STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966911	01/18/2017
NAME OF PROVIDER OR SUPPLIER **SMALLVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10144 BROWNWOOD AVENUE** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted on 01/18/2017. Smallville Assisted Living (license #10997) had deficiencies found at the time of the visit.

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

Based on record review and interview, the facility failed to ensure the Health Assessment (form 1823) was complete for 1 of 2 sampled residents (#2).
Findings:
Review of the record for resident #2 revealed a Health Assessment (1823) from her provider dated ../../.. The 1823 did not indicate the type of supervision or assistance required by the resident for Activities of Daily Living (ADLs). That section was left blank.
In an interview with the administrator on ../../.. at 12:00 PM, he confirmed this section had not been completed by the provider and stated he had not noticed that before.

Class III

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

Based on observation and interview, the facility failed to provide an activity program that consisted of at least 12 hours of activity, 6 days each week, and to post that schedule in an area where the residents congregate.
Findings:
During the tour of the facility, a wall calendar was observed in the kitchen with one item written on each day/ Examples were cards, " pick a game " , bible study, Clue, Hangman, Church TV, etc. No time or duration for the activities was indicated.
When asked about activities, the residents responded: #1 stated at 8:35 AM, " there are none. I prefer to sew." #2 said at 8:50 AM, " we really don't do any. I have my computer in my .." #4 responded at 9:00 AM, " I don't do any " , #5 said at 9:11AM, " I like crafts, but I don't do anything with the other residents." The daughter of resident #6 stated at 9:40AM, there were no activities at the facility, so her mother went to a senior center daily for activities.
In an interview with the administrator at 11:45 AM, he said they offer activities every day, but most of the residents do not want to participate. When asked how long they play cards or hangman, he said " about 45 minutes." He confirmed he understood they were to offer 2 hours of activities that were appropriate for the residents each day for 6 days a week. He confirmed that the calendar did not reflect the requirement for activity.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on menu review and interview, the facility failed to document and maintain 6 months of substitutions made to the menu that was prepared by the dietician.
Findings:
A review of the menus for the previous 6 months revealed a substitution noted for the day of the survey. The substitution was made on the actual menu dated for the week and noted before the meal was served. No other substitutions were noted in the preceding 6 months of menus.
In an interview with the administrator on / / at 12:30 PM, he stated that they did document substitutions on the menu for each week. He said that on Christmas Day they got Chinese food and cheesecake, and on Thanksgiving he had turkey and all the usual Thanksgiving foods for the residents. He also said they have special foods for birthdays sometimes. When asked to show where these examples were noted on the menu or on another list, he stated "I guess I forgot to write them down."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on review of the admission and discharge log and interview, the facility failed to maintain an up-to-date log of all residents for 1 of 6 residents (#6).
Findings:
Review of the admission and discharge log revealed no entry for resident #6.
On / at 10:10 AM, the administrator stated resident #6 was admitted in . or 2016, but he forgot to enter her in the log.

Class III

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

Based on observation and interview, the facility failed to maintain a printed staff schedule showing staff hours for the month of 2017.
Findings:
Observation during the tour of the facility did not reveal a staff schedule.
In an interview with Staff A, she stated her hours are from Saturday or Sunday evening until Thursday evening. The other staff person works from Thursday evening until Saturday or Sunday evening. They alternate the Saturday and Sunday start of the week so they can each attend church every other week.
In an interview with the administrator on / / , he stated that he never got around to making a schedule for , but he had most of the schedules for the past months and they haven't changed. He stated his staff work 24 hour shifts and he comes in each day for 4-5 hours. The administrator was

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

not able to show 6 months of schedules available for review.

Class III

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

Based on resident record review and interview, the facility failed to document weights for 2 of 2 sampled residents at least semi-annually (#2 and #3).
Findings:
1. Review of the record for resident #2 revealed she was admitted on . Her initial Health Assessment (1823), dated documented a weight of 212lbs. An updated 1823 dated documented a weight of 214.2lbs. No weight was documented for .
2. Review of the record for resident #3 revealed she was admitted on . Her initial 1823 was not dated, but documented a weight of 149 lbs. She had an updated 1823 dated which documented a weight of 155 lbs. There were no weights available for review for , or .
On at 12:15 PM, the administrator confirmed that there were no weights recorded in the resident's records. The administrator stated he thought he had the weights documented in a folder at his house.

Class III

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

Based on the Agency Clearinghouse Website review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 3 sampled staff employees.

Findings:

Review of the Agency's Background Screening website for 1 sampled staff revealed that Staff A was not on the clearinghouse roster for the facility. Date of hire .

The facility's roster did contain 2 staff who no longer work at the facility, but did not have an end date listed.

In an interview with the administrator on / / at 1:00 PM, he confirmed the 2 names on the roster no longer worked at the facility and that none of his current employees were on the roster. He said he did not understand he had to maintain a roster for each of his facilities.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Smallville
10144 Brownwood Avenue
Orlando, FL 32825

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2017 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

XG90

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