STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968788	08/08/2016
NAME OF PROVIDER OR SUPPLIER **GOODHEAVENS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **124 BELLAMY TRAIL** **SEBASTIAN, FL 32958**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2016005090, was conducted on [redacted] 3rd and 8th, 2016 at Goodheavens Assisted Living Facility (License #12636). The facility had deficiencies identified at the time of the survey.

0028 Resident Care - Activities of Daily Living

Based on record review and interviews, the facility failed to ensure 1 out of 2 sampled residents (Resident #2) was provided supervision with activities of daily living as needed.

The findings included:

On [redacted], Resident #2 was transported to a health care provider's office by taxi with no assistance or supervision provided by the facility staff. The resident's health assessment (AHCA Form 1823) dated [redacted] documented that the resident required "supervision" with "ambulation" and "transfers". During interview with Staff A on [redacted] at 5:30 PM, she stated the resident had taken public transportation to this appointment with arrangements provided by the Administrator. She reviewed the facility's policy and procedure for "Arrangements For Medical Appointments and Transporation", and acknowledged that the facility will only "assist" with arrangement of health care appointments since the staff "can't leave the other residents alone". This would include making the appointment, arrangement of public transportation or calling a resident's representative to notify them of the need for an appointment but "not personally taking a resident to a medical appointment". She stated Resident #2 "wanted the Administrator to personally drop her off and pick her up". During a confidential interview with a representative from the health care provider's office, they confirmed that the resident, who was in a wheelchair, was dropped off for a medical appointment and left alone by the taxi cab driver at the appointment. The resident was not provided supervision with ambulation or transfers as needed.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, it was determined the facility failed to ensure 1 out of 1 sampled residents (Resident #1) had convenient access to a telephone to facilitate each resident's right to unrestricted and private communications.

The findings included:

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During tour of the facility conducted on 8/3/16 at 6:15 PM, Staff A and a household member were asked where a convenient, unrestricted, and private telephone was provided for resident use, specifically for Resident #1. They were unable to show a telephone within the residents' living space on the first floor of the home, behind a gate in back of the kitchen. They were asked how a resident would make and/or receive a private phone call. The household member stated they "could not give the resident a phone since the fax line was the same number". The household member also stated that the resident "has said she will call 911 on us". They also confirmed that the resident had a monitor in her "for staff to hear her if she needs anything". During interview with the resident at 6:00 PM, she also confirmed there was no phone for her use left in the residents' living area in the back of the house. Review of the resident's record revealed no "fraudulent 911 calls" or behaviors associated with unnecessary phone calls. Staff A and the houshold member acknowledged that the facility anything does not currently have a method in place for residents of this facility to conveniently make or receive private telephone calls, or to allow for private communication as the monitor is left in place for staff to hear the resident.

Class III

0083 Training - First Aid and

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses was in the facility at all times.

The findings included:

During interview with Resident #1 at 5:45 PM on / , she stated she had not left the facility during the day and that a household member helped her if she needed anything. She referred to the household member by her first name. Staff A was interviewed at approximately 6:00 PM on / and confirmed that she was not at the facility earlier on this date and that the household member lived at the facility (house) and was left alone with the resident during this time. There was no personnel file for this household member, including documentation of training in both and First Aid. No additional documentation of the required training for this household member who was left in sole charge of Resident #1 was presented at this time.

Review of the personnel files revealed no personnel file for the household member and no current training with a valid card in First Aid or .

Class III

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0161 Records - Staff

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled household members (Staff B) who provided personal care services for residents had a personnel file with all required components.

The findings included:

During interview with Resident #1 at 5:45 PM on , she stated she had not left the facility on this day and that a household member helped her if she needed anything. She referred to the household member by her first name (Staff B).

Staff A was interviewed at approximately 6:00 PM on / and confirmed that she was not at the facility earlier on this date and that the household member lived at the facility (house) and was left alone with the resident during this time. Staff A and the household member acknowledged during interview at this time that a criminal background screening had not been completed and no documentation of any training was available for review. There was no personnel file for this household member, including documentation of a Level II criminal background screening and any training certificates. No additional documentation of the required documentation for this household member who was left in sole charge of the supervision of Resident #1 was presented at this time.

Resident #1's health assessment (AHCA Form 1823) dated showed the resident was a " risk", was " at times" and required assistance with bathing, dressing, toileting, , ambulating and transferring.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record review and an interview, the facility failed to ensure that 1 out of 1 sampled household members (Staff B) who provided personal care services for residents was in compliance with the Level II criminal background screening requirement.

The findings included:

During interview with Resident #1 at 5:45 PM on , she stated she had not left the facility on this day and that a household member helped her if she needed anything. She referred to the household member by her first name.

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Staff A was interviewed at approximately 6:00 PM on 8/3/16 and confirmed that she was not at the facility earlier on this date and that the household member lived at the facility (house) and was left alone with the resident during this time. Staff A and the household member acknowledged during interview at this time that a criminal background screening had not been completed and no documentation of such screening was available for review. There was no personnel file for this household member, including documentation of a Level II criminal background screening. No additional documentation of the required screening for this household member who was left in sole charge of the supervision of Resident #1 was presented at this time. Staff A stated that this household member had lived at the facility for an unspecified time and that there were no plans for her to leave anytime soon.

Resident #1's health assessment (AHCA Form 1823) dated / showed the resident was a " risk", was " at times" and required assistance with bathing, dressing, toileting, , ambulating and transferring.

Review of the background screening website on / revealed this household member didn't have a level II background screening, "no record found".

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2016

Administrator
Goodheavens Assisted Living Facility
124 Bellamy Trail
Sebastian, FL 32958

RE: CCR #2016005090

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2016 by a 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Delray Beach Field Office
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