STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968000	12/27/2016
NAME OF PROVIDER OR SUPPLIER **SUTTON HOMES**	STREET ADDRESS, CITY, STATE, ZIP CODE **6102 SAND PINES ESTATES BLVD** **ORLANDO, FL 32819**	

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

0000 - Initial Comments

A standard biennial re-licensure survey was conducted at Sutton Homes (license #11960) on . Deficient practice was identified during the survey.

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

Based on record review and interview, the facility did not ensure the Health Assessment (form 1823) for 1 of 2 sampled records was accurate and fully completed by the health care provider.

Findings:

On / , a review of the Health Assessment/1823 for Resident #2 dated was found to document an inaccurate weight for the resident. This Health Assessment was obtained when the resident was admitted to Hospice services in 2016.

Interview with the administrator at 10:30am, she stated the weight on the Health Assessment (1823) was an error on her part, and that she carried over the previous weight from the 2015 Health Assessment. When asked, she did not have an explanation as to when the weight loss occurred. She did state that the method of weighing the resident has changed since the resident went on Hospice in 2016 and she cannot verify the accuracy of either scale or method used. The administrator, who was hired in 2015, stated that the resident has not changed significantly since she began working there. The Administrator produced a monthly weight record from 2014 which documents her weights were in the 140 's at that time.
In a phone Interview with the facility ARNP at 10:35 AM on / , she stated she started providing care for this resident in 2016 and she was not 180 lbs. at that time. She is not sure of when the weight loss occurred, but she did say it would have been prior to her managing the resident.
When asked about a 43lb weight loss from to 2016, the resident's daughter stated at 1:05 PM on , this is not correct. Her mother had lost weight over the 5 years she has lived here, but gradually. She said her mother was definitely not 180 lbs. in of this year. She said she has lost weight due to her decline, and also because she was very ( ) and that has improved recently. The daughter stated she was not concerned about sudden weight loss.
The Vitas nurse visited and brought a scale to weigh the resident. Today's weight is 126 lbs. The Vitas RN stated on at 1:20 PM, that when her team first took over care of this facility in 2016, this resident had lymphedema and was very . With her legs elevated in the wheel chair, they now have the under control and the (and weight associated with it) have diminished greatly.
In conclusion, based on information in the resident records shown, the weight loss occurred prior to 2014 and the previous re-licensure survey.

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In an interview with the administrator at 10:30 AM on , she stated the current Health Assessment is inaccurate and the weight was an error on her part.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 personnel records (B) contained a healthcare provider statement that indicated freedom from ( ) yearly.

Findings:

Personnel record review for Staff B revealed no evidence to confirm freedom from for 2016.

In an interview on at 2:45 PM with the Administrator, she stated Staff B had a chest x-ray done in 2015 that was negative for and she thought that was good for 2 years. She stated she did not know they needed an annual statement from a healthcare provider.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on Observation, Personnel Record Review and Interview, that facility failed to ensure that 2 of 3 staff, who work alone with the residents, had current training in First Aid and (Staff A & B).

Findings:

On , Personnel Record Review for Staff A, caregiver hired , revealed she did not have documentation of current certification in First Aid and . Her most recent First Aid certificate was from an online course. Her certification was from a non-accredited provider. Staff B worked alone 3 days each week, most recently on .

On , Personnel Record Review for Staff B, caregiver hired , revealed that she did not have documentation of current certification in First Aid.

In an interview with the manager on at 2:30 PM, she confirmed that she did not have proof of current First Aid or training for these 2 employees. She did show proof that the staff scheduled to work alone in the next 2 days did have valid and First Aid training and she would get Staff A & B

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

trained this week.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on Observation, Record Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 3 of 3 sampled staff employees (Staff A, B & C).

Findings:

Review of the Agency's Background Screening website for 3 sampled staff revealed the facility did not have a Roster on the Agencies website.

In an interview with the administrator on at 3:45 PM, she confirmed she had not created a roster. The further explained their corporate office did those tasks.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Sutton Homes
6102 Sand Pines Estates Blvd
Orlando, FL 32819

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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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