STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	12/02/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On an Extended Congregate Care (ECC) monitoring survey was conducted at Princeton Village of Palm Coast (License #11267). Deficient practice was identified during the survey.

0078 Staffing Standards - Staff

Based on a review of employee files, and interview with staff, the facility failed to provide a written job description to 2 of 4 employees (Employees B and D) whose personnel records were reviewed.

The findings included:

A personnel file review for Employee B revealed she was hired on as a Residential Aide. Further review of the file found there was no documented evidence she had been provided with a written job description.

A personnel file review conducted for Employee D revealed she was hired on as a Residential Aide. Further review of the file found no documented evidence she had been provided with a written job description.

An interview was conducted with the Director of Nursing at 1:30 pm on . She reviewed the file for Employee D and confirmed there was no job description.

Class III

E206 ECC - Service Plans

Based on resident and staff interviews, and facility and resident record reviews, the facility failed to review and update the extended congregate care (ECC) service plan quarterly to reflect changes in services or in the resident's condition as required for 1 of 2 residents receiving ECC services (Resident #1).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	12/02/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY** **PALM COAST, FL 32164**	

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

The findings included:

A review of the facility ECC service log revealed Resident #1 commenced ECC services on / . She was noted as using an indwelling for a diagnosis of (that does not function properly). The log noted Resident #1 had her changed every 4 weeks. Resident #1 had a Resident Health Assessment (AHCA form 1823) dated 2016 (illegible). The top of the assessment had a facsimile date stamp of . Diagnoses included, but were not limited to (a life threatening complication of an), ( ), and of the . The examining health care practitioner also noted an indwelling , with instructions to change it every twenty-eight days. The drainage bag was to be changed every fourteen days.

Resident #1 had a Service Plan dated that identified services received as " care". The service to be provided involved cleaning her peri-area and tubing, and emptying the bag every shift. The outcome of the service was to provide good hygiene and prevent . The second service to be provided was "change tubing and bag according to doctor's orders". This was noted to be completed by licensed staff or home health care. The outcome of the service was to provide good personal hygiene, prevent , and maintain a patent (open and unobstructed) . The Service Plan was signed by the Administrator, a Registered Nurse, and a Licensed Practical Nurse on / .

Further review of the resident's record found there was no quarterly update to Resident #1's Service Plan, as required.

An interview was conducted with the Director of Nursing on at 1:30 pm. She reviewed the Service Plan for Resident #1 and confirmed the quarterly update was overdue.

Class III

E210 ECC - Training

Based on a review of employee records and interview with staff, the facility failed to ensure the administrator received a minimum of 4 hours of continuing education every two years in topics relating to

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	12/02/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY** **PALM COAST, FL 32164**	

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

the physical, , , , or social needs of frail elderly and persons, or persons with or related . The facility failed to ensure 1 of 4 staff (Employee D) who provided care to residents in an extended congregate care (ECC) program completed at least 2 hours of in-service training within 6 months of employment that addressed ECC concepts, requirements, statutory and rule requirements, and delivery of care and services in an ECC facility.

The findings included:

A personnel file review for Employee D revealed she was hired on as a Residential Aide. Further review of the file found no documented evidence of the required 2 hours training in topics pertinent to ECC care.

A personnel file review for the administrator revealed the last 4 hours of ECC training received was on . The file contained a certificate indicating the administrator received only 1 hour of ECC training on . There was no documentation the administrator received 3 additional hours of topics pertinent to ECC since that date.

An interview was conducted with the Director of Nursing (DON) on at 1:30 pm. She reviewed the file for Employee D and confirmed the missing required ECC training. She reviewed the administrator's file, then phoned the administrator. The DON returned to this surveyor, and confirmed the administrator had not completed 4 hours of ECC training every two years, as required.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967189	12/02/2016
NAME OF PROVIDER OR SUPPLIER **PRINCETON VILLAGE OF PALM COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 MAGNOLIA TRACEWAY PALM COAST, FL 32164**	

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

Z816 Background Screening-Compliance Attestation

Based on a review of personnel files, and interview with staff, the facility failed to obtain a new level 2 background screening for 1 employee (Employee C) who had a break in service of more than 90 days from a position that requires level 2 screening, out of a total of 5 employees whose level 2 screenings were reviewed.

The findings included:

A personnel file review conducted for Employee C, Licensed Practical Nurse, revealed she was hired on ./ . . . . She had a level 2 background clearance dated . Further review of the personnel file revealed a job application dated / . The employment history for Employee C noted she remained employed in a position requiring level 2 clearance until of 2015. There was no updated level 2 screening obtained prior to hire following a break of employment that exceeded 90 days.

An interview was conducted with the Director of Nursing at 1:30 pm on . She reviewed the records for Employee C and confirmed the need for a re-screening prior to hire.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Princeton Village Of Palm Coast
100 Magnolia Traceway
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure Extended Congregate Care 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 20, 2017.** 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. Should you have any questions please call this office at -4201.

Sincerely,

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

LL/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com