STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911900	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **BEAR LAKE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 BEAR LAKE ROAD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Bear Lake Retirement Home, License#8413, had deficiencies found at the time of the visit.

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 the resident health assessment (AHCA 1823) had all required information, for 1 of 2 sampled resident records reviewed (#2).

Findings:

Resident 2's record review revealed the most current AHCA 1823 dated ; did not address whether or not the resident would require 24-hour nursing or , , care.

On at 4:00 PM, the assistant administrator confirmed that Resident #2's health assessment did not answer whether the resident needed 24-hour nursing or , , services.

Class III

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

Based on observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times (Resident#3).

Findings:

On at 12:00 noon, the assistant administrator provided assistance with self-administration of medication to Resident #3 in the facility office area. The assistant administrator took packets of the following medications from the locked medication cart:

, 50 milligram (mg) tablet to be taken 1 tablet by mount (PO) twice a day and 2 tablet at bedtime; and , 500 mg Tablet to be taken 1 tablet by mouth three times a day. She dispensed each tablet into a small cup in the present of the resident. She then handed the cup to the resident and prompted the resident to take his medications. She did not read aloud the label of each medication to the resident. After the resident took his medications, she returned the packets to the medication cart and initialed the medication observation records (MOR).

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On at 12:05 PM, the assistant administrator said that she did not read the labels because the resident knew his medications. She further stated that the facility was a home-like environment; they were like family.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview, the administrator did not have the required 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.

Findings:

A review of the administrator's personnel record revealed no evidence that she had participated in the required 12 hours of continuing education in topics related to assisted living every 2 years. She only had a total of 4 hours continuing education that could be counted toward the required 12 hours. They were 2 hours of Nutrition and Food service training, received on and a 2 hour of updated medication training, received on . She needed an additional 8 hours.

On at 5:00 PM, the assistant administrator confirmed the administrator did not have the 12 hours of continuing education.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 2 out of 4 sampled staff reviewed had received required in-service training within 30 days of employment (A & C).

Findings:

1. Staff C was hired on to provide direct care to residents. A review of her personnel record revealed no evidence showing that within 30 days of employment she had received in-service training that covered the following subjects:

1. Reporting major incidents,

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2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation,
3. Facility resident elopement response policies and procedures,

2. There was no evidence showing Staff A had taken the Assisted Living core-training program that would exempt her from the following in-service training:

1. A minimum of 1-hour in-service training in safe food handling practices
2. Recognizing and reporting resident , neglect, and ,

On at 5:45 PM, the assistant administrator confirmed that Staff C and staff A had not received the above required in-service training.

Class III

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

Based on observation, personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff who assisted with self-administration of medications had obtained required medication training (C & D).

Findings:

1. On at 12:00 noon, Staff D (assistant administrator) assisted a resident with self-administration of medication. A review of Staff D's personnel record revealed that she had not obtained, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Her last update was received on .

2. On at 12:30 PM, an interview was conducted with Staff C, hired , who stated she assisted residents with self-administration of medications when needed. Staff C's personnel record did not have evidence showing she had received an initial 4-hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

On at 5:30 PM, the assistant administrator confirmed that she had not obtained an updated 2 hour medication training. She also confirmed that Staff C had not completed an initial 4-hour training.

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Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview, the administrator failed to obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility (ALF.)

Findings:

A review of the administrator's personnel record revealed no evidence that she had obtained an annual minimum of 2 hours of nutrition and food service in an ALF. The last nutrition and foodservice training was obtained on .

On at 5:30 PM, the assistant administrator confirmed the administrator's training had expired on .

Class

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

Based on record review and interview, the facility failed to ensure 1 of 4 sampled staff had obtained the required in-service training regarding ( ) within 30 days of employment (Staff B).

Findings:

A review of personnel records of Staff B (hired in 2003), revealed no evidence showing Staff B had received at least one hour of training in the facility's policy and procedures regarding .

On at 5:30 PM, the assistant administrator stated she believed Staff B had the training, but she could not locate the certificate.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure resident records included all the

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required information, for 1 of 2 sampled resident records reviewed (#2).

Findings:

Resident #2 was admitted to the facility on . Resident #2's record did not have an initial Resident Health Assessment AHCA Form 1823 described in Rule 58A-5.0181, Florida Administrative Code. The only copy of AHCA 1823 found in Resident #2's record was dated .

On at 4:00 PM, the assistant administrator stated that she could not locate Resident 32's initial AHCA form 1823.

Class

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to ensure resident contracts have all required information for 2 out of 2 sampled residents (R1 and R2).

Findings:
A review of R1's contract dated , and R2's contract dated revealed that both contracts did not have a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

On at 5:30 p.m. the assistant administrator confirmed that R1's and R2's contract did not have the required information regarding the health assessment.

Class

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

Based on record review and interview, the facility failed to maintain its employment status of all employees within the Background Screening (BGS) Clearinghouse under the Agency for Health Care Administration (AHCA) website. Initial employment status and any changes in status must be reported within 10 business days.

Findings:

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A review of the facility employee roster under the BGS Clearinghouse website revealed Staff B was not listed under the roster. Staff B was hired in 2003.

On at 5:30 PM, the assistant administrator confirmed that Staff B was not listed under the employee roster.

Unclassified.

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

Based on personnel record review, a review of the Agency background-screening website and interview, the facility failed to ensure 1 of 4 sampled staff (B) was in compliance with background screening requirements.

Findings:

Staff B was hired in 2003 as a direct caregiver. Her personnel record revealed that she was eligible to work dated .

On at 5:50 PM, a review of the Agency background screening was conducted with the assistant administrator. It revealed Staff B needed new screening. The assistant administrator stated that she was not aware that Staff B needed a new screening.

Unclassified.