AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965343	R 12/30/2016
NAME OF PROVIDER OR SUPPLIER **CHRISTIAN MANOR OF CLEARWATER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1845 N. KEENE ROAD CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Facility

A 3rd unannounced Revisit to 3/17/16 Complaint survey (CCR#2015013388 & 2016002433 & 2016002453 & 2016002513) was conducted at the facility on 12/30/16, in conjunction with an unannounced Complaint survey (CCR#2016013877-Aspen DMPH11).

The Christian Manor of Clearwater, Assisted Living Facility (License #9718), had uncorrected deficiencies at the time of this revisit.

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

Based on record review and interview, the facility failed to provide a completed health assessment within 30 days of admission for 4 (#20, #21, #22 & #23) of 5 residents sampled for completed health assessments.

Findings included:

A record review on / / of Resident #20's health assessment dated / / revealed it was not complete. The statement, Elopement risk ...yes/no was not filled in; the statement, in your professional opinion, can this individual's needs be meet in an assisted living facility was not indicated with a yes or no; there was no list of current medications on the health assessment; the statement, does the individual need help with taking his or her medications, was not indicated with a yes or no; the statements, needs assistance with self-administration of medications and needs medication administration and able to administer without assistance was not indicted as to which one the resident needed.
A record review on / / of Resident #21's health assessment dated / / revealed it was not complete. The statement, does the individual need help with taking his or her medications was not indicated with a yes or no; the box which stated needs medication administration was checked. This facility does not administer medications because it does not have licensed staff to administer medications.
A record review on / / of Resident #22's health assessment dated / / revealed it was obtained eight months before the resident was admitted to the facility on / /. The resident had either 60 days to get a new health assessment before being admitted to the facility or 30 days after being admitted to the facility. The health assessment was also incomplete. The statement, in you

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personal opinion. can his individual's needs be met in an assisted living facility which was not indicated with a yes or no. There was also a statement, does the individual have any of the following conditions/requirements? If yes, please include an explanation in the comments column. There was a yes for a communicable which could be transmitted to either residents or staff and there was no explanation in the comments column.
A record review on / of Resident #23's health assessment dated 11/ revealed the box which stated needs medication administration was checked. This facility does not administer medications because it does not have licensed staff to administer medications.
The acting manager on / at 11:00 am verified the health assessments for Residents #20, #21, #22 and #23 were not complete.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record reviews, and interviews, the facility failed to ensure that all current (9 of 9) facility residents on are assisted with self-administered medications in accordance with physician orders. The facility has continued deficient medication practices identified and cited on / , , and 6 .

Findings included:

Per Surveyor observation of Medication Observation Records (MORs) for all 9 residents on / beginning at 9:30am, no 8:00am meds on / were initialed as having been provided. On at 9:50am, Staff I stated, " I haven't been able to do my 7:00am sign-ins yet but did medications already. I've been busy with residents." On at 10:28am, Staff I requested MOR book to sign 8:00am meds; - when Surveyor told Staff I at 10:32am that she needs to initial meds immediately after providing them, she stated, "I didn't know that. That wasn't in my training." On / @10:25am, Surveyor found in top drawer of medication cabinet: packet labeled for Resident #24 containing Friday / 8:00am meds - 5 meds: , , , Multi- , & . On at 10:30am, Surveyor found in 3rd drawer of med cabinet: packet labeled for Resident #3 containing Thursday am medication . This medication had been initialed on the MOR as having been provided at 8:00am on / .
Further review of Medication Observation Records (MORs) for the month of , 2016, revealed the following examples of medications not being provided as prescribed:
Resident #21 was prescribed with instructions to take one tablet by mouth at bedtime-written on MOR to take at 8:00pm - initialed as provided twice a day at 8:00am & at 8:00pm. Resident #21 was

