STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953272	11/02/2016
NAME OF PROVIDER OR SUPPLIER **LAKEWOOD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1220 JIMMY ANN DRIVE** **DAYTONA BEACH, FL 32117**	

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

0000 Initial Comments

On 11/01/2016, a biennial relicensure survey was conducted at Lakewood Retirement Center, Lic # 8471. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to obtain a new 1823 form following the significant change related to weight loss for 1 of 2 residents (Resident #2).

The findings include:

Record review for Resident #2 indicated she had a health assessment completed on and documented on the 1823 form, which clinicians use to document a resident's health status.

The form indicated she was at supervision level for eating, but needed more assistance for other Activities of Daily Living (ADL's), including bathing, dressing, toileting, transferring, and ambulating.

Further review of nursing notes indicated that Resident 2 had a progressive decline as stated in the following notation: On , a nurse's note revealed she was not eating. Follow up notes indicated she was started on an , as ordered by the physician, for a diagnosis of Focal Airspace . A nursing note from / revealed "she is slowly declining in health due to age". It was documented that her physician saw her and changed a pain medication on .

On / , a nurse's note revealed that the facility was giving her double portions due to weight loss.

The record of Resident 2's weights showed a steady decline over the course of four months. In 2015, her weight was 91 pounds. In 2015, her weight was 93 pounds. In 2015, her weight was 90 pounds. Weights were documented in the following months, but they were no weights documented for Resident 2 until 2016, when it was documented her weight was now 78 pounds. In 2016, her weight had dropped to 65 pounds.

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Review of physician visit notes completed by the physician and the physician's assistant did not include any documentation addressing weight loss or interventions to increase weight gain.

In an interview with the facility's administrator at 3:42 PM on / / , she stated she and Resident 2's Guardian were bringing in Ensure to supplement her intake. She confirmed this was not based on physician recommendation or actual order.

The administrator confirmed she did not get a new assessment completed when she experienced the significant change in weights.

Class III

0025 Resident Care - Supervision

Based on Interview, Observation, and Record Review, the facility failed to arrange physician consultation related Resident #2's significant weight loss. Additionally, it failed to provide documentation related to Resident #1's significant weight loss.

The findings include:

During an observation of Resident #2 during the lunch service on / / at 12:00 PM, she was observed sitting next to a staff member who was feeding her with a spoon.

Review of Resident #2's chart revealed she had lived in the facility since 2008, and had a diagnosis of severe . Her 1823 (used to document her health assessment) indicated that when her assessment was completed on , she was at supervision level for eating. All other activities of daily living were documented as her needing assistance.

Review of the weight record indicated Resident #2 experienced a decline in weight from 2015 to

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the present. In 2015 it was documented in the vital book that she was 93 pounds. In May 2015 she was listed as being 90 pounds. There are no weights taken again until 2016, which listed her as being 78 pounds. In of 2016, she was listed as being 65 pounds.

On / / , there was a note indicating double portions were being given to help her gain weight, but there was nothing in the physician notes to indicate this was physician prescribed, and there were no nursing notes to indicate a telephone order was received for this.

On , it was documented in a nurse ' s note that the resident had a low appetite. On , it was also documented she had a low appetite.

During an interview with the facility's administrator on / / at 3:42 PM, she indicated the resident eats well and they are also supplementing with a supplement shake. When asked if this was a physician's intervention, she said no, this was just something she and the resident's guardian had put into place. She confirmed she did not have an updated 1823 completed following the weight loss.

In an interview with Resident #2 ' s primary care physician on / at 12:57 PM, he indicated that he could not recall whether the facility had contacted him or not, but it would have been documented in his notes if they had. When asked what his expectation was for communication, he stated he would expect to be told of changes in the resident's condition.

A record review of Resident #2 ' s chart revealed no documentation indicating weight loss in the physician or nurse's notes.

Record review for resident #1 revealed an admission weight of 196 pounds on / . Diet prescribed was low /low fat. His weight at his provider ' s office on / was reported to be 176 pounds. The facility recorded a weight of 170 pounds in 2016. This represents a severe weight loss of 13.26%. Further record review did not reveal any doctor notes or facility notes indicating the facility was aware of the weight loss, and whether it was a prescribed or unknown weight loss. There was no documentation in the resident record that the facility reported the weight loss to the resident ' s health care provider. There was no documentation available indicating if the facility was providing care consistent with supporting the weight loss or preventing further weight loss.

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At 5:35 PM on 11/1/16, the administrator said resident #1 was a very active man. The Administrator continued to explain that the staff took him to the doctor and got verbal reports at the end of the visits and the staff were supposed to document that information in the nursing notes in the resident record. The administrator reviewed the resident ' s record and confirmed that there were no notes regarding doctor visit reports in his record.

