AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	R 01/03/2017
NAME OF PROVIDER OR SUPPLIER **DIVINE GALLO HOUSE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9110 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit to a Change of Ownership (CHOW) with Limited Mental Health (LMH) survey, in conjunction with a second revisit to two complaint surveys, (CCR# 2016008027 & CCR# 2016010301) was conducted on 1/ at Divine Gallo House ALF.

Divine Gallo House ALF had uncorrected deficiencies and new deficiencies identified at the time of the revisit.

(License # 6665)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure they had available a Medication Observation Record (MOR) for 4 of 11 residents (resident #1, #6, #11, 12) who receive assistance with self-administration of medications, recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.

Findings included:

At 9:30am on 1/ , a review of the resident Medication Observation Record (MOR) revealed that 4 of 12 residents' MORs were not available and could not be located. The med tech/resident care employee stated the MOR was not provided for the Residents and she was not able to initial after the resident received their medication.
During a brief interview, the residents confirmed they received their medication everyday, They have not missed any medication. A medication review was completed and the medication was found available in the cart.
The owner was notified by phone of the missing MORs.

Uncorrected deficiency

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Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on interview and records review, the facility failed to correct Tag #0054 Medication Records, a Class III deficiency.
On during a second revisit to the uncorrected deficiency it was revealed 4 of the 12 residents did not have medication observation record for the month of .

Findings included:

During a second revisit on I/ it was revealed 4 (#1, #6, #11, #12) of 12 residents did not have a medication observation record (MOR) for the month of .

A revisit to deficiencies from a Change of Ownership survey with Limited Mental Health was conducted on I/ . Tag #0054 was previously cited due to the facility failing to record in the Medication Observation Records (MOR).
The month of 2016 revealed that for 11 of the 12 residents, there were omissions (holes) in the MOR where it was unclear whether the residents had received their medications or not.
The Medication observation record for I/ revealed 4 residents did not have a MOR availabe to review.
.An interview was conducted with the med tech/resident care employee on I/ at 9:40am. The medtech stated she had given the residents their medication but did not have a MOR available to initial.
A phone interview with the owner revealed he was not aware that the facility did not have a MOR for four residents. He stated the administrator should have addressed this issue.
A phone interview with the administrator of record at 9:50AM on I/ revealed she was no longer working at the facility and was at another facility. She stated that her last day was / 16.

Uncorrected Deficiency

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including managing staff and

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ensuring that all residents receive appropriate care.

Findings included:

During the second revisit on / it was revealed that the administrator was no longer employed at the facility. During a phone conversation on / at 9:15 AM the former administrator agreed to come to the facility to help with the survey but stated she is now working at another facility. The administrator stated she had given her notice / and her last day was .
The owner had not replaced the administrator during that time. The facility no longer has an administrator.

Class III

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

Based on record review and interview the facility failed to ensure direct care staff had an annual test completed.

Findings included:

A Second revisit was conducted on / . The facility's administrator that is no longer employed at this facility agreed to return to assist with the survey. The former Administrator stated that the tag was not corrected. The employee, Staff #A, had received the test but it had not been read yet. The manager would read the results and report it to ahca.
The last test was administered on and had expired.

Un corrected deficiency

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility filed to provide the required documentation for unlicensed persons who provide assistance with self administered medications. A certificate stating that

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the med/tech had successfully completed the initial 4 hour training and followed up with documentation of a minimum of 2 hours of continuing education annual.

Findings included:

During the revisit on / at 11:30 AM the former administrator stated she had explained to the manager who is a Registered Nurse and gave the training that the certificates she had provided to the facility were not accepted by the surveyor as meeting the requirements. The manager had not made any changes and did not send the facility any new certificates as of the day of this revisit.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide residents with a safe clean living environment, free from hazards.

Findings included:

During a tour of the facility on / at 9:30AM it was observed that the kitchen counter top was damaged and could not be properly cleaned. The laminate that covers the counter top in the kitchen has been damaged. The laminite has curled up and away from the counter top. The wood is exposed allowing dirt and bugs to go under the laminaate where food is prepared. During a phone interview with the owner on / at 11:00AM it was stated that he was not aware of the damage to the counter top and would have it repaired.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Divine Gallo House ALF
9110 Star Trail
New Port Richey, FL 34654

Dear Administrator:

This letter reports the findings of a second state Licensure Revisit Survey conducted on 3, 2017, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

YOSF

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