STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968794	01/23/2017
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1025 NEWBERN ST NE** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

The biennial re-licensure survey in with Limited Mental Health (LMH) and Extended Congregate Care (ECC) was conducted on 23, 2017. Guiding Light Senior Living Inc., license #12650, had deficiencies at the time of the visits.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations and interviews, the facility did not honor the resident's rights and did not recognize the resident's need for privacy for 2 of 2 residents (3 &4).

Findings:

Observations during a tour of the facility revealed a private a by residents #3 and #4 and a a hallway of the facility.

During an interview with a caregiver on / / at 12:32 PM, she said only staff used the private and all of the residents used only the the hallway.

During an interview with the administrator on / / at 12:55 PM, she confirmed only staff used the private visitors and all of the residents used only the the hallway.

During an interview with resident #3 on / / at 1:42 PM, he said the staff told him he was not allowed to use the private his he was only allowed to use the the hallway. He said sometimes that he is woken up when people came in his use the .

Class III

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

Based on observations and interview, the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled residents (1) with self-administration of medications followed the correct procedure.

Findings:

During an observation of a medication pass on / at 11:30 AM, the unlicensed medication technician, while standing at the kitchen counter, reviewed the Medication Observation Record (MOR) for resident #1, she placed the medication in a cup and took it to resident #1, who was seated at the dining . The medication technician told the resident to "open your mouth" and she poured the

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pill into the resident's mouth. She placed a drinking cup up to the resident's mouth and told the resident to drink.

The medication technician did not take the medication in its original container to the resident, read the label in the presence of the resident, and she did not prepare the medication in the presence of the resident, as required.

During an interview with the administrator on / / at 12:00 PM, regarding the findings, she said, "you have to do that even if they have ?"
Class III

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

Based on observations, record review and interview the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to administer medication to 1 of 1 sampled residents (1) and failed to ensure 3 of 4 staff (administrator, A & D) submitted a healthcare provider statement that indicated freedom from communicable including ( ) within 30 days of hire.

Findings:

1. During an observation of a medication pass for resident #1 on / at 11:30 AM, the unlicensed medication technician reviewed the Medication Observation Record (MOR) for resident #1, she then placed the medication in a cup and took it to resident #1, who was seated at the dining . The medication technician told the resident to "open your mouth" then she poured the pill into the resident's mouth. She placed a drinking cup up to the resident's mouth and told the resident to drink. The resident did not participate in the process.

During an interview with the administrator on / at 12:00 PM regarding the findings, she said, "oh, okay."

2. Personnel record review for the administrator revealed no evidence of a healthcare provider statement that indicated freedom from communicable including , as required.

On / at 4:45 PM, the administrator said, "I had a chest x-ray and it's good for 5 years."

3. Personnel record review for staff A, a caregiver, revealed a hire date of . There was no evidence staff A submitted a healthcare provider statement that indicated freedom from communicable

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including .

4. Personnel record review for staff D, a caregiver, revealed a hire date of 1/01/16. There was no evidence staff D submitted a healthcare provider statement that indicated freedom from communicable including .

On I/ at 5:15 PM, the administrator confirmed the findings for staff A, staff D, and said, "I can't find them."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern.

Findings:

Review of the facility staffing schedules revealed no evidence of a staffing schedule for I/ I/ through I/ , as required.

During an interview with the administrator on I/ at 10:55 AM, she said, "I have not updated my staff schedule."

Class III

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

Based on record review and interview, the facility failed to ensure all required documents were maintained in the resident records for 1 of 3 sampled residents (5).

Findings:

Record review for resident #5 revealed a health assessment form dated that read she required assistance with self-administration of her medications. The record contained no evidence of a 2016 Medication Observation Record.

During an interview with the administrator on I/ at 5:20 PM, she confirmed resident #5 required staff assistance with her medications and she confirmed the resident record did not contain the required

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medication records. She said, "It's probably at my house."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record reviews and interview, the facility failed to ensure resident contracts had all required information for 2 of 2 resident contracts reviewed (3 & 5).
Findings:
Review of the resident contracts for resident #3 and #5 revealed they did not contain a list of services and fees for Extended Congregate Care (ECC,) a license held by the facility.
During an interview on / / at 4:38 PM, the administrator confirmed the findings and said she thought the information had to be on the contract only if the resident received ECC services.
Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure staff who had direct contact with mental health residents in a licensed limited mental health facility, received the required minimum of 6 hours of specialized training within 6 months of employment for 2 of 4 sampled staff (administrator & D).

Findings:

Personnel record review for the administrator revealed no evidence she received the required minimum of 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment. She became the administrator in 2015.

Personnel record review for staff D, a caregiver, revealed a hire date of / / and no evidence he received the required minimum 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment.

During an interview with the administrator on / / at 4:50 PM, she confirmed the findings and said, "I've had a hard time finding someone who does the training."

Class III

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

Based on review of the Agency's background screening clearing house, personnel record review and

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interview, the facility failed to maintain the employment status of 1 of 4 facility employees (B) subject to a background screening.

Findings:

Personnel record review for staff B did not reveal a hire date. The administrator said staff B was hired in [redacted] 2015.

Review of the Agency's background screening clearing house revealed the employment status of staff B was not listed on the facility roster.

During an interview with the administrator on [redacted] at 4:41 PM, she said, "I thought I put her on there."

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Guiding Light Senior Living Inc
1025 Newbern St NE
Palm Bay, FL 32905

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

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