At 6:20 PM on / / , in an interview with Staff B, she said she took resident #1 to the doctor in and thought she documented in his record when she returned. "It's my fault, I thought I documented, but I forgot."

Class III

0078 Staffing Standards - Staff

A review of Staff D's record revealed no written statement from a healthcare provider documenting that Staff D did not have any signs or symptoms of communicable . Pictures obtained.

The findings include:

During an interview on / / at 5:20 PM, the Administrator stated that she had additional documentation for Staff D but provided a ' Certificate to return to school or work ' , rather than a written statement from a healthcare provider stating that Staff D does not have signs or symptoms of communicable .

Based on personnel record review and interview, the facility failed to ensure that 2 of 3 sampled staff (A, D) had documentation of freedom from communicable or were annually documented to be free from .

Personnel record review for Staff A (administrator) revealed a chest x-ray report dated / that was negative for . No documentation was found for 2015 or 2016 indicating that Staff A was negative for .

Interview with Staff A (administrator) at 5:35 PM on / / , she stated she did not have more recent documentation.

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0081 Training - Staff In-Service

Based on record review and interviews, the assisted living facility failed to ensure 1 of 3 sampled staff (Staff D) had staff in-service training within 30 days of hire.

The findings include:

1) A review of Staff D ' s record revealed her date of hire as / .

2) A review of Staff D ' s record revealed no documentation for the following trainings: control, ADL ' s (Activities of Daily Living) & behavioral needs, elopement response training, emergency preparedness & evacuation training, incident reporting, resident rights training, recognizing/reporting , neglect & and nutrition & safe food handling.

3) During an interview on / / at 2:30 PM, Staff D stated that she completed the in-service trainings, but has not received the certificates from the trainer.

4) During an interview on / / at 5:20 PM, the Administrator stated that Staff D completed the in-service trainings but that they are waiting for the trainer of the course to send the certificates of completions to the assisted living facility.

Class III

0082 Training - /

Based on record review and interviews, the assisted living facility failed to ensure that 2 of 3 sampled staff (Staff C and D) had the necessary / training documentation within 30 days of hire.
The findings include:

1) A review of Staff D's record revealed her date of hire as / .

2) A review of Staff D's record revealed that there was no documentation for the necessary / training.

3) During an interview on / / at 2:30 PM, Staff D stated that she completed the / training course, but that she has not received the certificates from the trainer.

4) During an interview on / / at 5:20 PM, the Administrator stated that Staff D completed the

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/ training, but that they are waiting for the trainer of the course to send the certificates of completions to the assisted living facility.

During a review of Employee C's record maintained by the facility, it was discovered that she began employment on .

There was no record in her file of her attending training within the first 30 days of employment.

In an interview with the Administrator at 3:42 PM on / / , she reviewed the file and a different binder and confirmed she the training was not in the file. At the time of the survey, she was unable to locate the training form completed by Employee C.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview, observation, and record review, the facility failed to ensure 1 of 2 employees reviewed (Employee C) had completed the required training prior to assisting residents with medication self administration.

The findings include:

Employee C was interviewed at 9:50 AM on / / and she stated part of her job here is to assist residents with medication self administration. She confirmed she began in and had taken a course in medication management.

At 12:00 PM on / / , she was observed passing medications to 3 residents as part of their scheduled treatments.

Employee C's file review revealed that there was no training certificate indicating she had taken the required training for medication assistance.

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The administrator was interviewed at 3:42 PM on 11/01/2016, and she confirmed she could not find the training certificate in Employee C's file. She checked other locations but at the time of this survey, she could not produce evidence the facility had verified Employee C's training prior to her helping residents with medication self administration.

Class III

0090 Trainina -

Based on record review and interviews, the assisted living facility failed to ensure 1 of 3 sampled staff (Staff D) had the necessary ( ) training within 30 days of hire.

The findings include:

1) A review of Staff D ' s record revealed her date of hire as I/ .

2) A review of Staff D ' s record revealed no documentation for training.

3) During an interview on I/ / at 2:30 PM, Staff D stated that she did not know what a was and that she did not receive training on this subject.

4) During an interview on I/ / at 5:20 PM, the Administrator stated that Staff D was told about , " but maybe she doesn ' t remember it " .

Class III

0091 Trainina - Documentation & Monitorina

Based on interview and record review, the facility failed to ensure 1 of 3 employee records reviewed (Employee B) contained the necessary documentation related to required trainings and education.

The findings include:

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During a review of Employee B's employee record, it was discovered that she had a training certificate completed on [redacted].

