

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953595	(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE AT COLLEGE HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54TH AVENUE, SOUTH SAINT PETERSBURG, FL 33711	

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

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

Based on record review and interview, the facility failed to update the Background Screening Clearinghouse roster within 10 business days of hire date for two (Administrator and Staff A) of four sampled employees.

Findings included:

On , a record review conducted on the AHCA Background Screening Clearinghouse Agency website reveled an absence of the Administrator ' s and Staff A ' s name on the roster for the provider #6140.

Further record review with the Human Resource Manager, conducted on at 02:02 p.m., revealed that Staff A and the Administrator were included on the Background Screening Clearinghouse for the Skilled Nursing Facility roster and not the required Assisted Living Facility roster . The Human Resource Manager acknowledged the omission of the two sampled employees, Staff A and the administrator, from the Assisted Living Facility Roster.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953595	(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE AT COLLEGE HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54TH AVENUE, SOUTH SAINT PETERSBURG, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility An unannounced re-licensure survey was conducted on _____ through _____ at Addington Place at College Harbor (License #6140), an assisted living facility in Saint Petersburg, Florida. There were deficiencies identified at the time of visit. License #6140 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on observation, interview and record review the facility failed to assist with the self-administration of medications for one of three sampled residents (#1) in a timely manner. In addition, the facility failed to ensure the medication 'Milk of Magnesia' is available for one of three sampled residents. (#1) at 8:00am on _____ Findings include On _____, an observation of a medication pass between 10:43am and 11:10am with Staff A reveal Resident #1 's medication order to be given at 8:00am and 9:00am respectively. At 10:10 am, Staff A proceeded to the Resident #1 's _____ inform Resident #1 that it was time to take her medication. Staff A returned at 10:15am and stated that the resident was asleep when she entered. At 10:20 am, Staff A returned to the resident #1 _____ inform the resident of the need for her to get ready for her medications. Resident #1 came out of the _____ approximately 10:30am ambulating in her wheel chair towards the medication cart. Resident #1 's medication pass commenced at 10:43am and completed at 11:10am A record review of the Medication Observation Record did not indicate why staff A gave Resident #1 's medications beyond the parameters placed by Resident #1 's physician. In addition, the record review revealed that the 8:00am medication Milk of Magnesia is documented as not given. An observation conducted on _____ at 11:20am after asking Staff A to open all the drawers on the medication cart revealed the omission of the medication Milk of Magnesia on the medication cart. On _____ conducted an interview at 11:22 with Staff A asking what action is taken with regard to the resident #1 comments about the omitted Milk of Magnesia she requested. Staff A responded by stating the pharmacy will be notified. On _____ at 12:30pm, a follow-up observation of the drawers of the medication cart revealed the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953595	(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE AT COLLEGE HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54TH AVENUE, SOUTH SAINT PETERSBURG, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
presence of Milk of Magnesia for sampled Resident #1 dispensed from the pharmacy on (see Photo) Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to ensure that two employees (Staff E and Staff F), of four employees selected for record review, completed the required staff in-service training within 30 days of employment. Findings included: Record review conducted on , revealed there was no documentation found for training completion by Staff E relating to elopement response, emergency preparedness & evacuation training, Incident reporting, and residents rights. Staff E's documented hire date by the facility on in a direct care position. Record review conducted on , revealed there was no documentation found for training completion by Staff F relating to elopement response, emergency preparedness & evacuation training, Incident reporting, residents rights, activities of daily Living, and resident behavior and needs; and training in recognizing and reporting resident , neglect, and . Staff E's documented hire date by the facility on in a direct care position. During interview conducted with the Administrator on at 12:21 PM, he acknowledged that the documentation for training for Staff E and F was not found after conducting a thorough search. Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and interview, the facility failed to ensure that staff completed the required two hour (/) training within 30 day of employment for two employees (Staff E and Staff F), of four employees selected for record review. Findings included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953595	(X3) DATE SURVEY COMPLETED 03/23/2017
NAME OF PROVIDER OR SUPPLIER ADDINGTON PLACE AT COLLEGE HARBOR	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 54TH AVENUE, SOUTH SAINT PETERSBURG, FL 33711	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review conducted on , revealed that the facility had no documentation of 7 training completed by Staff E, with a documented hire date on , and Staff F, hired on . During interview conducted with the Administrator on at 12:21 PM, he acknowledged that the documentation for training for Staff E and F was not found after conducting a thorough search . Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, the facility failed to ensure that staff completed the required one-hour training regarding () within 60 day of employment for two employees (Staff E and Staff F), of four employees selected for record review. Findings included: Record review conducted on , revealed that the facility had no documentation of training completed by Staff E, with a documented hire date on , and Staff F, hired on . During interview conducted with the Administrator on at 12:21 PM, he acknowledged that the documentation for training for Staff E and F was not found after conducting a thorough search . Class III		