AGENCY FOR HEALTH CARE ADMINISTRATION

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prescribed patch with physician instructions to apply 1 patch every 3 days - initialed as provided on & . Resident #21 was prescribed with instructions to take one tablet by mouth daily - typed on the MOR to be provided at 8:00am & 4:00pm - initialed as provided at 8:00am & 4:00pm on 12/2 .
Resident #21 was prescribed PRN with instructions to take one tablet by mouth every 6 hours as needed for breakthrough pain - initialed as provided 3 times on 12/28 & 3 times on / - no times specified & nothing written on reverse of MOR (date, time med, reason, results not completed).
Resident #21 was prescribed PRN with instructions to take 1 capsule by mouth at bedtime as needed for - initialed as provided at 8pm on & - nothing written on reverse of MOR (date, time med, reason. results not completed).
Resident #22 was prescribed with instructions to take one capsule by mouth twice a day (8am & 8pm) - not initialed as provided at 8pm on / . Resident #22 was prescribed 300mg with instructions to take one tablet by mouth at bedtime (8pm) - not initialed as provided at 8pm on . Resident #22 was prescribed Fumarate 50mg with instructions to take one tablet by mouth 3 times a day (8am, 5pm, & 8pm) - not initialed as provided at 5pm on and not initialed as provided at 8pm on . Resident #22 was prescribed with instructions to take 2 tablets by mouth at bedtime - not initialed as provided on / . Reverse of the MOR is blank - There is no explanation written for medications not having been provided as ordered.
Resident #7 was prescribed with instructions to take one tablet by mouth every day (7am) - not initialed as provided on . Resident #7 was prescribed with instructions to take one tablet every day (7am) - not initialed as provided on . Resident #7 was prescribed D3 with instructions to take one liquid gel every day (7am) - not initialed as provided on . Reverse of the MOR is blank - There is no explanation written for medications not having been provided as ordered.
Resident #8 was prescribed Tharramine with instructions to take one tablet by mouth daily (8am) - initials circled on 12/1, 5, 7, 8, 9, 12- 15, 19-23, & 26-29 - nothing written on reverse of MOR to indicate why the meds were circled on these dates as not provided; Xs marked is spaces on 12/2, 3, 4, 6, 10, 11, 16, 24, & 25 - nothing written on reverse of MOR to indicate why Xs were written; and blank spaces on / & - not initialed as provided with no explanation.
Resident #8 was prescribed with instructions to take one capsule by mouth daily (8am) - initials circled on 12/1, 5, 7, 8, 9, 12- 15, 19-23, & 26-29 - nothing written on reverse of MOR to indicate why the meds were circled on these dates as not provided; Xs marked in spaces on 12/2, 3, 4, 6, 10, 11, 16, 24, & 25 - nothing written on reverse of MOR to indicate why Xs were written; and blank spaces on / & / - not initialed as provided with no explanation.
Resident #8 was prescribed with instructions to take 1/2 tablet by mouth in the morning (8am) and 1 tablet by mouth in the evening (8pm) - 8am doses: initials circled on 12/1, 8, 23, & 26-29 -

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nothing written on reverse of MOR to indicate why the meds were circled on these dates as not provided; Xs marked in spaces on 12/2, 3, 4, & 17 - nothing written on reverse of MOR to indicate why Xs were written; slanted line in & spaces with no explanation; and blank spaces on & - not initialed as provided with no explanation. 8pm doses: initials circled on - nothing written on reverse of MOR to indicate why the med was circled as not provided; X marked in space - nothing written on reverse of MOR to indicate why X was written; and blank spaces on , , & through - not initialed as provided with no explanation.
Resident #8 was prescribed with instructions to take one tablet by mouth every day before breakfast (7:30am) - initials circled on 12/5, 7, 8, 9, 12-15, 19-23, & 26-29 - nothing written on reverse of MOR to indicate why the meds were circled on these dates as not provided X marked in 12/6 space - nothing written on reverse of MOR to indicate why X was written; slanted line in space with no explanation; and blank spaces on & - not initialed as provided with no explanation.
Resident #24 was prescribed with instructions to take one tablet by mouth every 6 hours as needed -- No reason or parameters for provision of this medication were provided on the MOR. Times for provision of this medication are handwritten in: 8am, 2pm, & 7pm - not as needed every 6 hours. This medication was initialed as having been provided 3 times at 8am, twice at 2pm, and 4 times at 7pm - On & , the medication was initialed as having been provided at 2pm & 7pm - not as needed every 6 hours - and nothing written on reverse of MOR (date, time med, reason, results not completed).
Resident #24 was prescribed with instructions to take one capsule by mouth twice daily (8am & 8pm) -- not initialed as provided at 8am on & . Reverse of MOR is blank - No explanation is written for meds not provided as ordered.
Resident #24 was prescribed PRN with instructions to take one tablet by mouth every 6 hours as needed -- No reason or parameters for provision of this medication were provided on the MOR. Times for provis on of this medication are handwritten in: 8am, 2pm, & 7pm - not as needed every 6 hours. This medication was initialed as having been provided 3 times at 8am, twice at 2pm, and 4 times at 7pm - On & , the medication was initialed as having beer provided at 2pm & 7pm - not as needed every 6 hours - and nothing written on reverse of MOR (date, time med, reason, results not completed).
Resident #23 was prescribed with instructions to take one tablet by mouth 4 times daily (7am, 1pm, 7pm, & 1am) beginning - initialed as provided 3 times daily, 4th dose (1am) not initialed as provided at all, with no explanation on reverse of MOR.
Further review of Resident #23 ' s MOR revealed: Line on MOR through 8am meds with note on reverse: - " All 7am meds-Hospital-not given; " 2nd note states: " -All " - am/pm not specified-reason & result columns blank - Per MOR, 2 meds scheduled at were both initialed as provided; meds scheduled at 12pm & 1pm are circled with no explanation on reverse of MOR.

