STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910085	**04/11/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS OF SEBRING (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **725 S. PINE STREET** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2017, an abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted at Palms of Sebring assisted living facility, (lic# 4693). Deficient practice was identified at the time of the visit.

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

Based on observation and interview, the facility failed to follow the protocol of assistance with self-administration of medications with respect to one of three staff observed (G).

Findings included:

At approximately 9:00 am on , Staff G was observed correctly identifying Resident #14 on the medication observation record (MOR) as well as this individual's pharmaceuticals. However, after comparing the pharmacy label to the MOR, the staff person did not read any of the labels to the resident, nor explain to the resident the use of the medication. This pertained to the resident's nasal spray which Staff G simply referred to as "your nasal spray", as well as the remainder of her numerous pills.
An interview at 9:20am on with the resident revealed that the "staff always bring the meds and gives it to me, they never tell me what it is". Random resident interviews conducted throughout the survey revealed that at no time did staff read or explain the medications to them.

Class III

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

Based on record reviews and interview, the facility failed to ensure that 4 (#A, #B, #C) of 3 direct care staff and the administrator were free from communicable within 30 days of being hired at the facility.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review on the personnel file for direct care staff staff #A revealed she was hired on and there was no free from communicable statement in her file.

Record review on the personnel file for direct care staff #B revealed she was hired on and there was no free from communicable statement in her file.

Record review on the personnel file for direct care staff #C revealed she was hired on there was no free from communicable statement in her file.

Record review on the personnel file for the administrator revealed she was hired on and there was no free from communicable statement in her file.

When interviewed on 1:30 p.m., the administrator verified the free from communicable statements for direct care staff #A, #B, #C were not in there personnel files. She also verified that her communicable statement was not in her personnel file.

Class III

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

Based on record review and interview, the facility failed to produce documentation showing 3 (staff #A, #B & #C) of 3 direct care staff had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living.

Based on record review and interview, the facility failed to produce documentation showing 3 (staff #A, #B & #C) of 3 direct care staff who serve food and had not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.

Based on record review and interview, the facility failed to produce documentation showing 3 (staff #A, #B & #C) of 3 direct care staff had received in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Record review on of the personnel file for staff #A revealed she was hired on and there was no documentation in her file showing she had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation in her file showing she had received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices and had received in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

Record review on of the personnel file for staff #B revealed she was hired on and there was no documentation in her file showing she had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation in her file showing she had received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices and had received in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

Record review on of the personnel file for staff #C revealed she was hired on and there was no documentation in her file showing she had received 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation in her file showing she had received a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices and had received in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

When interviewed on at 1:35 p.m., the administrator verified there was no documentation in staff #A, #B, and C's personnel files showing they had completed the 3 hours of in-service training within 30 days of employment that covers the following subjects: resident behavior and needs and providing assistance with the activities of daily living. There was no documentation stating they had completed a minimum of 1 hour in-service training within 30 days of employment in safe food handling practices and there was no documentation stating they had received in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on record review and interview, the facility failed to provide 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 for 1 (staff #C) of 3 direct care staff who were sampled for medication training.

Findings included:

Record review on revealed staff #C had successfully completed the initial 4 hour medication training on . Staff #C did not complete 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. This training must be completed annually.

When interviewed on at 1:00 pm, the administrator verified that staff #C had not completed 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.

Class III