STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967453	R 02/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY CONNECT LIFE INC	**7969 PINEHURST DRIVE** **SPRING HILL, FL 34606**

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

0000 - Initial Comments

An unannounced follow-up to a Biennial Relicensure Survey was conducted on at Family Connect Life, Inc. (facility license number 11521). Deficient practice was identified during this survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed have a completed Resident Health Assessment (AHCA Form 1823) for 2 of 2 sampled residents (Resident #1 and #2).

Findings

1) On , a record review of Resident #1's clinical record revealed a Resident Health Assessment (AHCA Form 1823) dated had omitted information in the following areas:

A) Page 3, Section 2, Part A, Ability to perform self-care tasks. Supervision or assistance was marked in the areas of preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs. No indication of the extent of supervision or assistance was marked in these areas.

2) A record review of Resident #2's clinical record revealed a Resident Health Assessment (AHCA Form 1823) dated had omitted information in the following areas:

A) Page 3, Section 1, Part A, Activities of daily living. Assistance was marked in the area of self-care ( ). No indication of the extent of supervision or assistance was marked in this area.

B) Page 3, Section 2, Part A, Ability to perform self-care tasks. Supervision or assistance was marked in the areas of preparing meals, shopping, making phone calls, handling personal affairs, and handling financial affairs. No indication of the extent of supervision or assistance was marked in these areas.

On at 1:45 PM, an interview was conducted via phone with the facility Administrator. The Administrator was asked about the missing information on page 2 and 3 of Resident #1's and #2's AHCA Form 1823. The Administrator stated that all of the 1823's were complete. The Administrator was notified that the documents were missing comments that detail the extent of supervision or assistance needed in areas where supervision or assistance was checked. The Administrator stated, "I didn't realize that."

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY CONNECT LIFE INC	**7969 PINEHURST DRIVE SPRING HILL, FL 34606**

SUMMARY STATEMENT OF DEFICIENCIES
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0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review and interview, the facility failed to provide an on-going activity program with scheduled activities at least 6 days a week for a total of not less than 12-hours a week, for 5 of 5 sampled residents (Resident #1, #2, #3, #4, and #5).

Findings

On . . . . at 9:42 AM, a tour of the facility revealed Resident #1 and Resident #4 sitting on a couch in the living . The television in the living off. Resident #1 was observed writing in a journal. Resident #4 was not engaged in an activity. An activities calendar was observed on a bulletin board in the dining . The scheduled activities for were as follows: 9:00 AM Exercise walk 15 minutes; 10:00 AM Around the World; 2:00 PM Bingo; 4:00 PM Movie Comedy.

On . . . . at 9:58 AM, an interview was conducted with Resident #1. The resident was asked if the facility had activities. The resident stated, "There aren't many people here right now, and no one participates in anything, so we don't do anything."

On . . . . at 10:17 AM, an observation of the residents revealed Resident #1 and #3 sitting in the living . The television was off. Resident #1 was writing in her journal and resident #3 was sitting in a recliner.

On . . . . at 11:50 AM, an observation of the residents showed Resident #1, #3, and #4 sitting in the living . Resident #1 was writing in her journal. Resident #3 and #4 were observed watching television.

On . . . . at 12:43 PM, an interview was conducted with Resident #2. The resident was observed lying in bed. The resident was asked if he liked participating in the activities that the facility offered. The resident stated, "What activities?" The resident was asked if staff follow the activities calendar posted on the wall in the dining . The resident stated, "They don't do any activities here."

On at 12:50 PM, Resident #5 was observed lying in bed.

On at 12:56 PM Resident #1, #3, and #4 were observed sitting in the living television.

On . . . . at 2:10 PM, Resident #4 was observed lying in bed.

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

On at 2:23 PM, an interview was conducted with the Facility Manager (FM). The manager was asked about the activities that were scheduled for 10 AM and 2 PM. The FM stated that she was just about to start bingo with the residents. The FM was asked if she had asked the residents about activities that they would be interested in participating in. The FM stated that she had talked to several residents, but that they preferred individual activities.

Class III

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

Based on record review and interview, the facility failed to have documented evidence that staff are free of signs and symptoms of communicable . . . . . or . . . . . for 1 of 3 sampled staff (Staff B).

Findings

On . . . . . , a record review was conducted of Staff B's employee file. The file revealed that staff B was hired on . There was no documentation that Staff B was free of communicable or . . . . . .

On . . . . . at 12:18 PM, the Facility Manager (FM) was asked for documentation that Staff B was free of communicable and . No information was provided.

On at 12:51 PM, Staff B asked if "that paper (the communicable statement and . . . . . status) was something I needed to get today."

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide required in-service training for 1 of 3 sampled staff (Facility Manager).

Findings

On , a record review was conducted of the Facility Manager's (FM) personnel file. The file showed a hire date of , 2009. There was no evidence of the following required in-services trainings within 30 days of hire: ADL (activities of daily living) and behavioral needs, emergency preparedness and evacuation training.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 1:19 PM, an interview was conducted with the FM. The FM was asked to produce evidence of training in the areas of ADL and behavioral needs, emergency preparedness and evacuation. The FM was not able to provide evidence of training and stated, "They're not in the book (the personnel file)."

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that ( ) policy and procedure training was completed for 1 of 3 sampled employees (Facility Manager).

Findings

On , a record review was conducted of the Facility Manager's (FM) personnel file. The file showed a hire date of , 2009. There was no evidence of the required policy and procedure training within 30-days of hire.

On at 1:19 PM, an interview was conducted with the FM. The FM was asked to produce evidence of training for policy and procedures. The FM was not able to provide evidence of training and stated, "They're not in the book (the personnel file)."

Class III