STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **TUSCANY VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8562 WINDER WAY** **MELBOURNE, FL 32940**	

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

0000 - Initial Comments

The Change of Ownership (CHOW) survey with Limited Nursing Services (LNS) was conducted on . . . . Tuscany Villa license # 12529 had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review the facility failed to ensure that 2 of 2 sampled residents (1 and 3) who were under the care of hospice had an interdisciplinary care plan.

Findings:

Observations during the facility tour on at 9:30, staff A identified resident #1 and #3 as receiving hospice care.

Resident record review for resident #1 revealed a health assessment form 1823 not dated that indicated that hospice services were needed. Continued review revealed that a hospice interdisciplinary care plan was not available.

Resident record review for resident #3 revealed a health assessment form 1823 dated . . . . . that indicated that hospice services were needed. Continued review revealed that a hospice interdisciplinary care plan was not available

In an interview with the administrator on . . . . . at 3 PM who stated she was unable to locate the plans.

Class III

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

Based on record review and interview the facility did not make sure that a daily up to date Medication Observation Record (MOR) was maintained for 2 of 2 sampled residents (#1 and #3).

Findings:

Resident record review for resident #1 revealed the Medication Observation Record (MOR) dated , 2017 listed 100 milligrams (mg) twice daily at 9 AM and 9 PM and was blank on and . . ; . . . . eye drops one drop to left eye twice daily was bank on . . , . . PM and . . PM. , , 10 mg daily was blank on . Polyethylene gel 2 caps in 8 ounces of water twice a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	02/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY VILLA	**8562 WINDER WAY MELBOURNE, FL 32940**

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

day was blank on and PM.

Resident record review for resident #1 revealed the Medication Observation Record (MOR) dated , 2017 listed , 20 mg daily at 9 AM and was blank on , Clanazipine 2.5 mg daily at 9 PM was blank on , Amlopidine 2.5 mg daily was blank on and , 20 mg daily was blank on .

In an interview with the administrator on at 3 PM who said the staff forgot to sign the MOR.

Class III

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

Based on personnel record review and interview the facility failed to ensure the 2 of 3 personnel records contained a healthcare provider statement that indicated freedom from communicable including (A & C).

Findings:

1. Personnel record review for staff A revealed she was hired in . The review revealed a negative test result dated . There was no evidence to confirm she provided a freedom from communicable statement including within 30 days of hire.

2. Review of the application for change of ownership dated revealed staff C (Administrator/owner) became the administrator/owner /6. Continued review revealed no evidence to confirm she provided a freedom from communicable statement including within 30 days of hire.

In an interview with the administrator on at 3 PM who stated she had a physical exam recently and would call her healthcare provider to send her the statement. An opportunity was given to provide the documentation by 9 AM n by electronic mail. The statement was not received.

Class III

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

Based on observations, record review and interview the facility failed to ensure the unlicensed staff (B and C) who assisted residents with self-administration of medications attended a 4- hour class that met the requirements of Section 429.52(5), F.S. and before they were given the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **TUSCANY VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8562 WINDER WAY MELBOURNE, FL 32940**	

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

responsibility; and failed to ensure staff A completed 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

Staff schedule review revealed the staff worked 12 hour shifts and were the sole caregivers during the shift.

Observations of the medication pass on . . . . . at 12 PM noted that staff A assisted resident #4 with self-administration of medications.

Personnel record review for staff A revealed a certificate dated that indicated she attended a 4-hour class regarding assistance with self-administration of medications. Continued review revealed no evidence to confirm she attended 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Personnel record review for staff B revealed a 4-hour medication class from an Internet provider. The Internet training dis not l include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.

Personnel record review for staff C (Administrator/owner) revealed no evidence to confirm she attended a 4 class that met the requirements of Section 429.52(5), F.S. The review revealed she was not a nurse, therefore exempt from the requirement.

In an interview with the administrator on . . . . . at 3 PM, who stated she did not know Internet classes where not acceptable training. Staff A needed an approved 4 hour training and the 2 hour continuing education training.

Class III

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

Based on record review and interview, the facility did not ensure the resident record contained all the required components for 2 of 2 sampled residents (#1 and #3).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968681	**02/08/2017**
NAME OF PROVIDER OR SUPPLIER **TUSCANY VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8562 WINDER WAY** **MELBOURNE, FL 32940**	

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

1. Resident record review for resident #1 revealed the following documents were not available for review: A copy of the contract executed before or on admission to the facility; a completed health assessment form 1823 and a copy of the written informed consent described in Rule 58A-5.0181, F.A.C. The health assessment was not dated and did not address the resident's needs regarding medications.

2. Resident record review for resident #3 revealed the following documents were not available for review: A copy of the contract executed before or on admission to the facility; and a copy of the written informed consent described in Rule 58A-5.0181, F.A.C, were not available.

In an interview with the administrator /owner on [redacted] at 3 PM, who stated she knew the prior owner had contracts but she was unable to locate the documentation.

Class III