STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	05/10/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on at Family Traditions, an Assisted Living Facility in Venice, Florida.

The following is description of the deficiencies found at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to ensure that 1 (Resident #4) of 2 residents obtained a medical examination with completion of AHCA form 1823 every 3 years.
The findings included:
Record review for Resident #4 found he was admitted . An AHCA form 1823 dated was on file. There was no other AHCA Form 1823 or any other documents with the required information available in the file.
Interview on at 2:15 p.m., the Administrator said It should have been done but the doctor had an emergency, they will send a new doctor over to do it.
Class

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure a written statement from a health care provider documenting freedom from communicable within 30-days of hire and ensure negative ( ) examination is documented on a yearly basis for 2 (Staff B and Administrator) of 3 records reviewed.
The findings included:
Record review on for the Administrator and Staff B revealed no communicable statement or negative statement in either record. Staff B was hired on .
Interview with the Administrator on / at 2:30 p.m., she says she knows it was done but the doctor's office did not send it back and she will give them a call.
Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure in-services were completed for 2 (Staff A and Staff B) of 2 records reviewed.
The findings included:
Record review on / / for Staff B, hired , found there was no documentation of a 1-hour

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	05/10/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

in-service training on Control.
Record review for Staff A, hired /, found there was no documentation of the in-servicing on the facility's elopement response policies and procedures.
During an interview with the Administrator on / / at 2:30 p.m., she confirmed she cannot provide documentation that the in-services were completed. She says she does not know what happened to some of the staff paperwork. It must have been misplaced during the last surveys.

Class

0082 Training - /

Based on record review and interview, the facility failed to ensure facility employees completed the one-time education course on and within 30-days of employment.
The findings included:
Record review on / for direct care staff, Staff B, hired , found there was no documentation of a and course in the staff file.
During an interview with the Administrator on / / at 2:30 p.m., she confirmed she cannot provide documentation that the in-services were completed. She says she does not know what happened to some of the staff paperwork. It must have been misplaced during the last surveys.
Class

0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to ensure the food service designee obtains 2 hours continuing education pertinent to nutrition and food service annually.
The findings included:
Record review on / of all staff files failed to document food service designee or continuing education hours pertaining to nutrition or food service within the last 2 years.
Interview on at 1:45 p.m., the Administrator confirmed she is the food service designee and that she does not have proof of continuing education hours as required.
Class

0090 Training -

Based on record review and interview, the facility failed to ensure direct care staff received at least a 1-hour training in the facility's policies and procedures regarding ( ) for 1 (Staff A) of 2 staff files reviewed.

The findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	05/10/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

Record review for Staff A shows a hire date of . There was no documentation of training on the facility policy and procedures.

During an interview with the Administrator on at 2:30 p.m., she confirmed she cannot provide documentation that the in-services were completed. She says she does not know what happened to some of the staff paperwork. It must have been misplaced during the last surveys.

Class

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to follow dietitian approved menu, failed to ensure that the facility's menu was reviewed annually by a licensed or registered dietitian, failed to maintain a substitution log, and failed to maintain appropriate quantities of the required 3-day supply of nonperishable foods.

The findings included:

Observation of lunch served to Residents #4 and #5 consisted of a plain Salami and cheese sandwich, a bag of potato chips and Sugar free Juice. Nothing else accompanied the meal served.

Review of the menu for week 2, Tuesday's lunch menu was listed as 1 cup of soup, meat and cheese sandwich, with tomatoes and lettuce, bean salad, apricots, 8-ounce milk, 8-ounce beverage.

Review of the menu showed it was signed by the dietitian in 2014. Date listed at the bottom of the menu signify the weeks of the year the menu is used for are dated 2015. Review of the substitution log provided by the Administrator, there were only 2 entries dated and , both lacking a year. Further review of the entries found that the entrée substitution did not coincide with the meal posted for those dates if in fact the substitution log was for the year 2016.

During an interview with administrator on at 1:40 p.m., she confirmed they were on week 2 of the four-week menu. The Administrator said she does not follow the menu because these are young people and they don't like the food on the menu. They prefer junk food. They try to cook what the residents like. She confirmed after checking with Staff B that they have not been filling out the substation log as required. She also confirmed that the dietitian has not reviewed the menu yearly as required. She says she will have the dietitian change the menu with the residents' preferences.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	05/10/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

Review of the emergency food supply was conducted along with the Administrator. According to regulations, the facility would be required to have on hand 288 ounces of non-perishable milk/ sources for the 6 residents. There was no nonperishable milk/ sources available.

The Administrator confirmed the findings and said she will just fill the water bottles she has. She said she will buy canned milk.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure a living environment free from hazards.

The findings included:

During an initial tour of the facility, the window crank for which is used by Resident #5 was noted to be hanging out of place. The pocket door of the by Resident #5 was found to have wood at the bottom of the door which could possible cause a or cuts to the resident legs and feet.

During an interview with Resident #5, she says the window crank has been like that. I can't open the window, its broke.

During a second tour with the Administrator, she stated, "Oh, I noticed that I will have my contractor look at that."

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain the employment status of facility employees within the background screening clearinghouse.

The findings included:

Review of the background screening account for the facility, there were no employees listed on the employee roster.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922298	05/10/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY TRADITIONS III**	STREET ADDRESS, CITY, STATE, ZIP CODE **352 LAKE ROAD** **VENICE, FL 34293**	

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

During an interview with the Administrator on at 1:20 p.m., she said, "I didn't know we had to do that, there are so many changes I can't keep up."

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure a background screening was completed for 1 (Staff A) of 2 staff files reviewed.

The findings included:

Staff A is a direct care staff hired on . Review of file for Staff A found a background screening form stating "Agency Review Required."

Interview with the Administrator on at 1:15 p.m., she stated, "I thought she was cleared." After placing a call to the Background Screening Unit and was instructed on the proper procedure. She then said, "It will be ready in 5-6 days."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Family Traditions Iii
352 Lake Road
Venice, FL 34293

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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

XG90

Fort Myers Field Office
2295 Victoria Avenue, [illegible]
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com