STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968475	02/08/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY HOUSE	**5806 INDIGO CROSSING DR ROCKLEDGE, FL 32955**

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

0000 - Initial Comments

A Change of Ownership (CHOW) survey with Limited Nursing Services (LNS) was conducted on . Tuscany House, license #12357, had deficiencies at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interview the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility and did not make sure healthcare provider orders were followed for 2 of 2 sampled residents (#1 & #2).

Findings:

1. Record review for resident #1 revealed a health assessment form 1823 dated . . . . that read he had a diagnoses of , Body and he required assistance with his medications.

Review of his 2017 Medication Observation Record (MOR) revealed an entry for , 500 milligrams (mg,) take one capsule by mouth every six hours for 7 days for a . . . . . scheduled at 6 AM, 12 PM, 6 PM, 12 AM. There were blanks on 2/4 for the 12 AM and 6 AM dose and on 12/5 for the 6 PM dose.

Review of his record revealed a health care provider order dated . . . that read ' . . . 500 mg by mouth every six hours for 7 days for , , .'

Observation of his , medication bottle revealed a prescription label dated that read there were 28 pills dispensed. A count revealed a remainder of 8 pills in the bottle. Review of his . . 2017 MOR revealed only 6 doses remained to be given.

There was no documented explanation regarding the blanks.

2. Review of the 2017 and 2017 MORs for resident #1 revealed an entry for 125 mg, chew one tablet by mouth every 6 hours at 6 AM, 12 PM, 6 PM, 12 AM and was blank on . . . , 2/3 for the 6 AM dose, 2/3 for the 12 PM dose, , 2/1, 2/2, 2/3 for the 6 PM dose, , , for the 12 AM dose. There was a dash documented on . . and . . for the 12 PM dose.

. . . . . 0.4 mg, take one capsule by mouth every evening scheduled at 5 PM and was blank on .

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600 mg, take one tablet by mouth twice daily scheduled at 9 AM and 9 PM and had a dash documented on 2/3 and 2/4 for the 9 PM dose.

There was no documented explanation regarding the blanks and dashes.

3. Record review for resident #2 revealed a health assessment form 1823 that read he required assistance with his medications.

Review of his 2017 MOR revealed an entry for 50 mg, take two tablets (100 mg) by mouth twice daily scheduled for 9 AM and 9 PM and was blank on for the 9 PM dose.

, 25 mg, take half a tablet (12.5 mg) by mouth twice daily at 3 PM and 9 PM and was blank on for the 3 PM dose and on for the 9 PM dose.

150 mg, take one tablet daily at bedtime and was blank on .

There was no documented explanation regarding the blanks.

During an interview with the administrator on at 4:30 PM, she confirmed the findings and said she could not explain the blanks and dashes.

Class III

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

Based on personnel record review and interview the facility failed to ensure that 1 of 5 staff (administrator) submitted a healthcare provider statement that indicated freedom from communicable including within 6 months prior to hire or within 30 days of hire and failed to ensure that 1 of 5 personnel records (E) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

1. Personnel record review for the administrator, who was the owner of the facility since , revealed no evidence of a healthcare provider statement that indicated freedom from communicable including , as required.

2. Personnel record review for staff E revealed a negative examination dated . There was no

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documented evidence of a negative examination for 2016.

During an interview with the administrator on at 4:30 PM, she confirmed the findings.

Class III

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

Based on interviews and personnel record reviews the facility failed to ensure that 1 of 4 unlicensed staff (administrator) who provided assistance with the resident's medications received the initial 4 hour training and 1 of 4 unlicensed staff (B) received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF.)

Findings:

1. During an interview with staff B on at 11:03 AM, she said she assisted the residents with their medications.

Personnel Record review for Staff B revealed a certificate of completion dated for 6 hours of training on providing assistance with self-administered medications. There was no documented evidence Staff B received the required annual 2 hours of continuing education in 2016.

2. Personnel record review for the administrator revealed no evidence she received the required initial 4 hour training.

During an interview with the administrator on at 4:30 PM, she confirmed staff B did not have the required annual 2 hours of continuing education and said she also assisted the residents with their medications.

Class III

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

Based on review of the Agency's background screening clearing house and interview, the facility did not maintain an employee roster on the Agency's background screening clearing house that listed 1 of 5 facility employees (D) subject to a background screening.

Findings:

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The facility administrator identified staff D as a contracted registered nurse for the facility Limited Nursing Services program.

Review of the contract revealed an effective date of .

During an interview with staff D on at 2:32 PM, she confirmed the contract was valid and said she provided nursing services to the facility.

Review of the facility's background screening clearing house roster revealed the facility did not have a roster that listed staff D.

During an interview with the administrator on at 4:30 PM, she reviewed the facility roster and confirmed the finding.

Unclassified