AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967339	08/02/2016
NAME OF PROVIDER OR SUPPLIER WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1889 CURLEW ROAD PALM HARBOR, FL 34683	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Woods, Assisted Living Facility (License #11400), had deficiencies at the time of this visit.

0008 Admissions - Health Assessment

Based on observation, record review, and interview, the facility failed to ensure that all residents resident (2 of 4) resident #2 and #7 undergo a face-to-face medical examination completed by a licensed health care provider and recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, within 60 calendar days prior to facility admission or within 30 calendar days after the admission date. The facility also failed to ensure that all Resident Health Assessments (4 of 4 reviewed) residents #1, #2, #7 and #8 include documentation of all required information.

Findings included:
Resident #2 was admitted into the facility on . The only Resident Health Assessment (AHCA Form 1823) found in Resident #2 ' s file was dated , and the 1823 was incomplete, missing the section of the page on which the medical examiner documents whether the resident has any stage, care being provided, if resident is bedridden, if resident has a communicable that could be transmitted to other residents or staff, if resident poses a danger to self or others, and if resident requires 24-hour nursing or care. Resident #2 ' s record did include a Certificate of Medicaid Necessity, completed & signed by the Administrator on and signed by the physician & dated , indicating Resident needs assistance with activities of daily living and assistance with self-administration of medication. Resident #2 ' s record also includes service needs and services to be provided by the facility, completed & signed by the Administrator on , which includes supervision and/or assistance with activities of daily living and assistance with self-administration of medication. Per observation and interviews with staff and family, Resident #2 is eligible and appropriate for assisted living residency and services. There was no documentation of a face-to-face medical examination completed by a licensed health care provider within 60 calendar days prior to Resident #2 ' s admission to the facility or within 30 calendar days after the admission date.
Resident #7 was admitted into the facility on . The only Resident Health Assessment (AHCA Form 1823) found in Resident #7 ' s file was not dated. Resident #7 ' s file contained a list of medications dated with an unreadable signature (scribbled initial). Surveyor was unable to determine if a licensed health care provider signed the list. Per interview with the Administrator

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and the Director of Health Services, both were also unable to determine who signed the list of medications.
Resident #1 was admitted into the facility on . Resident #1 ' s Resident Health Assessment (AHCA Form 1823), dated , does not include whether Resident #1 needs help with medications and, if so, the type of assistance needed--medication administration or assistance with self-administration is not completed. Also, the address of the health examiner is not provided.
Resident #8 was admitted into the facility on . Resident #8 ' s Resident Health Assessment (AHCA Form 1823), dated , states that the resident needs assistance with self-administration of medication. The facility ' s service plan indicates medication assistance -- level of assistance: independent; provider: facility CNA. Per interview with the Administrator and the Director of Health Services and observation of Medication Observation Records, Resident #8 is provided daily assistance with self-administration of medication from a family member.
Per interview conducted with the Administrator and the Director of Health Services on at 3:15pm, both the Administrator and the Director of Health Services acknowledged the missing required documentation.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure that staff A (1 of 3 reviewed) has annual testing and documentation of freedom from annually.

Findings included:
Three employee records were randomly selected for review on beginning at 10:00am. Per Employee Record Reviews, 1 of 3 (staff A) employee records reviewed did not contain evidence of annual testing and documentation of freedom from .
Per record review, Staff A was hired as a Resident Care Aide/Med Tech on . Staff A ' s last documented evidence of negative testing was dated . As of review, there was no evidence in Staff A ' s record of annual testing due by and by having been conducted.
Per interview conducted with the Administrator and the Director of Health Services on at 3:15pm, both the Administrator and the Director of Health Services acknowledged Staff A not having documentation of annual testing as required.

Class III

0091 Training - Documentation & Monitoring

AGENCY FOR HEALTH CARE ADMINISTRATION

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NAME OF PROVIDER OR SUPPLIER [redacted] WOODS	STREET ADDRESS, CITY, STATE, ZIP CODE 1889 CURLEW ROAD PALM HARBOR, FL 34683	

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Based on record review and interview, the facility failed to ensure that staff training certificates in 3 of 3, staff A, B, and C facility employee files reviewed include the length of time each training was provided.

Findings included:
Three employee records were randomly selected for review on beginning at 10:00am. Per record review, Staff A was hired as a Resident Care Aide/Med Tech on ; Staff B was hired as a Resident Care Aide/Med Tech on ; Staff C was hired as a Certified Nursing Assistant/Med Tech on .
Per Employee Record Reviews, the following training certificates, all signed & dated by the Administrator and Titled as follows, do not specify length of training time: Control; Emergency Procedures; Assisting with Activities of Daily Living; Food Safety in Residential Care; ; Incident Reporting; and Recognizing & Reporting Elder .
Per interview conducted with the Administrator on at 3:15pm, the Administrator stated that he will review the certificates and add the required information to training certificate template.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Woods
1889 Curlew Road
Palm Harbor, FL 34683

Dear Administrator:

This letter reports the findings of a biennial 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 **Teresa Ryan**, RNC at (727) 552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid man
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
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