STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	06/20/2016
NAME OF PROVIDER OR SUPPLIER **BV ASSISTED LIVING INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2127 W. NEW HAVEN AVENUE** **WEST MELBOURNE, FL 32904**	

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

0000 Initial Comments

On a Biennial Re-licensure survey was conducted at BV Assisted Living Facility License Number 8693. Deficient Practice was identified during the survey.

0008 Admissions - Health Assessment

Based on resident record review and interview, the facility failed to ensure that 1 of 2 sampled resident (#1) maintained an accurate AHCA form 1823 Health Assessment.

Findings:

Resident #1's record review revealed that the AHCA form 1823 Health Assessment completed & signed by the physician on documented the resident had a on the lower left leg. The on the lower left leg healed on according to the Home Health agency progress notes. An updated AHCA form 1823 did not document the , was healed.

Resident #1's initial AHCA form 1823 Health Assessment dated // revealed method of medication self-administration assistance was not marked. Date of admission /

During an interview on at 2:30 PM, the administrator acknowledged that the AHCA form 1823 Health Assessment for resident #1 should be accurate and current.

Class III

0054 Medication - Records

Based on Electronic Medication Observation Record (MOR) review and interview, the facility did not maintain an accurate MOR for 1 of 2 sampled residents (#2)

Findings:

Review of the Electronic MOR for 2016 revealed 5 Milligrams (mg) 1 tablet twice daily hold for (SBP) Less than 110 and 20 mg once daily hold for (SBP) Less than 110 were both marked as given. During an interview with the Licensed Practical Nurse (LPN) on at 3:30 PM, she identified some of the unlicensed staff who had initialed the MOR as giving the medication. A review of the staff schedule was conducted along with

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the LPN to identify the staff who had given the 5 mg at 8 AM on / / . The staff schedule revealed the initials were of Staff (G) who worked the 11 PM-7 AM shift.
Staff G was present at the time and said that she only took the and signed off on the Electronic MOR. She said she did not give the resident the medication on / / . The LPN was asked at the time how could it be determined who gave the medication. Staff G said she signed the MOR because she took the and did not give the medications. The LPN said she would check the computer. After checking the computer, it was the same initials (Staff G). Staff G was asked again if she had given the medication and she said no she did not, she said she only took the .
Staff G said she would sign onto the computer when she gave medications, once signed into the computer any time a medication is given your initials would be there. On / / at 4 PM the administrator said if a staff gave the medication their initials would be on the Electronic MOR. She was informed that Staff G said she did not give the medication and her initials were on the Electronic MOR. On / at 4:30 PM, Staff G said she realized what happened. Staff G said after checking other Electronic MOR's for other residents on , she found her initials were on MOR's as giving them medication in the Morning when she was not working.
She said when she logged into the computer during her shift, she did not log out when her shift ended as required. She said the next staff who came in after her shift was over, did not log in under her own name and continued to be logged in under her name (Staff G). She said the Electronic MOR was not accurate.

Class

0078 Staffing Standards - Staff

Based on Personnel Record review, Medication Observation Record Review and interview the facility allowed unlicensed staff to perform duties that were not consistent with their level of education, training, preparation, and experience, the unlicensed staff took 1 of 2 sampled resident's (#2) and exercise judgment as to whether or not the medications were needed and 2 of 4 sampled staff (A, B, E and F) did not have evidence of Freedom from Communicable including ( ).

Findings:

1. Review of the MOR for 2016 for Resident #2 revealed 5 Milligrams (mg) 1 table twice daily hold for (SBP) Less than 110 and 20 mg 1 twice daily hold for SBP less than 110 both medications had results and were marked as given on the MOR.

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During an interview with the License Practical Nurse (LPN) on at 3:30 PM, she reviewed the MOR and identified that at times unlicensed staff had given both of the medication that required results. On at 4 PM, the Administrator reviewed the MOR and confirmed the unlicensed staff would take the resident's and would determine if the resident needed her medication. The administrator said she was not aware that the unlicensed staff could not take the vital signs in order to determine whether to give the medications or not give or hold the medications.
2. Staff A (administrator) was hired on / and personnel record review revealed no evidence to confirm freedom from ( ) for the year 2016. The previous statement found in her chart was from 2013.