This training certificate listed the following trainings: Emergency Procedures, Incident Reporting, Elder [redacted], Resident Rights, Bloodborne [redacted] Control, [redacted] Care, ADL's, Psychosocial Needs, Special Needs, Food Safety, [redacted], and Elopement.

The training certificate did not indicate the number of hours spent in each area, where the training occurred, or how much time was spent on each topic.

An interview was conducted with the facility's Administrator at 3:42 PM on [redacted]. She was unaware that the certificate for Employee C did not meet the minimum compliance requirements.

Class III

0093 Food Service - Dietary Standards

Based on observation, dietary record review and interview, the facility failed to follow the menu prepared by the licensed dietician; maintain 6 months of dated menus for review; and record substitutions before or when the meal was served

The findings include:

1) During a dietary record review, the menu prepared by the dietician was observed to be posted on a bulletin board by the kitchen. Week 1 of the 4-week cycle was posted. The lunch menu for the day of the survey was: 2 ounces Swedish meatballs, 1 ounce gravy, ½ cup noodles, ½ cup zucchini and tomatoes, ½ cup tossed salad, 1 Tablespoon dressing, 1 roll, [redacted] lemon pie, 1 teaspoon oleo, 8 ounces milk.

Observations on [redacted] at 12:00 PM of the lunch served to the first residents who were seated was: Swedish meatballs (cut up), potato salad, mixed vegetables, 2 mini muffins, milk, coffee.

The more independent residents were served meatballs, noodles, mixed vegetables, watermelon, coffee

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and milk.
In an interview with the administrator on 11/1/16 at 1:00 PM, she stated that she thought they were following the menu. When asked why the tossed salad and lemon pie were not served, she said she didn't have any lemon pie and she gave them mixed vegetables instead of salad. She said she did not know she had to serve both vegetables that were listed on the menu.

2) During a dietary record review, the menu posted showed that Week 1 of the 4 cycle week was current. The menu was not dated. At 1:00 PM on I/ I/ , the administrator said she does not have any menus that are dated and she was unable to show when each week of the cycle was served for the past 6 months.

3) On I/ I/ at 12:30 PM observation of the substitutions served were not noted on the posted menu or on a separate list prior to the meal being served. In place of zucchini and tomatoes, they served mixed vegetables. In place of noodles for some of the residents, they served potato salad. In place of I/ lemon pie, they served watermelon or mini muffins. A record review of the calendar shown by the administrator was conducted. The administrator stated on I/ I/ at 1:00 PM that this calendar was where they put all the substitutions. There was one substitution noted for the month of , none for and none for the date of the survey. In an interview with the administrator on I/ I/ at 1:00 PM, she stated they try to write them down, but they don't always remember.

Class III

0161 Records - Staff

A review of Staff D ' s record revealed a document with evidence of a negative examination dated I/ , however, there was no written statement from a healthcare provider documenting that Staff D did not have any signs or symptoms of communicable . Pictures obtained.

During an interview on I/ I/ at 5:20 PM, the Administrator stated that she had additional documentation for Staff D but provided a ' Certificate to return to school or work ' , rather than a written statement from a healthcare provider stating that Staff D does not have signs or symptoms of communicable . At this time, the Administrator was notified that this documentation was not sufficient as a written statement.

A review of Staff D ' s record revealed no documentation for the following trainings: control,

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ADL & behavioral needs, elopement response training, emergency preparedness & evacuation training, incident reporting, resident rights training, recognizing/reporting , neglect & , nutrition & safe food handling, / and training.
During an interview on / / at 2:30 PM, Staff D stated that she completed the in-service trainings, but has not received the certificates from the trainer.

During an interview on / / at 5:20 PM, the Administrator stated that Staff D completed the in-service trainings but that they are waiting for the trainer of the course to send the certificates of completions to the assisted living facility.
During an interview on / / at 2:30 PM, Staff D stated that she did not know what a was and that she did not receive training on this subject.

During an interview on / / at 5:20 PM, the Administrator stated that Staff D was told about , " but maybe she doesn' t remember it " .

Class III

0167 Resident Contracts

Based on Resident Record Review and interview, the facility failed to include a provision in the resident contract that residents must be assessed upon admission and every 3 years, or after a significant change in health status, for 2 of 2 sampled residents (#1, #2).

The findings include:

Resident Contract Review on / / for residents #1 and #2 did not contain language indicating that the Health Assessment (1823) must be updated every 3 years or after a significant change in health.

In an interview with the administrator on / / at 6:15 PM, she confirmed that this provision was not in the contract.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Lakewood Retirement Center
1220 Jimmy Ann Drive
Daytona Beach, FL 32117

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AW/JM/sm
Enclosure
XG90

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