STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963835	**03/22/2017**
NAME OF PROVIDER OR SUPPLIER **CHATEAU BLANC**	STREET ADDRESS, CITY, STATE, ZIP CODE **711 CASLER AVENUE** **CLEARWATER, FL 33755**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial re- licensure survey was conducted at Chateau Blanc II Assisted Living. Deficient practice was identified during the survey.

(License # 8775)

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

Based on record review and interview the facility failed to ensure for 1 (#1) of 2 reviewed records that the health assessment (1823) was complete.

Findings included:

On during a review of the health accessment for Resident #1 it was noted there was no indication if the resident needed assistance with medication and what type of assistance was needed. A review of the health assessment with the facility owner was conducted and confirmed the information was missing. The facility owner stated that she would phone the resident's health care provider and ask for orders to be faxed to the facility.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, and interview the facility failed to have an activity calendar posted.

Findings included:

On at 9:30 am during a tour of the facility it was noted the facility did to have an activity calendar posted. The residents were watching television.
At 2:30 PM during interviews the residents were asked if they had an activity calendar available to refer to. The residents stated they did not have their own activity calendar and did not know what the activity was on the day of the survey.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 3:00 PM the facility owner was asked if the residents had an activity calendar available to review. The owner could not find the activity calendar anywhere. She stated that they always have the calander posted but someone must of taken it down. The owner stated they have activities with the residents everyday but didn't because of the survey.

Class III

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

Based on observation and interview the facility failed to ensure the medication pass was completed correctly for 2(#2, #3) of 2 residents.

Findings included:

On at 2:00PM the med tech was observed during a medication pass for resident #2 and #3. The med-tech brought , 400mg tablet in a souffle cup to resident #2 and told the resident it was his 2 PM medication. The med-tech did not tell the resident the name of the medication and walked away, she did not watch the resident swallow his pill.

The med-tech brought resident #3 his medication , 600mg, , 0.5mg, , / 10-3.25 mg in a soufflé cup. The med-tech watched the resident take his pills She returned to the cart to initial the MOR.
The med-tech did not tell the resident the medication he was taking.

Class III

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

Based on record review and interview the facility failed to ensure they had provided an in-service training for staff who provide direct care to residents within thirty days of hire.

Findings included:

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

During a review of staff records, on at 2:00PM, it was revealed, that staff B hire date and staff C hire date did not have documentation that they received an in-service training pertaining to the facility's elopement policy.
The staff had received elopement training on line but did not receive an in-service training regarding the facility's response and procedures within 30 days of hire. The employee's records did not have documentation indicating an understanding and competency of the elopement response policies and procedures.

The records for staff B and C did not have documentation of an in-service training pertaining to the facility's emergency procedures including chain of command and the staff roles relating to emergency evacuation within 30 days of hire.
Staff B who provides direct care did not have documentation of receiving a 1-hour in-service training in control provided by the facility within thirty days of hire. The only training the staff received was an on line course.

On at 3:00pm, the owner stated she would meet with the facility's administrator and they would review the training for all their staff. The administrator would conduct an in-service training as needed.

Class III