STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	05/12/2016
NAME OF PROVIDER OR SUPPLIER **STILLWATER ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2881 QUENTIN AVENUE SE** **PALM BAY, FL 32909**	

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

0000 Initial Comments

Relicensure survey was conducted on . Stillwater ALF Corp (license#10861) had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure health assessments of 2 of 2 sampled residents (#1 and #2) addressed all required information.

Findings:

1. Resident#1's record review revealed a current health assessment (AHCA 1823) dated . It did not have an evaluation of the resident's activities of daily living (ADL) in the categories of ambulation and transfer. It also did not an evaluation of what type of assistance the resident would needed with medications. Resident#1 was observed wheeling herself around in a wheelchair on .

2. Resident#2's record review revealed a current AHCA 1823, dated . It did not have an evaluation of the resident's ADL in the category of ambulation. Resident #2 was observed in bed throughout the day on .

Class III

0010 Admissions - Continued Residency

Based on observation, record review and interview, the facility failed to ensure the continued appropriateness of 1 of 2 sampled residents whose records were reviewed (#2).

Findings:

On Resident #2 was observed staying in bed throughout the day. The owner stated that the resident had been under a Home Health Agency (HHA) for wounds on his heels before being admitted to hospice services. The resident's record review revealed the resident's case manager had signed on a Notice of Hospice Benefit Election & Informed Consent, effective .

A review of the resident's record revealed the only information found regarding his wounds was an order

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from HHA, dated . The order read to apply spray on 4 x 4 saturate with spray and apply to both heels, then wrap with Kerlix every day until Eschar soften and break up . . .

On at 3:00 PM, the owner stated the resident obtained the wounds while he was in a rehab facility in . She could not provide further information regarding his condition, except the order from HHA. She stated that now hospice would take over the care.

Several unsuccessful attempts were conducted (on , / , and) to contact the HHA for the information. On the information was received from the hospice agency that provided hospice care to the resident. The information indicated the resident "now has large unstageable blackened wounds to heels which odorous." The report period was from / to / .

Class III

0025 Resident Care - Supervision

Based on observation, record review and interview, the facility failed to maintain a written record of the resident's status of 1 of 2 sampled residents (#2).

Findings:

On Resident #2 was observed staying in bed throughout the day. The owner stated that the resident had been under home health services (HHA) for wounds on his heels before being admitted to hospice services. The resident's record review revealed the resident's case manager had signed on a Notice of Hospice Benefit Election & Informed Consent, effective .

A review of the resident's record revealed the only information found regarding his wounds was an order from HHA, dated . The order read to apply spray on 4 x 4 saturate with spray and apply to both heels, then wrap with Kerlix every day until Eschar soften and break up . . .

On at 3:00 p.m., the owner stated that the resident obtained the wounds while he was in a rehab facility in . She could not provide further information regarding his condition, except the order from HHA. She stated that now the hospice would take over the care.

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Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review and interview, the facility failed to ensure the use of physical was reviewed by the resident's physician annually for Resident #6.

Findings:

On at 10:30 AM during the tour of the facility, resident#6 was observed sleeping in bed. Her bed was placed against the wall. There was a full rail attached to the outer side of the bed. Staff C (caregiver) stated that the resident was a hospice resident.

The facility did not have the resident's record available for review. Side rails are limited two half rails and must have a physician order and must be reviewed annually.

On at 11:00 AM the administrator stated Resident #6 was his aunt. He moved her from one of his facilities to this location. He stated that he left her records at the previous facility. He was given an opportunity to go get the record, but he still could not provide it when asked at 3:00 p.m.
Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to obtain a change in directions for the use of a medication for 1 of 1 resident observed during medication pass (#1).

Findings:

On at 12:15 PM the owner was observed to assist resident #1 with self-administered medication at the dining table. The owner provided and read the label of the medication to the resident. It was tablet 50 milligrams, take 1 tablet by mouth 3 times a day. After the resident took the pill, the owner put her initial on the medication observation record (MOR) at a wrong medication (25 mg, take 1 tablet once a day).

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A review of the resident #1's record showed the only order for was listed under health assessment (AHCA 1823, dated). It read 25 mg 1 and 1/2 tablet (37.5) 2 x day 9 a.m. and 9 p.m.

