| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966454** | **03/13/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**WILLIAMS LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4213 CHANTELLE ROAD**<br>**ORLANDO, FL 32808** | |

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

**0000 - Initial Comments**

The re-licensure survey with Limited Nursing Services (LNS) was conducted on . Williams Loving Care license #10664 had deficiencies at the time of the visit.

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

Based on observations and interview the facility failed to ensure the unlicensed staff (B) who assisted 2 of 2 sampled residents (#1 & #2) with self-administration of medications followed the correct procedure.

Findings:

In an interview with Staff B on at 9:15 AM, who stated 2 residents were about to take medications.

Observations on at 9:15 AM noted a cup with 6 pills inside. The cup was on top of the medication cart. Staff B stated the medications were for resident #1 but resident # 2 was going to take her medications first. The staff opened the bottom left drawer of the medication cart and inside the cart; there was a cup that had 4 pills inside. She took the cup with 4 pills, brought it to resident #2, and observed her take the medication. She than assisted the resident to the dining table, where she had breakfast.

The staff returned to the cart, took the cup with 6 pills and brought them to resident #1.

The staff did not take the medication, in its properly dispensed container to the resident and did not read the label out loud to the resident.

In an interview with the administrator on at 3:30 PM, who stated she has told the staff several times about following the correct procedure when assisted with self-administration of medications. The staff agreed.
Class III

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

Based on record review and interview the facility failed to ensure freedom from ( ) was documented yearly for 2 of 3 sampled staff (#A and 3B).

Findings:

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

Personnel record review for staff #A, the owner/administrator revealed a chest x-ray result dated that indicated no . A screening/questionnaire dated . A nurse signed the questionnaire.

Personnel record review for staff #B revealed she was hired in 2011. Continued review revealed a questionnaire dated . A nurse signed the questionnaire.

In an interview with the administrator on at 3:30 PM, who said the nurse was scheduled to come do the test.
Class III

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

Based on facility record review and interview the facility failed to ensure that a written work schedule that reflected a 24-hour staffing pattern for a given time period was maintained.

Findings:

Review of the staff schedule for 2017 revealed the staff schedule was a calendar like schedule that indicated staff names. Continued review revealed the schedule did not indicate the hours or shift the staff was assigned to work.

In an interview on at 3:30 PM with the administrator, who said she did not know the hours worked needed to be documented on the schedule.

Class III

**0083 - Training - First Aid and - 58A-5.0191(4) FAC**

Based on personnel record review and interview the facility failed to ensure that a staff who held a currently valid card documenting completion of First Aid and -, , ( ) was in the facility at all times when residents we present.

Findings:

During an interview on 3/ at 11:30 AM with staff B, who said she lived in, from Monday 7 AM to Wed 7 AM. She worked alone during the overnight hours.

Personnel record review for Staff B revealed a certification card that expired on .

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| NAME OF PROVIDER OR SUPPLIER **WILLIAMS LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE **4213 CHANTELLE ROAD ORLANDO, FL 32808** | |

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

Personnel record review for staff A revealed a First Aid certification card that expired on .

The facility's staff schedule for 2017 indicated staff A and B worked together on (Monday).

In an interview with the administrator on at 3:30 PM, who confirmed the findings.

Class III

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

Based on interview and observation the facility failed to ensure 1 of 2 unlicensed staff (B) who provided assistance with self-administered medications completed a 2 hour continuing education class yearly.

Findings:

During an interview on 3/ at 11:30 AM with staff B, who said she assisted residents with self-administration of medications.

Personnel record review for staff #A revealed she was not a nurse. Continued review revealed a certificate of training dated that indicated completion of 2 hours of training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. There was no evidence to confirm she attended a class on 2015 and 2016.

In an interview with the administrator on at 3:30 PM, who stated the staff needed a medication class.

Class III

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

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's Background Screening (BGS) Clearing House that listed all the facility employees subject to a background screening for 3 of 5 sampled employees records.

Findings:

Review of the facility's Background Screening Clearing House roster on at 3 PM revealed the facility employee roster did not list any employees.

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

Observations during the facility tour on at 9 AM noted that 2 staff were present in the facility (staff B and C).

Personnel record review for staff #A revealed she was hired and was a caregiver, staff C was hired .

The facility's staff schedule for 2017 indicated staff D worked on 3/5 to 3/7, and . Staff D worked on 3/2 to 3/4 and 3/9 to . Staff E worked on 3/1 to 3/3 and 3/8 to .

In an interview with the administrator on at 3:30 PM, who stated she needed to work on her BGS roster.

Unclassified

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on personnel record review and interview the facility failed to ensure 3 of 5 staff (B, D and E ), whom were in a role that required a background screening did not have any disqualifying offenses and allowed the staff to continue to work without a current screening.

Findings:

Personnel records review for staff #B revealed she was hired and was a caregiver. Continued review revealed a background screening result dated . Staff D was hired and staff E in and were caregivers.

The facility's staff schedule 2017 indicated staff D worked on 3/5 to 3/7, and . Staff D worked on 3/2 to 3/4 and 3/9 to . Staff E worked on 3/1 to 3/3 and 3/8 to .

The Agency background-screening website indicated on at 2 PM that at a new background screening was required for staff B, D and E.

In an interview with the administrator on at 3:30 PM, who stated the staff was due to be re-screened and she overlooked it.

Unclassified