STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910337	R 01/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDIGO MANOR	595 WILLIAMSON BLVD. DAYTONA BEACH, FL 32114

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

Z814 Background Screening Clearinghouse

Based on record review, and staff interview, the facility failed to update the employee roster on the agency's background screening clearing house for 11 employees who are no longer working at the facility.

The findings include:

A review of the current employee list for the facility revealed 12 employees currently working at the facility. (Photographic evidence obtained)

A review of the Agency's Background screening clearing house website on / / at 9:45 AM reveals 11 employees listed on the employee roster who are no longer employed by the facility. (Photographic evidence obtained)

An interview with the Resident Care Director on / / at 11:00 AM confirmed the employee roster on the background-screening clearinghouse was not accurate and up to date and listed employees who were no longer working at the facility.

An interview with Employee H, (Human Resource) on / / at 11:07 AM confirmed the employee roster for the facility on the background-screening clearinghouse was not accurate. She stated, " I just started and haven ' t had time to update the roster. "

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0000 Initial Comments

A follow-up visit to a biennial survey was conducted at Indigo Palms at the Manor on / . Indigo Palms at the Manor had deficiencies at the time of the visit

0032 Resident Care - Elopement Standards

Based on record review and staff interview, the facility failed to conduct and document elopement drills for the residents and staff as pursuant to Sections 429.41(1) (a)3. and 429.41(1)(A), F.S. affecting all 33 residents on the current census.

The findings include:

A review of the sign in sheet for an elopement drill conducted by the facility on reveals only 3 out of 12 employees currently working at the facility attended the drill. (Photographic evidence obtained)

An interview with the Resident Care Director on / at 9:57 AM confirmed the facility currently has 12 employee's working at the facility and not all employee has attended the elopement drill on . She stated, " I didn't realize that all staff members had to attend the elopement drill."

CLASS III

0056 Medication - Labeling and Orders

Based on observation, record reviews and staff interviews, the facility failed to store and label a medication, and to assist a resident who requires assistance with medications for Resident # 1. In addition the facility failed to ensure medications were filled in a timely manner for an for Resident # 3 out of 4 residents observed for assistance with medications.

The findings include:

An observation was conducted on / at 9:05 AM of an unlabeled bottle of (pain reliever) on the dresser in Resident #1 .

AGENCY FOR HEALTH CARE ADMINISTRATION

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A review of the resident Admission Health Assessment signed and dated by the physician identified the resident as requiring assistance with medications.

An interview with the Resident Care Director (RCD) on / at 1:30 PM confirmed the facility did not have an order for the resident to self - administer the and would notify the physician to either discontinue or get an order for the resident to self- administer. She stated, " I didn't know he was taking that and we had an order a while back for him to self- administer his but it was discontinued on / ."

2) A review of the Medication Administration Record (MOR) for Resident # 1 revalued a note adhered to the MOR which read "Resident wants a every morning at 6 am." Upon further review of the MOR, the order reads " 50 milligrams (mg) 1 by mouth twice daily as needed (PRN) for pain." The medication is signed as given daily at 6 am for the whole month of . (Photographic evidence obtained)

An interview with Employee C, on / at 9:13 AM confirmed the resident receives his medication daily and is given by the trained staff on the 11-7 shift.

A review of a physician order dated reveals " 50 mg 1 by mouth twice daily as needed for pain."

An interview with Resident #1 at 12:50 PM confirmed he does not ask the staff for his but they will bring it to him every morning at 6 am.

An interview with the RCD on / at 1:20 PM confirmed the for Resident #1 has been given daily for the month of and is ordered to be "as needed " . The RCD confirmed staff trained to assist with medication are not to " Administer " PRN medications without the resident first asking for the medication and could not be given scheduled without a physician order.

AGENCY FOR HEALTH CARE ADMINISTRATION

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3) A review was conducted of the MOR for Resident #3, which revealed an order for 500 mg daily ordered on / . The medication was not signed as given on / or / . (Photographic evidence obtained)

An interview with the RCD on / at 11:58 AM confirmed the MOR for Resident #3 was left blank on / & / and could not confirm if the resident received her as ordered.

CLASS III

0078 Staffing Standards - Staff

Based on record review and staff interviews, the facility failed to have a written statement from a health care provider documenting employees were free of communicable for 2 Employee's (Employee E and F) out of 2 employees records that were sampled.

The findings include:

An employee record review was conducted for Employee E, which revealed a hire date of 12/2 . A written statement to verify the employee was free of communicable was not found.

An employee record review was conducted for Employee F, which revealed a hire date of . A written statement to verify the employee was free of communicable was not found.

An interview with the Resident Care Director on / at 1:40 PM confirmed Employee's E and F did not have a written statement from a physician to verify they were free of communicable .

CLASS III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Indigo Manor
595 Williamson Blvd.
Daytona Beach, FL 32114

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2017 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/AW/sm
Enclosure

BBT7

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