3. Staff E's personnel record review revealed no statement of freedom from communicable including , at all. Staff E was hired /
On at 3:25 p.m., the administrator confirmed the findings.

4. Personnel Record Review on / for Staff B and Staff F did not contain a current negative examination in their records.

5. Personnel Record Review on / for Staff B did not contain a statement of freedom from communicable .

On at 4:30 PM, the administrator stated that she was unable to provide any additional information about the missing items.

Class III

0086 Training - ADRD

Based on observation, record review and interview, the facility failed to ensure that 1of 4 staff records reviewed contained proof of 4 hours training in Level I and II.

Findings:

Personnel Record Review on for Staff F, who was hired in 2014, revealed that there was a 2 hour Level I training in of 2014. There was no record of any further training.

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Facility staff who have regular contact with or provide direct care to residents with ADRD, are required to obtain 4 hours of initial " and Related Level I Training" within 3 months of employment, an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment and 4 hours of annual training updates.

On / at 4:30 PM, the administrator stated that she was unable to provide documentation of the training for Staff F.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to ensure staff training certifications had all required information, for 2 out of 4 sampled staff files reviewed (E and B).
Findings:
Staff E's personnel record review revealed that on / she had received the in-service training under the subjects of Resident Rights; Recognizing and Reporting , Neglect and ; and ( ). The certifications for all training did not have the numbers of hours of the training programs. Staff E was hired on /
Personnel Record Review on / for Staff B was found to contain training certificates for Residents Rights and Recognizing and Reporting , Neglect and , but the certificates did not indicate the length of the training session.

On / at 4:30 PM, the administrator stated that she was unable to provide any additional information about the training classes.

Class III

0162 Records - Resident

Based on observation, record review and interview, the facility did not obtain an informed consent form and a health care provider's order for medications and for the resident to self administer her own medication for 1 of 2 Sampled Residents (#2)

Findings:

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Observations during the tour of the facility on at 10:30 AM, resident #2 had a bottle of Nirtrostat 0.4 Milligrams (mg) / / grams(gr)/Sublt 25, place 1 tablet under the tongue at onset of chest pain, may repeat every 6 minute if needed for maximum 3 tab every 15 minutes, the Prescription date was / . Observations at 4:15 PM Observed. Behind the lamp next to the bed. The bottle of Medication was there. Resident #2 said at the time she had the medication for 5 years and never used it before.

Record review for Resident #2 revealed her Resident Health Assessment form dated / revealed the health care provider noted she required assistance with the Self Administration of Medications. Further record review revealed there was no order available for review for the Nirtrostat 0.4 mg/ / gr/Sublt 25, nor was there an order for the resident to Self-Administer the medication. There was no Informed consent form found in the record.

On at 5 PM, the administrator said there was no order for the medication and for the resident to self administer the medication. She said she could not find the informed consent form.

Class III

Z814 Backaround Screenina Clearinahouse

Based on observation record review and interview revealed that the facility failed to register and maintain the employment status of employees within the clearinghouse or report any changes within 10 business days, for 5 of 8 sampled staff employees.

Findings:

Review of the Agency's Background Screening website for 8 sampled staff revealed that the following Staff were not accurately recorded on the clearinghouse website:
Staff B, C and D, all currently employed, were not on the clearinghouse list for the facility.
Staff H and I, no longer employed by the facility for greater than 10 days, were still listed as current employees on the clearinghouse list.

In an interview with the administrator on at 4:30 PM, she agreed the list showed former staff as being currently employed. She was also unable to find our sample of current staff on the list. She stated

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she would make sure that the clearinghouse was maintained and up to date in the future.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on Review of the Agency's Background Screening website and interview, the facility failed to ensure employees hired did not have contact with any persons, or were not placed in a role that requires background screening until the screening process was completed for 1 of 8 sampled staff (Staff C).

Findings:

On at 4:00 PM, review of the Agency's Background Screening website for Staff C was found to state "Agency Review Required."

In an interview on at 4:30 PM with the Assistant Administrator, she stated that she was not aware that this employee needed a new screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Bv Assisted Living Inc.
2127 W. New Haven Avenue
West Melbourne, FL 32904

RE: Re-licensure survey

Dear Administrator:

This letter reports the findings of a 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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