STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910317	06/10/2016
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME II ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **902 WEST CANAL STREET** **NEW SMYRNA BEACH, FL 32168**	

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

0000 Initial Comments

On , a biennial relicensure with Limited Mental Health survey was conducted at Guardian Home Assisted Living (License #55). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on a review of resident records, and interview with the Administrator Apointee, the facility failed to obtain complete information on the AHCA form 1823 (resident health assessment) for 1 of 2 sampled residents whose records were reviewed (Resident #1).

The findings include:

A review of Resident #1 found a resident health assessment signed and dated by the examining practitioner on . Further review of the form found the examiner neglected to prescribe a diet for this resident. In addition, there was no assessment for the level of assistance Resident #1 required for dressing, eating, using the toilet, or making transfers.

An interview was conducted with the Administrator appointee at 12:30 pm on . He reviewed Resident #1's health assessment, and confirmed the missing information.

Class III

0078 Staffing Standards - Staff

Based on staff interview and record review, the facility failed to ensure 1 of 4 sampled employees (Employee A) provided a statement from a health care provider as evidence the employee did not show signs or symptoms of a communicable including ( ).

The findings include:

Record review of the personnel file for Employee A (hired) found no evidence Employee A was free from communicable including .

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The findings were confirmed by Employee C/Administrator appointee during interview on at 1:14 PM. He stated he was aware the Employee A had a test and will still waiting for her results.

Class III

0081 Training - Staff In-Service

Based on staff interview and employee personnel file review, the facility failed to ensure 1 of 4 sampled employees (Employee B) received a minimum of 3 hours in-service training within 30 days of employment that covered providing assistance with the activities of daily living.

The findings include:

Record review for Employee B (hired /) found a certificate documenting she received 2 hours of training in providing assistance with activities of daily living on . There was no other evidence of training related to resident behavior and needs or providing assistance with the activities of daily living in the employee file.

The findings were confirmed during interview with Employee C/Administrator appointee on at 1:15 PM. He could not locate evidence of any other training.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the food service designee for the facility obtained annually a minimum of 2 hour continuing education in food service and nutrition. (Employee C).

The findings include:

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During an interview with Employee C/Administrator appointee on / at 11:45 AM he was asked for the name of the Food Service designee for the facility. He stated he was the Food Service designee.

Record review of the employee file for Employee C found the most recent evidence of training related to food service was on . Employee C verified that it was the last Food Service related training he had received.

Class III

0093 Food Service - Dietary Standards

Based on observation, and interview with the Administrator apointee, the facility failed to maintain a 3-day supply of potable water in the event of emergency for the current census of 7 residents.

The findings include:

An inspection of the emergency water supply found there were only 9 gallons of potable water stored for the census at the time of survey, which was 7 residents. Nine gallons of water was sufficient for a 3-day supply for only 3 of the 7 residents.

An interview was conducted with the Administrator apointee at 12:30 pm on . He inspected the water and confirmed insufficient 3-day supplies of water in the event of emergency for a census of 7 individuals.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations, and interview with the Administrator apointee, the facility failed to maintain a safe living environment that was free of pests for 1 of 6 resident (#_). The facility failed to maintain safe, clean in 2 of 3 resident observed (#2 and #5) and in the

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common [redacted] (#).

The findings include:

During a tour of the facility at 9:10 am on [redacted], [redacted] #[redacted] was observed with an unidentified number (approximately 50 or more) of winged insects resembling termites on the floor just outside of the [redacted]. Additional insects were observed in the left corner of the floor just inside the entrance to the [redacted]. The [redacted] crowded with personal belongings. Four dirty and partially filled coffee cups sat on the bedside table. The floor under the dresser located between the two beds was black, and coated with dirt and debris. Dirt, trash and debris was located under both beds. The [redacted] a rusted, unidentified, electrical appliance which hung by the sink. The wall outlet was covered in rust-colored substance. Behind the electrical appliance, a splatter pattern of dark spots resembling biological growth was observed. The flooring to either side of the sink cabinet was coated with hair, insects, and a buildup of dark debris. The corners of the [redacted], and the floor behind the toilet, were in similar condition. The ceiling edge over the far bed had what appeared to be active water damage over the window. In [redacted] #[redacted], a common bath located in the hallway, the baseboards and adjacent walls were discolored, dirty, and had a substance resembling rust running along the tile line. Behind the sink vanity, the floor tiles were black and built up with trash, dirt and human hair. [redacted] #[redacted] was observed with a toilet plunger lying on the ground, and brown smears resembling feces on the floor in front of the toilet. The corners of the floor in [redacted] were observed with a buildup of brown substance resembling dirt or wax buildup. (Photographic evidence obtained).

A tour of the facility was conducted with the Administrator apointee at 12:30 pm on [redacted]. He confirmed the presence of pests resembling termites in [redacted] #[redacted], and the condition observed of all 3 [redacted].

Class III

0161 Records - Staff

Based on record review and staff interview, the facility failed to maintain an employee record that included a copy of the employment application, with references for 1 of 4 sampled employees. (Employee A)

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The findings include:

Record review for Employee A (hired /) found an employment application dated . The application did not contain employment history or references.

Employee A's hired date was confirmed with Employee C/Administrator Appointee. On at 1:14 PM Employee C was asked if the facility had another application for Employee A since the one in her file was from over a year prior to her date of hire and it did not have any evidence of past employment or references. Employee C did not have any additional information to provide.

Class III

L243 LMH - Training

Based on staff interview and record review, the facility failed to ensure 3 or 4 sampled employees received 3 hours of continuing education in areas related to mental health. (Employee B, C, D)

The findings include:

Record review for Employee B (hired /) found her most recent Limited Mental Health (LMH) training was 6 hours on .

Record review for Employee C (hired / /) found he received 6 hours of LMH training on . He then received 2 hours of training on in Elder Mental Health.

Record review for Employee D/Administrator found she received 6 hours of LMH training on . There was no evidence of continuing education in Mental Health in the most recent two years.

The findings were confirmed through interview with Employee C/Administrator appointee on / at 1:14 PM. Employee C was asked to look through the employee records to see if he could have located

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LMH training. He did and stated he did not have any additional evidence of training to provide.

Class III

Z814 Backaround Screenina Clearinahouse

Based on a review of personnel files, facility staff schedules, the agency's Background Screening Unit clearinghouse website, and interview with the Administrator apointee, the facility failed to register 4 of 4 employees (Employees A, B, C and D) with the clearinghouse, and maintain the employment status of all employees within the clearinghouse.

The findings included:

A review of personnel records and facility staffing schedules, found that 4 employees were employed, and actively working in the home, at the time of survey. Employee A was hired on / as a part-time caregiver. Employee B, caregiver, was hired / and provided full-time live in services per schedule review. Employee C, the Administrator apointee, had a hire date of /. /. . The Administrator had worked for the facility since .

A review of the agency's Provider Background Screening Clearinghouse was conducted at 11:35 am on . None of the 4 employees who were working in the facility at the time of survey were listed on the roster.

A review of the roster, and interview with the Administrator apointee at 12:30 pm on . He confirmed neither Employees A, B, C or D were listed on the provider roster, as required.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Guardian Home II ALC, LLC
902 West Canal Street
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a state biennial licensure and Limited Mental Health survey that was conducted on , 2016 by 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,

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

LL/JM/sm
Enclosure
XG90

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