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Resident #23 was prescribed PRN with instructions to take one tablet by mouth every 6 hours as needed for pain. On reverse of this page of the MOR was written: 12/29@7am - " All 7am meds-Hospital-not given; " (8am meds referenced in previous paragraph/MOR page). Initials indicate provision of the twice on & twice on - this PRN medication was not written on reverse of any page of the MOR (date. time med, reason, results not completed).
Resident #3 was prescribed with instructions to take one tablet by mouth at bedtime (8pm) -- not initialed as provided on . Reverse of MOR is blank - No explanation is written for medication not having been provided as ordered.
Resident #3 was prescribed with instructions to take one tablet by mouth twice a day (8am & 8pm -- not initialed as provided at 8am on and not initialed as provided at 8pm on . Reverse of MOR is blank - No explanation is written for medication not having been provided as ordered.
Resident #3 was prescribed Levothroxine with instructions to take one tablet by mouth daily (8am) -- not initialed as provided on / . Reverse of MOR is blank - No explanation is written for medication not having been provided as ordered.
On @10:25am Staff I stated that Staff E was trying to get Resident #8 ' s meds from the VA, that the meds were lost in the mail. Staff E, Acting Manager, stated on / at 1:15 pm that Resident #8 did not receive his medications from the VA for the month of because they come by mail and the facility did not have a mailbox. Staff E stated the medication went back to the VA and they said they would send it back again. Staff E stated he got a mail box and is still waiting for the medications.
Continued deficient medication practices were discussed with Staff I and Staff E throughout day of visit on / , and the Administrator was reminded of continued deficient medication practices on / at 1:30pm.

Uncorrected Class III Deficiency

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

Based on observation, record reviews, and interviews, the facility continued to fail to ensure proper maintenance of a daily Medication Observation Record (MOR) for each resident (9 of 9 current residents) who receives assistance with self-administration of medications that includes name of the resident and any known the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The facility continued to fail to immediately update MORs each time medication is offered or provided.

Findings included:

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Per Surveyor observation of Medication Observation Records (MORs) for all 9 residents on beginning at 9:30am, no 8:00am meds on / were initialed as having been provided. On / at 9:50am, Staff I stated, " I haven't been able to do my 7:00am sign-ins yet but did medications already. I've been busy with residents." On / at 10:28am, Staff I requested MOR book to sign 8:00am meds; - when Surveyor told Staff I at 10:32am that she needs to initial meds immediately after providing them, she stated, "I didn't know that. That wasn't in my training. " On / at 10:25am, Surveyor found in top drawer of medication cabinet: packet labeled for Resident #24 containing Friday / 8:00am meds - 5 meds: , , , Multi- , & Tamsulosin. On / @10:30am, Surveyor found in 3rd drawer of med cabinet: packet labeled for Resident #3 containing Thursday am medication . This medication had been initialed on the MOR as having been provided at 8:00am on .
In addition to failure to immediately and correctly update MORs each time medication is offered or provided, 9 of the 9 current residents' MORs did not include all required information, as follows: Surveyor observed no diagnoses or any known and no information regarding resident's health care provider on the MORs of Residents #3, #7, #8, #22, and #23. Surveyor observed no diagnosis or any known and no health care provider's telephone number on the MOR of Resident #11. Surveyor observed no diagnosis and no health care provider's telephone number on the MOR of Resident #21. Surveyor observed no diagnosis or any known on the MORs of Residents #20 and #24.
Continued deficient maintenance of Medication Observation Records was discussed with Staff I and Staff E throughout day of visit on / , and the Administrator was reminded of continued deficient maintenance of MORs on at 1:30pm.

Uncorrected Class III Deficiency

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and record review, the facility continued to fail to ensure that medications prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for 1 of 3 residents with as needed (PRN) medication orders.

Findings included:

Per Surveyor observation of Medication Observation Records (MORs) on beginning at 9:30am, Resident #24 was prescribed with instructions to take one tablet by mouth every 6 hours as needed -- No reason or parameters for provision of this medication were provided on the MOR. Times

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for provision of this medication are handwritten in: 8am, 2pm, & 7pm - not as needed every 6 hours. This medication was initialed as having been provided 3 times at 8am, twice at 2pm, and 4 times at 7pm - On & , the medication was initialed as having been provided at 2pm & 7pm - not as needed every 6 hours - and nothing is written on reverse of the MOR (date, time med, reason, results not completed).
Continued deficient medication practices were discussed with Staff I and Staff E throughout day of visit on , and the Administrator was reminded of continued deficient medication practices on at 1:30pm.

