



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 15, 2016

Administrator
Prestige Manor Iii
6333 Se Babb Road
Bellevue, FL 34420

RE: CCR #2016007971

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on January 15, 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 January 29, 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 Chuck Bory at 386-462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

Alachua Field Office
14101 N.W. Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone: (386) 462-6201; Fax: (386) 418-5300
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

KJM/CB
Enclosure

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966716	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER PRESTIGE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 SE BABB ROAD BELLEVIEW, FL 34420	

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

0000 Initial Comments

On , an unannounced complaint survey (CCR#2016007971) was conducted at Prestige Manor III Assisted Living Facility (license #10889) in Belleview, FL. Deficient practice was identified during the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation, record review, and interview, the facility failed to ensure an ongoing activities program for the residents that provided diversified individual and group activities in keeping with each resident's needs, abilities, and interests for 26 of 26 residents observed.

Findings:

On at 9:09 AM, upon entrance to the assisted living facility, all residents were observed sitting in the front living area with 2 staff present. No activities were observed. The observed to have several couches and reclining chairs. On one three cushion couch, four residents were observed sitting very close to each other on one couch. There were also three residents that were sitting in wheelchairs in the living . There was a resident care aide attempting to engage the residents with a brightly colored ball and is trying to play catch with them. Some residents were interested in the activity, while others refused to participate or were unable to participate.

On from 9:30 AM to 10:15 AM, 16 residents were observed to be seated in the living area. Three residents were seated in wheelchairs, and there were 2 residents pacing, one male, one female. One staff was observed with a brightly colored kickball intermittently attempting to play catch with the residents. No other activities were observed.

On at 9:45 AM, the activity calendar was observed posted in the dining area above the medication cart. It was not current for 2016. It was the activity calendar for 2016.

On at 9:45 AM, Staff A was present during the observation of the outdated activity calendar that was posted. The activity calendar for 2016 and 2016 was requested. She reported they have not posted it yet. A current calendar was not provided.

On at 9:48 AM, during an interview with Staff F, she could not identify what activities were scheduled for the day.

On at 10:06 AM, Staff A reported Staff E, the activities staff person, is scheduled on the

ADMISSIONS
ADMINISTRATION

PRINTED: 10/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966716	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER PRESTIGE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 SE BABB ROAD BELLEVIEW, FL 34420	

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

weekends.

On at 10:43 AM, an interview was conducted with Resident #1. He reported there's nothing to do. Resident #1 reported he just watches television. He stated, "What else is there?" He denied being aware of any activities. He denied there are any musicians that come to the facility. Resident #1 was not aware of any church services at the facility.

On at 10:45 AM, an interview was conducted with Staff A, who reported she does not do activities with the residents. She reported the facility has someone for that.

On at 10:57 AM, during an interview with Staff B, she was asked what scheduled activities the facility has for today. She reported, "We normally take them to the table. We have cards. We have puzzles." None of these activities were observed during the visit.

On from 10:55 AM to 11:05 AM, the residents were observed seated in the front living area in the same seats as at the entrance. No activities were observed. Staff were observed bouncing the same bright kickball.

On at 11:05 AM, an interview was conducted with Resident #2. She reported, "We don't have much activities unless your family comes and wants to take you. We don't do much here. She stated the facility has some singers that come in and a minister that comes (once a week). She stated, "Residents usually sit around and talk during the day or complain. Most of the residents seem like nice people I have not heard much complaining. There's no certain one (person) that does activities but there's not much activities going on."

On from 11:25 AM to 11:30 AM, the residents were observed in same seats as at entrance to the facility. The television was on with no activities in progress. The staff were observed using the brightly colored ball. The staff was observed carrying the ball. There was music playing in the background and the television was on for residents playing a talk show. Residents were not observed watching the television. There was no structured activity in progress.

On at 1:35 PM, during an interview with the Administrator, she reported the subcontractor hired to do activities with the residents comes in on Saturdays at about 8:00 or 9:00 AM until 4:00 or 5:00 PM.

On at 2:30 PM, an updated activities calendar not observed to be posted.

On at 2:58 PM, an interview was conducted with Resident #5's family member. She reported

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966716	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER PRESTIGE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 SE BABB ROAD BELLEVUE, FL 34420	

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

the facility does not have an activities person, because that person left, but she reported there is a person on the weekends. She reported there is nobody during the week. She reported the workers will play ball with them. She stated, "It's not a lot, but it's something."

On 10/05/2016 at 2:49 PM, an interview was conducted with Resident #3, who reported there are religious groups that come regularly and an older gentleman that comes to sing. Resident #3 stated, "I would like to have more musical activities, not just religious." She reported there are not much activities. She reported after lunch people come and sit in the living area and just sleep. She reported at night many residents just go to their rooms. She reported there are no activities in the morning unless it is a religious group. She reported the residents just watch television. She reported the television is on practically all day. She stated, "I think more could be done."

Class III

0086 Training - ADRD

Based on record review and interview, the facility failed to ensure that 1 of 2 staff members (Staff B) obtained [redacted] and Related [redacted] (ADRD) Level II training within nine (9) months of hire.

Findings:

A record review conducted on [redacted] of Staff B's employee record revealed that Staff B was hired on [redacted]. Staff B completed ADRD Level I training on [redacted]. There was no record of Staff B completing ADRD Level II training within 9 months of hire.

During an interview on [redacted] at 3:44 PM with the facility Administrator, the Administrator was asked to produce Staff B's ADRD Level II training. The Administrator was unable to produce the record and stated "I don't see it." No further information was provided.

Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain an employee roster for this licensed facility.

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966716	(X3) DATE SURVEY COMPLETED 10/05/2016
NAME OF PROVIDER OR SUPPLIER PRESTIGE MANOR III	STREET ADDRESS, CITY, STATE, ZIP CODE 6333 SE BABB ROAD BELLEVIEW, FL 34420	

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

On [redacted] at 10:22 AM a record review of the Care Provider Background Screening Clearinghouse was conducted for the facility. It revealed the facility did not have an employee roster on file.

On [redacted] at 3:44 PM, an interview was conducted with the Administrator, who reported she thought the facility had an employee roster and reported she was not sure why the facility did not have an employee roster. She stated, "I know we talked about it." The Administrator then was observed leaving the [redacted] reportedly go check to see if there was a roster. She returned and was unable to confirm there was an employee roster in place.

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on record review and interview, the facility failed to ensure that 1 of 3 staff (Staff E) had a Level II background screening before working with residents.

Findings:

A record review conducted on [redacted] of Staff E's employee record revealed that Staff E's Agency for Healthcare Administration (AHCA) Background Screening Results page showed "screening in process." A check of the AHCA background screening clearinghouse showed the same results.

During an interview on [redacted] at 10:41 AM with Staff A, Staff A stated that Staff E had been working with residents on the weekends doing activities.

During an interview on [redacted] at 1:35 PM with the facility Administrator, the Administrator was asked when Staff E started at the facility. The Administrator stated, "He started in [redacted]." The Administrator was asked what Staff E's usual schedule was; the Administrator stated, "He comes in on Saturday about 8:00 or 9:00 AM until 4:00 or 5:00 PM." The Administrator was asked when Staff E worked last; the Administrator stated, "This past weekend." These dates was clarified to be [redacted] and [redacted].

During an interview on [redacted] at 3:44 PM with the Administrator, the Administrator acknowledged that Staff E's Background Screening Report showed "screening in process." The Administrator was asked if Staff E had been working directly with residents; the Administrator stated, "Yes."

Unclassified

PRINTED: 10/25/2016
FORM APPROVED

AHCA Form 5000-3547
STATE FORM