STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967163	**04/24/2017**
NAME OF PROVIDER OR SUPPLIER **HEIDI'S HAVEN BONAIRE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1205 BONAIRE DRIVE** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A biennial re-licensure survey was conducted on , , 2017 at Heidi's Haven Bonaire Assisted Living Facility, License #11255. Deficient practice was identified during the survey.

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

Based on record review and interview, the facility failed to obtain accurate and complete Resident Health Assessments for 2 of 2 residents (Resident #1 and #4).

Findings:

1.) Resident #1 was re-admitted from the hospital on with a new Resident Health Assessment without a date.

An interview was conducted with the Administrator on at 12:47 PM. She confirmed the resident was re-admitted from the hospital and admission to Hospice was completed on .

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #1 was conducted. On page 1, the facility address, telephone number and contact person was blank. Additionally on page 1, under Section 1, there was no indication the resident was receiving Hospice services. On page 2, under the Activities of Daily Living section, the comments to indicate the extent and type of supervision or assistance needed was blank. On page 4, under the medical certification, the address of examiner, telephone number and date was missing.

An interview was conducted with the Administrator on at 12:57 PM. She confirmed the following information was omitted on the Resident Health Assessment, AHCA Form 1823: facility name, address, contact person, admission to hospice, extent and type of supervision or assistance needed for Activities of daily living, and the address, phone number, and date on the medical certification.

2.) A review of the Resident Health Assessment (AHCA Form 1823) for Resident #4 was conducted. On page 2, under the Activities of Daily Living section, the comments to indicate the extent and type of supervision or assistance needed was blank.

An interview was conducted with the Administrator on at 1:30 PM. She confirmed the information was omitted on the Resident Health Assessment (AHCA Form 1823) under the Activities of Daily Living section indicating the extent and type of supervision or assistance needed for Resident #4.

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Class III

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

Based on observation and interview, the facility failed to properly provide assistance with self-administration of medication for 1 of 2 residents (Resident #3).

Findings:

On . . . . at 9:13 AM, an observation of assistance with self administration of medications was completed. Staff B, a Certified Nursing Assistant (CNA), unlocked the medication cupboard housing the medications in the facility office. Staff B withdrew a basket of medications labeled for Resident #3. She opened a notebook containing the Medication Observation Records (MOR's) and took out two bottles of medicine from the basket. She dispensed one tablet from one bottle and a ½ tablet from another bottle into the resident's personal medication cup. Staff B took the medication cup into the dining Resident #3 was seated and handed her the cup of medicine. Staff B stated to Resident #3, "Here is your morning medication." Staff B observed Resident #3 take her medication.

An interview was conducted with Staff B on at 9:17 AM. She confirmed she did not take the medications to the resident in the original containers or take the medications out of the containers in front of the resident, nor did she read the medication label to the resident.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview, the facility failed to ensure there was a label alerting staff of any changes in medication orders on the medication bottles for 2 of 2 residents (Resident #2 and #3).

Findings:

1.) On . . . . at 9:13 AM, an observation of assistance with self-administration of medications was completed. Resident #3 was observed receiving assistance with self-administration of medication for . . . . . CL (chlorate) ER (extended release) 10 MEQ (milliequivalents). Resident #3 received one ½ tablet.

A review of the medication label revealed as follows: CL ER 10 MEQ TA (tablet) Take 1 tablet daily. Inside the bottle ½ tablets were observed. Photographic evidence obtained.

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A review of the physician's order dated reads: (extended-release) 10 MEQ Oral Capsule Extended Release, take 1 tab PO (by mouth) daily with .

An interview was conducted with Staff B on at 9:29 AM. She stated the facility is using the resident's supply from home. She stated the tablets were cut in half because 20 MEQ tablets came from home. She further stated the cut tablets were put in the current medication container because we ran out of medicine on a weekend.

An interview was conducted with the Administrator on at 11:03 AM. She stated the staff member should not have taken the medication from one bottle, cut it and put it in the other bottle. She confirmed the medication in the container did not match the instructions on the label and there was nothing to alert staff on the bottle.

