RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Family Connect Life Inc
7969 Pinehurst Drive
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 , 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Berg for

Kriste J. Mennella
Field Office Manager

KJM/PCP
Enclosure
XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967453	12/22/2016
NAME OF PROVIDER OR SUPPLIER **FAMILY CONNECT LIFE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7969 PINEHURST DRIVE** **SPRING HILL, FL 34606**	

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

0000 - Initial Comments

A Biennial Re-licensure survey was conducted on 22, 2016 at Family Connect Life Inc. (facility license number 11521). Deficient practice was identified during the survey.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to obtain an informed consent advising the resident that unlicensed staff assist with the self-administration of medications for 1 of 2 residents (Resident #4).

Findings:

On , a record review of the Informed Consent, Agency for Persons with Form 65G7-02, for Resident #4 advising the resident that unlicensed staff assist with self-administration of medication revealed the form provided consent for the facility to administer medications, not supervise the self-administration of medications.

An interview with the House Manager on at 2:39 PM confirmed the informed consent reads administer medications. She confirmed the facility does not have licensed staff to administer medications.

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have a completed Resident Health Assessment (AHCA Form 1823) for 2 of 2 residents reviewed (Resident #3 and #4).

Findings:

1.) On , a record review of the facility Admission/Discharge Log showed Resident #3 with an admission date of . A record review of the clinical record for Resident #3 revealed the Resident Health Assessment, AHCA Form 1823, had only 1 page, Page 1. The rest of the assessment was missing from the clinical record.

An interview conducted with the House Manager on at 2:00 PM confirmed there was only Page 1 of the Resident Health Assessment, AHCA Form 1823 for Resident #3.

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2.) On 12/22/2016, a record review of the facility Admission/Discharge Log showed Resident #4 with an admission date of / . A record review of the clinical record for Resident #4 revealed the Resident Health Assessment, AHCA Form 1823, had omitted information in the following areas:

A) On page 1 the following areas were blank: Physical or sensory limitations, or behavioral status, Nursing/treatment/ service requirements and Special Precautions.

B) On page 2, supervision or assistance is needed in the areas of bathing, dressing, , and toileting but no indication of the extent of supervision or assistance was needed in each area.

C) On page 2, the Special Diet Instructions was blank.

D) On page 3, the self-care tasks and general oversight areas did not indicate the extent of supervision, assistance or oversight that was needed.

E) On page 4, it states "see attached med list," but no medication list was attached.

F) On page 4, Section B, "Does the individual need help with taking his/her medications?" was blank and the type of assistance that the resident requires was left blank.

G) On page 4 at the bottom under the statement that reads: NOTE: MEDICAL CERTIFICATION IS INCOMPLETE WITHOUT THE FOLLOWING INFORMATION: The following areas were blank: The printed name of the examiner, the Medical License Number, the address of examiner, the telephone number, the title of the examiner, and the date of the examination was blank.

An interview with the House Manager on at 1:10 PM confirmed the Resident Health Assessment, AHCA Form 1823, for Resident #4 was missing information from the assessment and it was incomplete.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide an on-going activity program with scheduled activities for at least 6 days a week for a total of not less than 12 hours a week, for 4 of 4 residents (Resident #1, #2, #3 and #4).

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Findings:

During the initial tour of the facility on at 9:45 AM, a posted activities calendar was not observed.

On at 10:00 AM, Resident #1 was observed sitting on the couch writing in her composition book. Resident #3 was observed sitting in a recliner in the living . The television was on. Resident #2 was observed lying in bed in his . There was a TV in the was not on. Resident #4 was observed lying in his bed in his .

On at 2:15 PM, Resident #3 was observed sitting in a recliner in the living . The television was on. Resident #2 was observed lying in bed in his . Resident #4 was observed lying in his bed in his .

An interview was conducted with Resident #1 on at 9:57 AM. She stated we don't have activities because the people cannot participate.

An interview was conducted with Resident #2 on at 10:29 AM. He stated he doesn't do much. All there is "is the Praise the Lord network," on TV and I never get to go outside. He further stated he wanted to watch the TV in his it doesn't work.

An interview was conducted with Resident #4's Court appointed guardian on at 11:38 AM. He stated he has not witnessed any activities. He stated Resident #4 lays in bed and sits and watches TV.

An interview was conducted with Staff D on at 2:47 PM. He stated there is no schedule of activities.

An interview was conducted with Staff B on at 3:06 PM. She stated we do not have an activities calendar.

An interview was conducted with the House Manager on at 4:39 PM. She stated, "We currently do not have a calendar of activities. We do some individual things with the residents like walks outside and outings."

Class III

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0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have documented evidence of signs and symptoms of freedom from communicable for 1 of 4 staff (Staff B), and failed to have documented evidence of annual ( ) examinations for 3 of 4 staff (Staff A, B and D).

Findings:

1.) On , a record review of the personnel file for Staff B was completed. There was no documented evidence from a health care provider that the individual was free from signs and symptoms of communicable .