On at 12:50 PM the owner stated she could not locate a change in order, after searching everywhere in her office area. She stated that the resident's physician faxed the order directly to the pharmacist.

Class III

0078 Staffing Standards - Staff

Based on observation, record review and interview the facility failed to obtain an annual statement of negative ( ) for 1 of 4 staff (Staff C).

Finding:

Staff C was observed providing personal care to residents in the facility on . Staff C's personnel record revealed she was a care giver, hired on 2014. Her personnel file did not have an annual statement of negative . The last statement found in the file was dated .

On at 5:45 PM the owner confirmed that she had not obtained the annual statement from Staff C's health care provider.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to maintain its 3-day emergency food supply for the census of 6 residents as of .

Findings:

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During the tour of the facility on at 10:30 AM, Staff C (live-in care giver) stated that the census was 6 residents. Record review for resident #1 and resident #2 revealed that the facility was contracted to provide 3 meals a day. The facility also had 1 live-in care giver at all times.

Observation of the emergency food supply revealed the facility had only 5 gallons of water at the time. It was used at the water cooler. The facility did not have non-perishable fruit and vegetable items at all.

Based on the census of 6 residents, the facility needed to have 18 gallons of water, 360 ounces of vegetable and 288 ounces of fruit on hands. (Water: 1 gallon/6 residents/day x 3 days; Fruit: 16 ounces/6 residents/day x 3 days; Vegetable: 45 ounces/6 residents/day x 3 days).

On at 11:00 a.m. the administrator and owner stated that they were not aware of the missing required supplies.

Class III

0161 Records - Staff

Based on record review and interview, the facility failed to maintain required documentations in personnel records of 3 of 4 staff reviewed (Staff B, C, and D).

Findings:

1. A review of personnel files of Staff B (owner), Staff C (care giver), hired , 2014; Staff D (Care giver), hired 2010 revealed no results of their background screening (BGS).

On at 3:00 PM. the owner stated that she could not locate their BGS results.

On / a review of the AHCA BGS website, revealed Staff B's eligible status dated / , Staff

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C's eligible status dated , and Staff D's eligible status dated .

2. Staff C's personnel record did not have a job application with references at all. Staff D's job application had only a name of the staff and education. There were not any references obtained. The application was not dated and signed.

Class

0162 Records - Resident

Based on record review and interview, the facility failed to ensure resident records have all required information, for 1 out of 2 sampled residents (Resident# 2).

Findings:
A review of Resident#2's record showed that there was no demographic data that included but were not limited to Name, , Race, Date of Birth, place of birth (if known), and Social security number.

On at 3:00 p.m. the owner confirmed that she could not find the resident's demographic data anywhere in her office area.

Class .

0164 Records - Inspection Availability

Based on observation and interview, the facility failed to maintain resident records on the premises (Resident#6).
Findings:
During the tour of the facility on at 10:30 a.m., staff C stated that Resident #6 was a hospice resident. The resident was observed sleeping in her . Her bed was placed against a wall with a full rail up on the outer side of bed.
On at 11:00 AM. the administrator stated that Resident #6 was his aunt. He moved her from one of his facilities to this location. He stated that he left her records at the previous facility. He was given an opportunity to go get the record, but he still could not provide it when asked at 3:00 PM.
Class III

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0167 Resident Contracts

Based on record review and interview, the facility failed to ensure the resident's contract had all required information for 2 of 2 sampled residents (#1 and #2).

Findings:

Resident#1's record review revealed a resident contract dated . Resident#2's contract dated / . Both resident contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

On at 5:45 PM the owner confirmed the resident contracts did not have complete information regarding health assessment.

Class

Z814 Background Screening Clearinghouse

Based on facility record review and interview, the facility failed to register and maintain its employment status within the AHCA background screening (BGS) clearinghouse.

Findings:

A review of the facility staffing schedule revealed 4 caregivers, the administrator and his wife/owner were scheduled to work in 2016.

A review of the facility BGS website conducted on / revealed no employee listed under the Employee Roster. On at 10:30 AM the administrator stated he had problems with his password. He could not access the website.

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A review of the facility BGS website was conducted again on [illegible]. It still revealed no employees listed under the Employee Roster.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Stillwater Alf Corp
2881 Quentin Avenue Se
Palm Bay, FL 32909

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,

DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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