2. On at 11:08 AM, an observation of assistance with self-administration of medications was completed. Resident #2 was observed to receive 1 tablet of , - , .

A review of the medication label revealed as follows:
, / , 25-100 mg (milligrams). Take 2 (the 2 had a 1 written on top of it in ink) tablets by mouth daily at 8:00 AM, 2 (the 2 had a 1 written on top of it in ink) at 11 AM, 2 (the 2 had a 1 written on top of it in ink) tablets at 3 pm, and 2 (the 2 had a 1 written on top of it in ink) tablets at 7 pm. Photographic evidence obtained.

A review of the MOR (Medication Observation Record) for Resident #2 revealed , / , 25mg-100 mg 1 tab (tablet) by mouth 4 times daily.

A review of the physician's order dated revealed , - , 25mg-100 mg 1 tab, oral, (4 times a day).

An interview was conducted with the Administrator on at 11:18 AM. She confirmed the label on the medication did not match the order. She confirmed there was no alert label to inform staff to refer to the MOR regarding the change.

Class III

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

Based on record review and interview, the facility failed to obtain a written statement from a health care provider stating freedom from signs and symptoms of communicable for 1 of 3 staff (Staff B).

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Findings:

A review of the personnel record for Staff B was conducted. The personnel record did not contain a medical statement from a health care provider stating Staff B was free from signs and symptoms of communicable .

An interview was conducted with the Administrator on at 3:31 PM. She confirmed there is no medical statement from a health care provider stating Staff B was free from signs and symptoms of communicable .

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to ensure a weekly menu was conspicuously posted and available, and failed to maintain a substitution log, for 4 of 4 residents (Resident #1, #2, #3, #4).

Findings:

During the initial tour of the facility on at 9:00 AM, there is no observed weekly menu posted for residents. During the Food Service and Dining Review on at 11:45 AM, no substitution log was provided.

An interview was conducted with the Administrator on at 9:07 AM. She confirmed there is no posted weekly menu for the residents to see. An interview was conducted with the Administrator on at 12:00 PM. She confirmed the facility does not have a substitution log.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure a clean and well maintained environment in 1 of 5 resident (Resident #4's).

Findings:

During the initial tour of the home on at 9:00 AM, the to Resident #4 was

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observed to have wall to wall carpet tiles for floor covering. The carpet tiles were stained in several areas. A large dark stain was observed at the entrance of the , several small discolorations were observed to the right of the entrance along the side of the bed. On the opposite side of the , between the window wall and bed, several more dark stains, big and small were observed. Photographic evidence was obtained.

An interview was conducted with the Administrator on at 9:10 AM. She confirmed the carpet in Resident #4's stained.

An interview was conducted with the owner on at 1:10 PM. She confirmed the carpets were stained in Resident #4's .

Class III

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

Based on record review and interview, the facility failed to update the Employee Roster on the Background Screening Clearinghouse for 3 of 3 staff members (Staff A, B and C).

Findings:

A review of the personnel records for Staff A, B, and C was conducted on . The list provided by the facility revealed Staff A was hired on , Staff B was hired on , and Staff C was hired on .

A review of the Employee Roster on the Background Screening Clearinghouse revealed that Staff A, B and C were not listed on the Roster.

An interview was conducted with the Administrator on at 11:38 am. She confirmed the website does not have updated information on it. She further stated the owner is the one who does the updates to the roster.

An interview was conducted with the Owner on at 1:00 PM. She confirmed she updates the Employee Roster on the Background Screening Clearinghouse. She further confirmed Staff A, B and C have not been added to the Employee Roster.

Unclassified

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Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to obtain an Affidavit of Compliance for Background Screening Requirements for 2 of 3 staff (Staff A and B).

Findings:

A review of the personnel records for Staff A and B was conducted. Staff A, the Administrator, was hired on . . . . . Staff B was hired on . . . . . The Administrator provided a hand written list of employee's with dates of hire.

An interview was conducted with the Administrator on at 3:26 PM. She confirmed she does not have an Affidavit of Compliance for Background Screening Requirements for Staff A or Staff B.

Unclassified