STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965970	**01/05/2017**
NAME OF PROVIDER OR SUPPLIER **SHADY OAKS REST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1208 KENNEDY RD** **DAYTONA BEACH, FL 32117**	

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 register and update the employee roster on the agency's background screening clearing house for 4 out of 4 employee's currently working at the facility.

The findings include:

A review was conducted of the Agency for Health Care (AHCA) background screening clearing house and no employees were listed on the facility employee roster. (photographic evidence obtained).

An interview on at 9:00 AM with Administrator confirmed there are 4 employees currently working at the facility. The Administrator also confirmed the employee roster on the Background screening clearing house website had not been completed and no employee's are listed on the roster.

An interview on at 9:01 AM with Employee D, confirmed the Employee roster had not been completed. He stated " I've been trying for a while to get information to get a password and ID and haven't been able to get one, so I have given up."

UNCLASSIFIED

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0000 Initial Comments

On a biennial relicensure survey with Limited Mental Health and complaint surveys was conducted at Shady Oaks Rest Home. Deficient practice was identified during the surveys

0008 Admissions - Health Assessment

Based on record review and staff interview, the facility failed to ensure that 2 of 2 Health Assessments(1823) were accurate and complete, Residents #2 and #3.

The findings include:

The Health Assessment (1823) for Resident #2 dated revealed she had a diagnosis of and needed 24 hour nursing or care for medication reminders and meals.

Resident #3 had a Health Assessment (1823) revealing a schizo affective and medication assistance was blank.

The Administrator on at 9:50 a.m. stated that the Health Assessment for Resident #2 was not correct and the resident did not need 24 hour nursing or care. He also stated confirmed that medication assistance was blank for Resident #3.

Class III

0054 Medication - Records

Based on Medication Observation Record Review (MOR) and staff interview, the facility failed to maintain accurate MORS for 1 of 11 sampled residents, Resident #7.

The findings include:

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Review of the , 2017 MORS for Resident #7 revealed that a Medication (, 300 mg XR) was blank and not signed off as given on at 4:30 p.m.

Employee C, a Licensed Practical Nurse on at 12:20 pm stated that she was the only one who administered medications here and she did give the , but forgot to document it.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and staff interview, the facility failed to clarify physician medication orders for 2 of 3 sampled residents, Resident # 8 and #9.

The findings include:

A mid day medication pass was observed on at 11:30 a.m.

1. Resident #8 had a physician order for , 325 mg one three times a day. Review of the , 2017 Medication Observation Record (MOR) revealed he was to receive two , 325 mg at 11:30 a.m. and was receiving two at 7:30 a.m. and 4:30 p.m. This was double the amount that was ordered.
The Resident was interviewed on at 11:29 a.m. He stated he needed two , 325 mg three times a day for his .

On at 11:40 a.m. Employee C stated that she did not have the order for two , 325 mg three times a day. That was what the resident wanted so she changed the dosage on the MOR. She stated that she did not notify the physician of this increase in , .

On at 12:05 p.m., Employee C stated she was not going to give Resident #8 any , until she could clarify the order with the physician.

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Further review of the MORS revealed the Resident received 325 mg of , three times a day for the entire months of and 2016 as well.

2. Review of the , 2017 MOR for Resident #9 revealed he had two medications scheduled at 11:30 a.m. One revealed " " only and the other revealed " " only. The did not specify what type of and the did not indicate the dosage or if D was to be included with it.

Employee C on at 12:23 p.m. stated that the is a and the is 630 mg . She would not give these two medications until she clarified it with the physician.

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 had evidence of a negative annual ( ) examination for 2 Employee's (Employee A & B) out of 4 employees currently working at the facility.

The findings include:

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

An employee record review was conducted for Employee B, Registered Nurse (RN), which revealed a hire date of . A written statement to verify the employee was free of was not found.

An interview with the Administrator on at 9:06 AM confirmed neither him nor Employee B have documentation from a health care provider the employees have a negative exam for .

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CLASS III

0080 Training - Core & Competency Test

Based on record reviews and staff interview, the facility failed to have the Administrator participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.

