RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cranes View Lodge
1601 Hooks Street
Clermont, FL 34711

RE: CCR #2016006263

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968651	06/22/2016
NAME OF PROVIDER OR SUPPLIER **CRANES VIEW LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 HOOKS ST** **CLERMONT, FL 34711**	

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

0000 Initial Comments

On 21 & 22, 2016, a biennial licensure survey with Extended Congregate Care (ECC) and complaint (CCR 20160062630) was conducted at Cranes View Lodge (facility license number 12546) Assisted Living Facility. Deficient practice was identified. The facility was not in compliance at this time.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to obtain missing documentation for the Resident Health Assessments (AHCA Form 1823) for 1 of 2 residents (Resident #7).

Findings:

On , a record review was conducted on Resident #7's Resident Health Assessment (AHCA Form 1823), dated . It was observed the required comments were missing from page 2. for supervision of Activities of Daily Living. Page 3 was missing required comments for daily tasks. On page 4. the telephone number and address was missing for the examiner.

On at approximately 4:15 PM, the Director of Nursing stated she did not know why the omitted information for Resident #7's Resident Health Assessment (AHCA Form 1823) was not obtained. She stated the 1823 was completed before she had started working for the facility.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have a annual ( ) examination for 2 of 3 employees reviewed (Staff A and C).

Findings:

On , a record review was conducted on Staff A and C. It was observed that Staff A's last exam was completed on . Staff C's last exam was completed on .

On at approximately 10:32 AM, the Business Office Director stated she could not find a current exam for Staff A. She did not know it had expired. The Director stated Staff C was scheduled to get her exam later this week and she did not have a current exam.

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Class III

0082 Training -

Based on record review and interview, the facility failed to have ( ) training documentation for 1 of 3 employees reviewed (Staff C).

Findings:

On , a record review was conducted on direct care Staff C's in-service training record. It was observed she did not have documentation showing she had received training.

On at approximately 11:38 AM, the facility Business Office Director stated she cannot find the training documentation for Staff C. She does not know if the staff received the training or not.

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to have training documentation which contained the required documentation for 3 of 3 staff reviewed (Staff A, B, and C).

Findings:

On , a record review was conducted on Staff A's, B's and C's training documentation.

It was observed Staff A had a training certificate which listed Born ; Resident Rights; Elder and Neglect; Control; HIPAA; Fire Safety; MSDS; ; ECC Program; Resident Needs & ADLs; ; Elopement Response; & Behaviors. for a total of 16 hours. The hours were not broken down by training category. It is not possible to determine if the right amount of hours per training category have been met.

It was observed Staff A, B , and C had a sign-in sheet for Control documentation with no training hours.

It was observed Staff C had a training certificate which contained Incident Report and Adverse Incidents, Training & Policy Elopement; Resident Rights, & Neglect Facility Emergency Procedures &

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Safety Tour. The certificate did not contain the amount of hours for each training category. Staff C also had [illegible] I & II training certificates but did not contain the certificate number from Department of Elder Affairs.

On [illegible] at approximately 11:45 PM, the facility Business Office Director stated that the certificates in question for Staff A, B and C were completed before she started to work at the facility and she could not say why they were not completed as required.

Class III

0093 Food Service - Dietary Standards

Based on record review and interview, the facility failed to have a dietary approved menu for 115 of 115 residents.

Findings:

On [illegible] at approximately 8:00 AM, a food service dining review was conducted during the facility's breakfast meal. During the review it was observed that the dietary menu provided was not dated or signed by a dietician.

On [illegible] at approximately 11:58 AM, an interview was conducted with the facility's Administrator regarding the dining menu in use. She stated they facility is using new menus and they are under a dietician's review but they have not been approved yet.

Class III

E208 ECC - Records

Based on interview, record review, and policy and procedure review the facility failed to ensure service plans and monthly assessments were completed for 2 of 3 sampled residents receiving Extended Congregate Care (ECC) (Resident #11 and #12).

Findings:

[illegible] review of the medical record for Resident #11 showed there was no service plan in the record, and further the record showed no documentation of monthly nursing assessments having been completed.

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I/ review of the medical record for Resident #12 showed there was no service plan in the record, and further the record showed no documentation of monthly nursing assessments having been completed.

During an interview on I/ at 10:41 AM with the Administrator, she stated, "We don't have a nurse who is completing the ECC monthly assessments."

During an interview on I/ at 11:52 AM with the Director of Health Services, she stated, "We don't have a nurse doing monthly assessments, and service plans haven't been done."

During an interview on I/ at 12:00 PM with Staff D, Licensed Practical Nurse (LPN), she stated, "We haven't had monthly nursing assessments done for the residents on ECC. The only service plans we have is the same one we do for all of our residents. There aren't any service plans that were done for the ECC residents."

During an interview on I/ at 4:39 PM with the Interim Administrator, she stated, "We identified in the Quality Assurance (QA) process we have not properly been documenting and covering the oversite piece for ECC residents. The QA process was started today. We identified all of the residents that are followed by ECC. The community had the feeling they were providing all of these services. Nonetheless we weren't doing it. We have a nurse who is coming out Monday to start. All of those pieces that need to be put into place will be put into place and reviewed with the Registered Nurse (RN) that will be coming in on Monday."

I/ review of the Policy and Procedure titled, "Assessments, Nursing (ECC023PP)," dated New , showed A Licensed Nurse shall conduct an ECC assessment on each Resident monthly, or as required.

I/ review of Care Policy and Procedure Summary, dated , showed 3. Develop an ECC Service Plan within fourteen days, after admission.

I/ review of the Service Plan Development (ECC033PP), dated , showed The health assessment and service plan must be completed and fully executed within fourteen days of the written notification to the resident/family/responsible party/legal authority that ECC services are needed. The service plan is written and includes a brief description of management of activities of daily living.

Class III

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E210 ECC - Training

Based on record review and interview, the facility failed to ensure that 1 of 3 staff members (Staff C)received their Extended Congregate Care (ECC) Training within six months of hire.

Findings:

On , a record review was conducted on care Staff C's training records, who was hired . It was observed she did not have the two hour ECC training documentation in her record as required.

On at approximately 11:44 AM, the Business Office Director stated she could not find Staff C's ECC training documentation and she does not know if she has had the training or not.

Class III