AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968355	08/12/2016
NAME OF PROVIDER OR SUPPLIER **A CASA MANGO ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6800 MANGO AVE SO GULFPORT, FL 33707**	

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

0000 Initial Comments

Assisted Living Facility

On [redacted], 2016 through [redacted], 2016, a biennial re-licensure survey with limited nursing services (LNS) was conducted at A Casa Mango Assisted Living Facility. Deficient practice was identified during the survey.

(License # 12273)

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that a licensed physician, licensed physician assistant, or licensed nurse practitioner examined the resident and completed a medical examination form provided by the agency (AHCA Form 1823) within 60 days before admission or within 30 days following admission to the facility for one (Resident #1) of two residents sampled for health assessments.

Findings included:

A record review for Resident #1 was completed on [redacted]. The record review revealed that Resident #1 was admitted to the facility on [redacted]. The record review revealed an AHCA Form 1823 for Resident #1, which was dated as having been completed on [redacted]. There was no other AHCA Form 1823 observed in Resident #1's chart.
Staff B, the administrator, was interviewed on [redacted] at 11:00 AM. Staff B confirmed that the only AHCA Form 1823 for Resident #1 was the AHCA Form 1823 dated [redacted]. Staff B stated that there was no AHCA Form 1823 for Resident #1 that had been completed either 60 days prior or 30 days after Resident #1 ' s admission date of [redacted]. Staff B was unable to provide any additional documentation for Resident #1.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews the facility did not have an activities calendar posted in the facility for the month of [redacted], 2016 and there were no scheduled activities available for at least 6 days a week

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for a total of not less than 12 hours per week.

Findings included:

Observations during the tour of the facility on between 9:30 am and 10:30 am revealed there was no activities calendar posted anywhere in the facility.

Staff A stated on at 9:45 am there was no activity calendar just an activity area. She stated usually a resident will come to her and ask if she would play cards or do bingo. She stated she was always available if the residents wanted to do something. She also stated she did not know how many hours a week she did activities with the residents.

Resident #1 stated on at 10:00 am there are activities and all she has to do is ask to do them and staff A will play cards or do a craft project with her.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 1 of 2 (staff #A) direct care staff had received all required training prior to providing care or within 30 days of employment.

Findings included:

Record review on of the personnel file for direct care staff A revealed she was hired on . There was no evidence in her personnel file that she had received in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

The administrator was interviewed on at 2:30 P.M. and confirmed that there was no documented evidence that the training had been received by staff A for elopement.

Class III

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0085 Training - Nutrition & Food Service

Based on record review and interview, the facility failed to provide annually a minimum of 2 hours continuing education in topics penitent to nutrition and food service in an assisted living facility for the administrator who is responsible for the facility's food service and the day to day supervision of food service staff.

Findings included:

Record review of the administrator, staff B's personnel file on revealed staff B had been hired on . There was no documentation in her personnel file stating she had completed 2 hours continuing education in topics penitent to nutrition and food service in an assisted living facility. This continuing education class must be done annually.

When interviewed on at 2:40 pm staff B stated she was the person responsible for the facility's food service and the day to day supervision of the food service staff and she had not completed the 2 hour continuing education class regarding nutrition and food service.

Class III

0090 Training -

Based on record review and interviews, the facility failed to ensure that 1 of 2 (staff A) direct care staff had received at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.

Findings included:

Record review on of the personnel file for direct care staff A revealed she was hired on . There was no evidence in her personnel file that she had received training in the facility's policies and procedures regarding 's.

The administrator was interviewed on at 2:35 P.M. and confirmed that there was no documented

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evidence that the training had been received by staff A..

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, the facility failed to ensure:
1) That food was served as planned.
2) That substitutions were noted before or when the meal was served.
3) That all regular and therapeutic menus used by the facility were reviewed annually by a licensed or registered dietician, a licensed nutritionist, a registered dietetic technician supervised by a licensed or registered dietician, or a licensed nutritionist to ensure meals meet nutritional standards.
4) That a 3-day supply of non-perishable food, based on the resident census, was on hand at all times and that sufficient water for drinking and food preparation was stored.

Findings included:

During an observation of lunch at 12:00 PM on , the surveyor observed that the following was served for lunch: Chicken parmesan, green beans, mashed potatoes, chocolate cake, and water. The posted menu was observed at this time; the facility was on the week two menu. The posted lunch menu for the current day of the week was: 3 ounces braised pork chop, ½ cup mashed sweet potato, 1 cup turnip greens, ½ cup butterscotch pudding (no concentrated sweets dessert of unsweetened pudding), 1 corn muffin with margarine, and water.
1) The surveyor observed during the 12:00 PM lunch observation on that a corn muffin with margarine was not served during the meal. Additionally, the surveyor observed that nothing was substituted in place of the corn muffin with margarine.
During an interview on at 12:00 PM, Staff A, the staff member who had prepared lunch, stated that she does not follow the posted menu when preparing meals. Staff A stated that she determines what she is going to make based off what has been served recently and she stated that she tries to vary what she prepares. Staff A stated that she is not a dietician or a nutritionist.
During an interview on / at 1:10 PM, Staff B, the administrator, confirmed that the facility was not currently following the menu. Staff B stated that she had worked at the facility for two years and they have never followed the menu. Staff B stated that she tries to put together a nutritious menu for the residents. Staff B stated she is not a dietician or a nutritionist.
2) The surveyor observed during the 12:00 PM lunch observation on that chicken parmesan had been substituted for braised pork chop, green beans had been substituted for turnip greens, mashed potatoes had been substituted for mashed sweet potatoes, and chocolate cake had been