An interview was conducted with Staff B on at 3:16 PM. She confirmed she did not have a statement from her health care provider stating she was free from signs and symptoms of communicable .

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no statement from a health care provider stating Staff B was free from signs and symptoms of communicable .

2.) On , a record review of the personnel file for Staff B was completed. The personnel file showed a date of hire of 11/1/2016. There was no documented evidence of a examination within 30 days of hire.

An interview was conducted with Staff B on at 3:16 PM. She confirmed she had not had a examination since she was hired on 11/1 .

On , a record review of the personnel file for Staff D was completed. There was no documented evidence of an annual examination.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no annual examination for Staff D.

On , a record review of the personnel file for Staff A was completed. There was no documented evidence of an annual examination. The last examination was completed on as evidenced by a healthcare provider statement.

In an email dated at 9:52 PM, Staff A, the Administrator ,stated she has a positive

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( ) skin test and stated her physician has advised her that no action is required.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide required inservice training for 2 of 4 staff (Staff B and D).

Findings:

1.) On , a record review of the personnel file for Staff B was completed. There was no evidence of the following required in-service training within 30 days from date of hire: elopement response training, emergency preparedness/evacuation training, incident reporting training, resident rights training and nutritional & safe food handling.

An interview was conducted with Staff B on at 3:06 PM. She stated she has been working at the facility since / / . She confirmed she has not completed her required in-service training.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed Staff B has not completed her required in-service training.

2.) On , a record review of the personnel file for Staff D was completed. There was no evidence of the following required in-service training: control training, Activities of Daily Living/behavioral needs training, emergency preparedness/evacuation training, and resident rights training.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no documented evidence Staff D had control training, Activities of Daily Living/behavioral needs training, emergency preparedness/evacuation training, and resident rights training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that ( ) Policy and Procedure training was completed for 2 of 4 staff (Staff B and D).

Findings:

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On 12/22/2016, a record review of the personnel files for Staff B and D revealed no evidence of Policy and Procedure training.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no evidence of Policy and Procedure training for Staff B and D.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have the weekly menu posted or easily available to 4 of 4 residents (Resident #1, #2, #3 and #4); and, based on record review and interview, the facility failed to maintain a substitution log, kept on file for 6 months.

Findings:

1.) During the initial tour of the facility on at 10:00 AM, the weekly menu was not observed posted or easily available to residents.

An interview with the House Manager was conducted on at 11:59 AM. When asked where the menus were posted, she stated they were not posted but were in a notebook in the kitchen.

2.) On , a record review of the dietary notebook was conducted. There was no record of a substitution log in the dietary notebook.

An interview with the House Manager was conducted on at 12:09 PM. When asked where the substitution log was, she stated she does not use one. When asked where she records substituted menu items, she stated she doesn't do that.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation, interview, and record review, the facility failed to obtain an application for employment for 1 of 4 staff (Staff D); and, failed to obtain copies of job descriptions for 3 of 4 staff (Staff

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B, C, D).

Findings:

1.) On , a record review of the personnel file for Staff D was completed. There was no application for employment contained in the personnel file.

An interview was conducted with the House Manager on at 3:30 PM. She stated that Staff D wasn't really working here, that he just helps out. She confirmed Staff D does not have an application on file.

2.) On , an observation of the posted license showed the facility has a Standard License for a capacity of 20 residents.

On , a record review of the personnel files for Staff B, C and D was completed. There was no job description for each staff member contained in their files.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no job description in the personnel files for Staff B, C, and D.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to maintain semi-annual weights on 1 of 2 residents (Resident #4), and failed to have facility contracts for 2 of 2 residents (Resident #3 and #4).

Findings:

1.) On , a record review of the clinical record for Resident #4 revealed a weight dated of 224 pounds and a weight dated of 216 pounds. Review of the Resident Health Assessment (AHCA Form 1823) for Resident #4, showed that the resident requires assistance with bathing, dressing, and self care ( ).

An interview with the House Manager on at 1:45 PM confirmed there were only two weights recorded and only one weight in the last year for Resident #4.

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2.) On 12/22/2016, a review of the clinical record for Resident #3 and Resident #4 was completed. There was no resident contract with the facility observed in their files.

An interview was conducted with the House Manager on at 2:00 PM. She confirmed she could not find the facility contracts for Resident #3 and #4.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain an Affidavit of Compliance with Background Screening Requirements form from 1 of 4 staff (Staff B).

Findings:

On , a record review of the personnel file for Staff B was completed. There was no Affidavit of Compliance with Background Screening Requirements form contained in the personnel file.

An interview was conducted with Staff B on at 3:16 PM. She confirmed she had not signed an Affidavit of Compliance with Background Screening Requirements form.

An interview was conducted with the House Manager on at 3:30 PM. She confirmed there was no Affidavit of Compliance with Background Screening Requirements form in the personnel file for Staff B.

Unclassified