STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	04/27/2017
NAME OF PROVIDER OR SUPPLIER **LILAC HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1770 S LILAC CIRCLE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Lilac House, license #11050, had deficiencies at the time of the visit.

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

Based on resident record review and interview the facility failed to maintain a copy of the original Health Assessment (1823) in the resident record for 1 of 2 sampled residents (#2).

Findings:

Record review for resident #2, who was admitted to the facility on , revealed an 1823 dated . There was no copy of the original 1823 from her admission date available for review.

In an interview with the administrator on at 3:45 PM, she stated she thought it was in the record. The house manager was unable to locate any other health assessments for the resident.

Class III

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

Based on observation, record review and interview the facility allowed unlicensed staff to perform daily sugar monitoring and administer to 3 of 3 sampled residents (#2, #3 & #4) who are assessed to require Assistance with Self Administration of Medications on their Health Assessments (1823).
Findings:

Observation and interview with resident #2 revealed that she appeared unaware of her surroundings. Observation of the med pass for resident #2 revealed she was about what to do with the pills she was given and needed verbal reinforcing to put them in her mouth and a reminder to swallow them. The Health Assessment for resident #2 dated indicated she required assistance with self-administration of medications.

Review of the Medication Observation Record (MOR) for , , and , 2017 revealed daily sugar monitoring and administration for residents #2, #3 and #4 was documented on each day of each month for all 3 residents. The MOR was signed by unlicensed staff on all occasions.

In an interview with Staff B on at 1:00 PM, she stated she did perform sugar monitoring for

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all 3 residents and she did administer the for residents #2 and #3 each day. She stated resident #4 was on a sliding scale and had not required based on her sugar readings.

In an interview with Staff A on at 3:00 PM, she confirmed that she did perform the sugar monitoring for the 3 residents twice each day and did administer their . She said resident #4 was on a sliding scale and her sugar levels were always in the good range so she did not need the . She stated she had a piece of paper that said she could perform these tasks and provided a "News Flash" dated that described potential changes to the law that might allow unlicensed staff to perform more duties than the current law allows. She stated she was not aware the law was not in effect.

In an interview with the administrator on .17 at 3:45 PM, she said the residents do those tasks themselves. When told the staff stated they performed the tasks, she stated "they know better than that."

Class III

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

Based on personnel record review and interview the facility failed to ensure all staff had annual documentation of freedom from ( ) from a licensed provider for 2 of 3 sampled staff (#A & #B).

Findings:

1. Review of the personnel records for Staff A revealed the most recent statement from a physician documenting freedom from was dated (due).

2. Review of the personnel records for Staff B revealed the most recent statement from a physician documenting freedom from was dated (due).

In an interview with the house manager on at 3:30 PM, she said she did not have any more recent documents and confirmed that both were overdue.

Class III

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

Based on record review and interview the facility failed to ensure that 1 of 3 sampled staff (#A) received

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training in ( ) within thirty days of hire.

Findings:

Personnel record review for Staff A revealed no certificate for training in . Staff A's paper files and the facility's computer files were reviewed.

In an interview with the administrator on at 3:45 PM, she said she would provide an in-service for Staff A.

Class III

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

Based on dietary record review and interview, the facility failed to maintain a list of substitutions to the menu on file for 6 months.

Findings:

Review of the dietary records for the facility revealed a blank for form substitutions that was printed out during the survey and posted on the side of the refrigerator. No substitution logs from the previous 6 months were available for review.

In an interview with the house manager on at 1:30 PM, she said she did not have any substitution logs to show.

Class III

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

Based on Agency Website review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 3 of 3 sampled staff employees (#A, #B and #C).

Findings:

Review of the Agency's Background Screening website for 3 sampled staff revealed the facility did not have a Roster on the Agency's website.

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In an interview with the administrator on at 3:45 PM, she confirmed that she had not created a roster. She stated that the employees were all listed on one of the other houses and they were still working on building a roster for each facility.

Unclassified