Uncorrected Class III Deficiency

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

An unannounced Complaint survey (CCR#2015013388 & 2016002433 & 2016002453 & 2016002513) was conducted at the facility on . The Complaints were all substantiated with deficiencies cited. An unannounced Revisit to 3/17/16 Complaint survey was conducted at the facility on 5/2/16. The facility had uncorrected deficiencies at the time of the revisit relating to facility medication practices and dietary services. A 2nd unannounced Revisit to 3/17/16 Complaint survey was conducted at the facility on 6/27/16. The facility continued to have uncorrected deficiencies at the time of the 2nd revisit relating to facility medication practices and dietary services. A 3rd unannounced Revisit to 3/17/16 Complaint survey was conducted at the facility on 12/30/16. The facility continued to have uncorrected deficiencies at the time of the 3rd revisit relating to facility medication practices.

Findings included:
The following Class III deficiencies relating to facility medication practices were cited on , cited as Uncorrected Class III deficiencies during facility follow-up revisit, cited again as Uncorrected Class III deficiencies during the 2nd revisit conducted on , and cited again as Uncorrected Class III deficiencies during the 3rd revisit conducted on .
Tag 0052 Medication - Assistance with Self-Administration: Based on observation, record review, and interview, the facility failed to ensure that residents are assisted with self-administered medications in accordance with physician orders and in accordance with procedures described in Section 429.256, F.S.
Tag 0054 Medication Records-MOR: Based on observation, record review and interview, the facility failed to ensure proper maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications.
Tag 0056 Medication Labeling & Orders: Based on observation, record review and interview, the facility failed to ensure that medications prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for residents with as needed (PRN) medication orders.

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Uncorrected Class III Pharmacy Deficiency

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review, and interview, the facility continued to fail to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 4 of 6 employees providing direct care services for a current census of 9 in-house residents.

Findings included:

Per / review of the facility's Employee Roster on the AHCA Background Screening site, the Administrator is not listed as an employee of the facility. Per interviews, observations, and record reviews conducted at the facility on / , , , and / , the Administrator provides resident care in addition to performing administrative duties. Per Background Screening search, the Administrator was deemed eligible for employment on ; No Employment History Records are listed

Per / review of the facility's Employee Roster on the AHCA Background Screening site, only 2 current facility employees (Staff B & Staff D) and 1 former employee (Staff F) are listed on the Roster. Per observation, record review, and interview, both Staff B & Staff D provide Resident Aide services at the facility; both are listed as Home Health Aides on the Employee Roster. Staff F is listed on the Employee Roster as an Employee/Staff Person with a hire date of / and no end date. Surveyors observed Staff F in training at the facility throughout the day of visit on . Per observation and staff interviews on 12/ / , Staff F is no longer employed at the facility, is not listed on current staff schedule, and has been gone " a few months, " per the Acting Manager.

Per / review of the facility ' s staffing schedule for - / , 5 employees are scheduled to provide direct resident care services (Staff B, C, D, E, & I). Per / review of the facility's Employee Roster on the AHCA Background Screening site, Staff B & Staff D are listed; Staff C, E, & I are not listed as employees of the facility. Staff C is listed on the facility ' s staffing schedule as working 7 days a week, with times varied from 7am-3pm, 7am-7pm, and 3pm-7pm. Per interview with Staff C on / , Staff C stated she started employment at the facility on . Staff E is listed on the facility ' s staffing schedule as working 5 days a week from 7am-7pm. Per interview with Staff E on , Staff E stated he returned to facility employment mid- 2016. Staff I was observed providing direct resident care services at the facility during / facility visit and is listed on the facility ' s staffing schedule as working 5 days a week from 7am-3pm and 1 day from 3pm-7pm. Staff I retrieved facility employment start date of 11/ / from her cell phone and stated she starting working at the facility on that day. The Administrator and Staff C, E, & I have all been employed at the facility beyond

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10 business days.
Surveyor discussed Background Screening needs and need for upkeep of the facility ' s Employee Roster with the Staff E, Acting Manager/Facility Manager during absence of the Administrator, on . . at 1:00prn and again on / at 1:00pm.

Uncorrected Unc assed

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11965343 Y1	A. Building B. Wing Y2	/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN MANOR OF CLEARWATER, INC	1845 N. KEENE ROAD CLEARWATER, FL 33755

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0007	Correction	ID Prefix A0025	Correction	ID Prefix A0092	Correction
Reg. # 429.26(11) FS; 58A-5.0181(1) FAC	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.020(1) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0160	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.024(1) FAC	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	[illegible]	1/13/17		
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
3/17/2016	☐ YES ☐ NO

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Christian Manor of Clearwater, Inc
1845 N. Keene Road
Clearwater, FL 33755

Re: **CCR# 2016013877** & 3rd Revisit

Dear Administrator:

This letter reports the findings of a complaint survey and a third State Licensure Revisit Survey conducted on 30, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified relative to the 3rd revisit.

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://ah .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
Enclosures: State Forms (5000-3547)

YOSF

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