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substituted for butterscotch pudding.
The substitution log was reviewed during the 12:00 PM lunch observation on . A review of the substitution log revealed that the last entry on the substitution log was dated . There were no entries for the substitutions that had been made for the lunch meal.
In an interview on at 1:50 PM, Staff B, the administrator, stated that they did not document substitutions for meals on the substitution log.
3) A copy of the current approved menu was requested by the surveyor at 9:30 AM on during the entrance conference with the administrator. The menu provided was the week two menu. This menu was reviewed to determine whether or not it had been approved annually by a dietician or nutritionist. This review revealed that the menu had been " re-certified " for the dates of to and had been signed. The signature was not legible and was followed by, " , RD, LD. " A copy of the dietician ' s license was requested at this time. The administrator, Staff B, stated that she did not have one.
During an interview on at 1:10 PM, Staff B, the administrator, confirmed that the menu had not been annually reviewed by a dietician or nutritionist for this year. Staff B stated that she had previously notified the owner that the menus needed reviewed and approved for this year.
4) On at 12:50 PM the surveyor observed the facility ' s emergency food and water supply. The surveyor observed that there were nine gallons of water stored. The surveyor observed that there was a basket in a closet which contained the following food items: two boxes of a 7-pack of chewy granola bars, two boxes of a 5-pack of chewy granola bars, eight 5-ounce cans of chunk light tuna, one 32-ounce jar of grape jelly, one 10-ounce package of apple bars, one 10-ounce package of strawberry bars, and eight peanut butter crackers. There was also a box of dry milk, 25.5 ounces, on the shelf above the basket. The previously identified items were identified by the administrator as the entire emergency food supply of the facility. At the time this survey, the current census of the facility was five residents.
In an interview on at 1:10 PM, Staff B, the administrator, stated that she was aware that the emergency food supply needed to contain enough food to provide the current residents with three meals a day for three days and that there needed to be sufficient water for drinking and food preparation. Staff B stated that upon viewing the emergency food and water supply there is not enough there to provide five residents with three meals a day for three days. Staff B stated that the owner of the facility texted her on the phone and told Staff B that she would be picking up more food for the emergency food supply.

Class III

0160 Records - Facilitv

Based on record review and interview, the facility failed to maintain an up to date admission and

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discharge log by not adding two resident names (Resident #4 & Resident #5 to the log when they were admitted and by not putting discharge dates in the log for one resident (Resident #6). Also Resident #7 did not have a date of birth, date of discharge, reason for discharge and place discharged documented in the admission discharge log.

Findings included:

Record review on of the admission and discharge log revealed there were areas of the log that were not documented.

Resident #4 and Resident #5 were on the census for but had not been added to the admission and discharge log. Resident #4 was admitted to the facility on per demographic sheet and Resident #5 was admitted to the facility on / per demographic sheet.

Resident #6 had documented on "reason for discharge" but there were no discharge dates listed on the admission and discharge log.

Resident #7 did not have a "date of birth", "date of discharge", "reason for discharge" and "place discharged to" documented in the admission discharge log.

When interviewed on at 2:15 pm. the administrator verified there was information missing from the admission and discharge log for Residents, 4, 5, 6 and 7.

Class III

0161 Records - Staff

Based on record review and interviews the facility failed to maintain personnel records which were readily available for review. The facility failed to provide personnel records for 1 (staff C) of 3 direct care staff who were on the , 2016 staffing schedule.

Findings included:

Record review on of the , 2016 staffing schedule revealed staff A, staff B and staff C were scheduled to work each week in ,2016.

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When the personnel file for staff C was requested on , staff B stated it was not available because staff C had taken it home.
When staff C was interviewed on at 10:30 am, she stated she had taken her personnel record home to add more training documentation. She stated she would bring it back the next day.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, interview and record review the facility failed to ensure the required Level II background screening was completed and screening results were obtained for 1 of 4 (Employee D) sampled staff prior to allowing the employee to provide direct care services to residents and have access to resident personal property and living areas.

Findings included:

Record review on of the staffing schedule for , 2016 revealed there were three staff scheduled to work, staff A, staff B and staff C.

Record review on of the time sheets for the facility revealed staff D worked on , 6 and 7, 2016 by herself for 24 hours each day and was paid for these hours by the facility. Staff D was not on the , 2016 staffing schedule.
Record review on of staff D's the personnel file revealed she was an employee of the facility from , 2015 to , 2015. Staff D's personnel file did not contain any evidence that an eligible Level II background screen was conducted.
On a review of the Agency for Health Care Administration background screening portal revealed staff D's Level II background screening status as " no matching records found for the given criteria".
On / staff D was observed working alone in the facility at 10:12 am. She was taking Resident #4 to the give him a shower. While staff D was giving Resident #4 a shower, review of the medication observation record (MOR) for / revealed staff D had assisted Resident #1 with her 9:00 am medications and staff D had initialed the MOR showing the 9:00 am medications had been given.
On / at 10:50 am Resident #1 verified that staff D had helped her with her 9:00 am medications.
An interview with staff D on at 10:15 am at the facility revealed she was working this weekend, , 13, and 14, 2016 for 24 hours each day by herself. She stated she did direct care duties for the residents as well as cooking for the residents and doing some light housekeeping. She stated she works "as needed " on the weekends to help out if no one else could work the weekends. She stated

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she had just started working the weekends on 8/5,8/6, 8/7,2016 and she is helping out this weekend also. She also stated she was going to start the background screening process on .
On at 10:30 am, staff D was advised she could not care for the residents until she was background screened. Staff C was called and she came to the facility. She stated on / at 10:45 am that she would work the rest of the weekend and she would make sure staff D would start the background screening process on / .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Casa Mango Assisted Living Facility
6800 Mango Ave So
Gulfport, FL 33707

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on 9-12, 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90