The findings include:

A record review was conducted for Employee A, Administrator and no evidence was found the Administrator received 12 hours of continuing education every 2 years in topics related to assisted living.

An interview on at 9:23 AM with the Administrator confirmed he did not complete 12 hours of continuing education in topics related to assisted living in the past 2 years.

CLASS III

0085 Training - Nutrition & Food Service

Based on record review and interview with the Administrator, the facility failed to have the employee (Employee B) designated by the administrator as responsible for the facility 's food service and the day-to-day supervision of food service obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living out of 4 employee's currently working at the facility.

The findings include:

An interview was conducted with the Administrator on at 9:30 AM who confirmed Employee B, Registered Nurse (RN) is the food service designee for the facility.

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A record review was conducted for Employee B, RN, and no evidence was found that the employee received 2 hours of training annually in topics for food service or nutrition.

An interview with the Administrator on at 9:35 AM confirmed Employee B, RN, did not receive 2 hours training annually in nutrition and food service.

CLASS III

0093 Food Service - Dietary Standards

Based on record review, observations, and staff interviews, the facility failed to notify residents before a substitution was made to the posted menu or to maintain a substitution log for 6 months in the facility effecting all 11 residents currently residing in the facility.

The findings include:

An observation was conducted of the facility posted menu on at 11:15 AM. The menu was on Week 1 of a 4 week cycle and stated lunch would consist of peanut butter and jelly sandwich, soup, pudding, and milk.

An observation was conducted of lunch at the facility on at 12:00 PM and the residents were served salami and cheese sandwich, vegetable soup, crumb cake and beverage of choice.

An interview with Employee B, on at 12:10 PM was asked what week she was using for lunch and she stated " I am on week 2". Employee D, then entered the confirmed the wrong menu was used and the facility should be using "Week 1". Employee B was then asked if she maintained a substitution log and she replied "Yes". A piece of paper was taped to the cabinet in the kitchen which read "Substitution Log". No entries have been made to the log since 2014.

An interview with Employee's B and D on at 12:15 PM who both confirmed substitutions have been made to the menu and were not entered on the substitution log.

An interview was conducted with the Administrator on at 9:45 AM and confirmed the menu posted was expired and has not been reviewed annually by a licensed dietician.

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CLASS III

L241 LMH - Records

Based on record review and staff interview, the facility failed to obtain Community Life Support Plans (CLSP) within 30 days of admission for 2 of 2 residents, Residents # 2 and #3. The facility also failed to have current CLSP for the remaining 9 resident residing in the building on Limited Mental Health Services.

The findings include:

The Health Assessment (1823) for Resident #2 dated revealed she had a diagnosis of and needed 24 hour nursing or care for medication reminders and meals. There was not a CLSP in her file.

Resident #3 had a Health Assessment (1823) revealing a schizo affective . There was not a CLSP in his file.

The Administrator on at 9:47 a.m. confirmed that Residents #2 and #3 were receiving Limited Mental Health Services and he did not obtain their CLSPs yet. He stated that the Case Managers do not want to give them to him.

The Administrator on at 10:51 a.m. stated that all of his residents receive Limited Mental Health Services (total of 11). All have been here over 30 days and he did not have a current CLSP for any of them.

Class III

L243 LMH - Training

Based on employee record reviews and staff interviews, the facility failed to have staffed trained

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Pursuant to Section 429.075, F.S., in Limited Mental Health issues within 6 months of hire and 3 hours of continuing education every 2 years for 3 Employees (Employee A, B and C) out of 3 employee records that were sampled.

The findings include:

A record review was conducted for the Employee A, Administrator , which revealed a hire date of . . . . . No evidence could be found that the Administrator obtained 6 hours training in Mental health issues by an approved provider by the Department of Children and Families.

A record review was conducted for Employee's B and C which revealed a certificates signed by the Administrator they received training in Limited Mental Health LMH) Issues.

An interview with the Administrator on . . . . . at 9:18 AM confirmed he had not received LMH training by an approved provider and was not current with the required training. The Administrator also confirmed Employee's B & C have not been properly trained in LMH since he has unable to train the staff since he did not have the approved training.

CLASS III