AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	04/25/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD ZEPHYRHILLS, FL 33540**	

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

0000 Initial Comments

Assisted Living Facility

On , , 2016, a change of ownership state licensure survey in conjunction with complaint surveys (CCR #2016004422, CCR #2016001880) was conducted at American House Zephyrhills. Deficient practice was identified during the change of ownership survey.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed ensured 2 (8 and 12) of 2 reviewed health assessment were complete.
Findings Included:
During a resident record review on at 3:00PM, it was revealed that Resident #8's health assessment did not have all required pertinent information completed on the front of the 1823. This page of the health assessment was blank other than a hand written note stating "see EHR." The information concerning the identification of any health-related problems and functional limitations was not listed. The only other information that was available was a discharge from the hospital. A completed health assessment was not available.
The health assessment for Resident # 12 had an unidentifiable mark as a signature and did not list the printed name of the examiner, the medical license number, the address of the examiner, the telephone number nor the date the examination took place.
Both health assessments did not have the required Section 3 listing the services offered or arranged by the facility completed.
During an interview with the Administrator and Wellness Director on at 3:45 pm it was confirmed that the Health Assessments were incomplete. Completed health assessments were not available.
Class III

0054 Medication - Records

Based on observation and interview the facility failed to ensure 1 (J) of 3 med/tech who were observed passing medication followed the correct procedure.

Findings Included;

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	04/25/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD ZEPHYRHILLS, FL 33540**	

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

During observation of med/tech J during the noon medication pass on in the Memory Care unit, it was revealed she did not follow the correct procedures. Staff J was observed opening the MOR unlocking the medication cart and removing the residents medication .The med tech pushed the pills from the bubble pack into a souffle cup. The med/tech did not check the medication label against the MOR. The med/Tech initialed the MOR before she gave the resident the medication. The med/tech did not tell the resident the name of the medication. The med/tech walked over to the resident and told her it is time to take your pills watched the resident swallow the pills then went back to the cart and continued to follow the same pattern with each resident.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that one of one medication cart observed was kept locked at all times. Findings include:

On at 1:10pm, a medication cart was observed to be unattended in the middle of the 1st floor hallway, outside of # and across from the electrical mechanical . Upon further examination, this cart was found to be unlocked, and no facility staff were noted to be in the vicinity. At 1:17pm, the administrator was contacted; she observed the medication cart unlocked and proceeded to secure it, and
attempted to notify the med tech on duty. Upon returning, this employee stated that "she just went into the get a pair of gloves." Interview with the administrator and wellness director at 1:25pm on confirmed that both had seen the medication cart unlocked with no facility staff nearby.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, one of four staff sampled (A) who had had their ( )status assessed, had not obtained an annual update of said assessment. Findings include:

A personnel record review during the change of ownership revealed that the latest evaluation for Staff A (hired) was from . Interview with facility administration at 2pm on confirmed that no subsequent update of Staff A's status had been obtained.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	04/25/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD ZEPHYRHILLS, FL 33540**	

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

0081 Training - Staff In-Service

Based on record review and interview, three of three direct care staff sampled (B; C; D) who had been employed at least 30 days had not received the minimum number of required hours with respect to one of the basic trainings. In addition, the individual in charge of the food service (G) had not received the minimum 1 hour safe food handling training within 30 days of employment. Findings include:

A review of the personnel files for Staff B, C, and D (hired / /, / / and /, respectively) indicated that although they had all received the required training in providing assistance with activities of daily living (ADLs) and resident behavior and needs, further review of the certificate they had been issued was only for one (1) hour. However, per regulation, at least three (3) hours is required for this training.
Interview with the wellness director at 2:35pm on revealed that "she was not aware of this."
Interview with facility administration at 10am on revealed that Staff G was in charge of the facility's food service. Review of this employee's personnel record found that he had been hired and had no documented evidence of having received the 1 hour safe food handling training. Interview with administration at 2:30pm on / provided no clarification.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, two of four staff sampled (B;J) who assisted residents with their medication self-administration did not have both their 4 hour foundational training, as well as their 2 hour update in safe medication practices on an annual basis. Findings include:

A review of personnel files during the change of ownership inspection indicated that although Staff B (hired / /) had received the initial 4 hour training in medication assistance / /, further review of the record found no evidence that a 2 hour update seminar in safe medication practices/related topics had been obtained within that last year by Staff B. Interview with the wellness director at 3:25pm on verified that this employee had not yet taken a 2 hour update course in medications.
On at 12:10PM during a observation of staff J assisting residents with self administered medication it was noted the med/tech was not following the correct procedure. Staff J stated she was up to date with all her training and had just completed the 2 hour medication update.
A review of staff J's training revealed she did not have documentation of having attended the required four (4) hour medication training prior to assisting residents with self administered medications. The employee had a certificate of completion of a two (2) hour updated medication class she attended on / given by a Pharmacy.
The administrator stated the class was (4) four hours and the certificate was not written correctly. The

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	04/25/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD ZEPHYRHILLS, FL 33540**	

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

administrator stated a new certificate would be printed to reflect the 4 hour class.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility was not properly posting its planned menu (s). Findings include:

At 10:35am on / , the following problematic situation was observed:

a) one menu was observed to be posted in front of the far left side of the main dining the 1st floor of the facility--it stated: stuffed green peppers; soup of the day; (alt.) tortellini; rigatoni w/ red sauce; cauliflower; zucchini bars (desert); 2% milk; coffee/tea;

b) 2nd menu posted in front of the far right side of the same main dining --it stated: veal parmesan; meatballs; noodles; peas; wedding soup; blueberry cake;

c) finally, a 3rd menu was being "broadcast" via an ongoing video stream in a sitting area situated in front of the right side of the dining ; the items mentioned in this "menu" were entirely unrelated to any of the food items planned/served (meatloaf; mashed potatoes; steamed cabbage).

According to observation, residents were being served primarily rigatoni with sauce, meatballs, soup, peas, and some were served veal w/ noodles. Interview with the food service director at 1pm on revealed that "although he posted the second menu on the right side of the dining reflect what was actually being served, no universal menu had been devised to show residents/the public what was planned and what had been substituted." He added that "the video in the sitting area was something that he had been trying to have administration get rid of for weeks."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
American House Of Zephyrhills
38130 Pretty Pond Rd
Zephyrhills, FL 33540

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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

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

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