STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	**04/13/2017**
NAME OF PROVIDER OR SUPPLIER **ABOVE THE REST ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2360 MADRID AVENUE S.E.** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A complaint investigation #2017000582 was conducted on . Silver Pines Assisted Living Facility license #9646 had deficiencies 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 did not obtain a complete and accurate Resident Health Assessment form (1823) for 2 of 3 sampled residents (#2 and #3).

Findings:

1. Record review for Resident #2 revealed an AHCA from 1823 dated , the health care provider did not document the type of assistance the Resident required with his medications. That section was left Blank.

2. Record review for Resident #3 revealed an AHCA for 1823 dated the health care provider did not document the type of diet the resident required. That section was left blank. The health care provider's telephone number and address was omitted on the form.

On at 12 PM, the Administrator confirmed the findings.

Class

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice enrollment) for 1 of 3 sampled residents (#1)

Findings:
Resident #1's record review revealed the resident was admitted to Hospice services on .
There was no updated AHCA Health Assessment (1823) completed by the healthcare provider.

On at 12:30 PM, an interview with the Administrator who confirmed the finding.

Class III

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0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on Medication Observation Record (MOR), record review and interviews, the facility did not ensure a nurse was available to administer as ordered by the physician and to obtain Sugars for 2 of 3 sampled residents (#2 and #3).

Findings:

1. Review of the MOR for for Resident #2 noted inject per sliding scale 2 x daily before meals, 2 x daily and inject 16 units at bed time.

Review of the Glucose Chart for revealed it noted the results 2 times daily from through .

The Glucose Chart noted Sliding scale as follows:
151-170= units
171-190=4 units
191--210=5 units
211-230=6 units
231-250=7 units
251-300 = 9 units
301-350=11 units
351-400= 12 units.

Record review for resident #2 revealed a hospital discharge order dated that listed the above. Review of the Resident Health Assessment form 1823 dated revealed the health care provider did not note the type of assistance the resident required with medication. The section was left blank.

2. Review of the MOR for Resident #3 noted 30 units 2 x's daily at 8 AM and 6 PM

Finger stick 2 x's daily-Sliding scale

150-200=2 units
200-300=4 units

Record review for Resident #3 revealed Resident Health Assessment form 1823 dated the health care provider noted the resident required assistance with the self administration of medication.

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The health care provider noted on the 1823 form the same order for the as above.

Review of the sugar log revealed the sugars were taken twice daily from - .

On at 12 PM, the administrator/owner (a Registered Nurse) was asked to review the MORs for for both residents and identify the staff initials. The administrator/owner identified the staff initials next to the and on the glucose chart as being staff A and Staff B who were unlicensed staff. The administrator/owner said the unlicensed staff would bring the to the residents and they would take it themselves and the staff would document the results of the finger stick and how much the resident injected. She was not aware the unlicensed staff could not assist with the oversight.

During a telephone call on at 1:45 PM with Staff A, she stated she would inject the and conduct the finger sticks for resident #2 and #3. She further stated when Staff B worked she would also inject the and conduct the finger sticks. She said the Administrator/owner had trained them how to do it. Staff A said she nor staff B were nurses.

On at 3:15 PM, the administrator said she was not at the facility when the was given and she was not aware the unlicensed staff were injecting the and doing the finger sticks. She said she thought the residents injected their own and conducted their own finger stick.

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 1 of 3 sampled staff (A) had documentation or held a current card that First Aid training was completed by an accredited college, university, vocational school, a licensed hospital, American Red Cross, American Association, National Safety Council, and or Department of Health.

Findings:

Staff A's personnel record review revealed no documentation of First Aid training being completed. Staff A was hired on . Furthermore, the employees work schedule for months of , 2017 and , 2017 revealed that staff A worked alone. Her shift was 8AM to 8 AM (24 hours).

On at 1:45 PM, an interview with the administrator's designee confirmed the finding.

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Class III

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

Based on personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff (B) had documentation of the initial 4-hours & annual 2-hours assistance with self-administered medication & medication management training.

Findings:

Review of staff B's personnel record revealed there was no documentation of the initial 4-hour Assistance with self-administration training and the annual 2-hour update training in assistance with self-administration of medications. Staff B assisted with medications for all residents. Staff B's initials on the Medication Observation Record (MORs) revealed this.

On . . . . at 1:45 PM, an interview with the administrator's designee confirmed the finding.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (B) had documentation of the Level 2 eligibility Background Screening (BGS).

Findings:

Staff B's personnel record review revealed no documentation or no copy of the Level 2 background screening eligibility from the AHCA clearinghouse.

On . . at 1:30 PM, the Background Screening (BGS) clearinghouse website checked showing that staff B had Level 2 eligibility as of .

On at 1:45 PM, an interview with the administrator's designee confirmed the finding.

Class III

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

Based on the Personnel Record Review, The Agency's Background Screening Website and interview

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the facility did not enroll all of its employees in the Background Screening Website Clearing House and failed to report changes within 10 business days.

Findings:

On at 10 AM, the administrator/owner said there were 2 employees that worked at the facility. Review of the Agency's Background Screening website on at 11 AM revealed there were 5 employees listed on the facility's Employee's Roster including the administrator/owner. Staff A and B were not listed.

Personnel record review revealed staff A was hired and Staff B was hired .

On at 12 PM, the administrator/owner confirmed Staff A and Staff B were not listed on the Roster. Also, the four employees that were listed were no longer employed at the facility.

Unclassified