AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966240	05/06/2016
NAME OF PROVIDER OR SUPPLIER **ABIGAIL (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 SOUTH DELAWARE** **TAMPA, FL 33606**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, a biennial relicensure survey was conducted at The Abigail. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessments for two of two residents sampled (#7; 8) were incomplete or contained incorrect information.

Findings include:

A review of resident files during the survey found that the health assessment for Resident #7 included no information regarding this individual's diet order, while the examination for Resident #8 indicated that the individual "required medication administration." Further review of Resident #8's record revealed a / / order for "medication administration." However, interview with the co-administrator at 11:45am on verified that the facility employed no licensed personnel to provide said service.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility did not fully adhere to procedures related to providing assistance with medication self-administration with respect to two of two residents observed (#9; 10).

Findings include:

At 12:55pm on / , the following was observed:

a) Staff A was noted placing a tablet of 10mg into a small plastic cup and mixed in some applesauce. She brought this to the table where Resident #9 was seated, and stated, "I'm giving you your medicine!" The staff person proceeded to dip a spoon into the medicine/applesauce combination and placed it directly into the resident's mouth. As soon as the resident closed her mouth onto the spoon, Staff A turned away and returned to the medication cart to document this transaction;

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b) Staff A placed a tablet of 50mg into a small plastic cup and mixed some applesauce therein. Again, she brought the mixture to Resident #10, and said, "I have to give you your medicine!" After feeding the resident via a spoon, the staff person watched the resident consume and swallow the applesauce/medication combination. Staff A then returned to the cart to document.

In neither case did the employee read the pharmacy label or explain to the resident what the medication was/what it was for. Interview with the co-administrator at 2:20pm on provided no clarification for this discrepancy, or why she had failed to observe Resident #9 consume/swallow her medications.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, freedom from ( ) had not been documented on an annual basis for two of three staff sampled (B; C), nor had a statement attesting to freedom from communicable by a health care provider (ARNP; physician; physician's assistant) been obtained for one of three staff sampled (A).

Findings include:

A personnel record review during the survey indicated that although Staff A (hired) had a evaluation from , further review of the file found no general statement from a health care provider verifying her freedom from signs/symptoms of other communicable . In addition, the latest statements for Staff B and C expired and , respectively. Interview with the co-administrator at 2:20pm on verified these documents were not available for inspection.

Class III

0080 Training - Core & Competency Test

Based on record review and interview, one of one staff person reviewed who had been designated as an administrator of the facility (A) had not successfully completed the assisted living facility core training requirements within the 3 month period.

Findings include:

In an interview with the person in charge (Staff A) at 9:40am on , she stated that she was one of

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the facility co-administrators. Review of Staff A's personnel file revealed a date of hire of and a certification of core training, but no documentation of having passed the competency test. Interview with Staff A at 1pm on confirmed that although she took the core examination, she just missed the passing score by a handful of points. Further interview indicated that no subsequent test had been taken.

Class III

0083 Training - First Aid and

Based on record review and interview, one of three staff sampled (B) did not have a current First Aid card and not necessarily a current card.

Findings include:

A personnel record review during the survey revealed that Staff B's First Aid certification had expired , while the card indicated a date of / when the class was taken. Thus, it provided no expiration date, making it unclear as to whether the education was currently valid. Interview with the co-administrator at 2:30pm on / confirmed that the required documentation was missing.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, one of three staff sampled who assisted residents with medication self-administration (B) had not obtained the 2 hour continuing education training on safe medication practices/related topics on an annual basis.

Findings include:

A personnel record review during the survey revealed that Staff B's latest 2 hr. medication update training was from (with the original 4 hr. course). Interview with the co-administrator at 2:40pm on indicated that no subsequent training had been procured.

Class III

0161 Records - Staff

Based on record review and interview, the facility did not maintain a copy of the employment application

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with references and date of hire for one of three staff sampled (B).

Findings include:

A review of the personnel record for Staff B during the survey found a file without any employment application or date of hire. Interview with the co-administrator at 1:55pm on / provided no explanation for this omission.

Class III

0167 Resident Contracts

Based on record review and interview, the contracts for two of two residents sampled (#7; 8) did not contain a provision stating that at least 30days written notice will be given before any rate increase, nor did one of the two (#7) indicate the proper discharge notification.

Findings include:

A review of resident files during the survey revealed that the contract being utilized by both Resident #7 and 8 did not include any verbiage/provision addressing the fact that at least 30 days written notice will be given before any rate increase. Interview with the co-administrator at 2:30pm on verified that the required verbiage was missing from the residency agreement. In addition, further review of the contract for Resident #7 revealed a discharge provision stating "the resident agrees to provide The Abigail House 45 days written notice of termination of any intent to transfer or be discharged from the facility..." This was in direct conflict of the requirement that the resident only is required to give 30 days notice, while the facility must provide 45 days, pursuant to Section 429.24. Again, interview with the co-administrator provided no clarification.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain the Provider Background Screen Clearing House and register 3 of 3 staff (staff #A, B, & C) whose records were reviewed.

Findings include:

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A review of the Background Screening Clearinghouse on the date of the survey revealed that 3 of the 3 staff members (staff #A, B, & C) whose records were reviewed were not registered within the 10 days of initial employment status as required with the Background Screening Clearinghouse.

A review of staff A's employee file indicates a hire date of staff A was not registered in the Background Screening Clearinghouse.

A review of staff B & C's employee file gave no indication of a hire date, however training documentation indicates staff B has been employed at the facility since 2013. Staff C has been employed at the facility since 2015. In all cases neither staff A, B or C were registered within 10 days of initial employment status as required.

Upon request at 1:15pm on , the facility's employee roster was requested but not furnished. The co-administrator stated that "she wasn't sure about where to get this information or how to navigate the related web site to obtain further instructions."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

18, 2016

Administrator
Abigail (The)
320 South Delaware
Tampa, FL 33606

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

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

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