indicated under "Menus and Snacks: Mechanical, reduced concentrated sweets, and low fat/lo diets were available." However, none of these restricted diets had been reviewed or approved by the facility's dietitian. Interview with the administrator at 11:45am on provided no clarification for these discrepancies.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ellas Place
313 Dolphin Way
Kissimmee, FL 34759

Dear Administrator:

This letter reports the findings of a biennial 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
XG90