

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	

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

0000 - Initial Comments

On an unannounced Biennial Survey with Limited Nursing Services (LNS) was conducted at Putnam Caregivers, LLC. Deficiencies were identified as a result of this survey. The facility is not in compliance at this time. License #11619.

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

Based on record review and interview, the facility failed to have an accurate Resident Health Assessment (AHCA Form 1823) for 2 of 6 residents (Resident #3 and #4).

Findings:

On , a resident record review was conducted on Resident #3. The Resident Health Assessment (AHCA Form 1823), dated , was the most recent 1823 found in the record.

On / 2017, at approximately 10:00 AM, Staff A, identified Resident #3 as receiving home health services. At approximately 11:45 AM, during interview with Staff A, confirmation was obtained that resident is receiving home health services which staff indicates is a recent order. Staff A confirmed no updated AHCA form 1823 reflecting a change in condition warranting home health services.

On , during a clinical record review of Resident #4's current AHCA Form 1823, dated , showed that the resident did not have a , . There was no physicians order to show the resident needed treatment for a , .

During an interview on at 1:16 PM, Staff A stated the physician that comes to the assisted living facility did not update Resident #4's form 1823, to reflect the resident currently has a , on her heel. The Administrator/Manager reviewed the Resident #4's clinical record with this surveyor and confirmed that the AHCA Form 1823 did not show the resident as having a , .

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility has failed to provide an ongoing activities program for 6 of 6 residents.

Findings:

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
An observation on beginning at 9:30 AM until departure from the facility at 3:30 PM, showed the residents were not engaged in any type of organized activities. On , at approximately 10:00 am, an interview with Resident #3 was conducted. During the interview, the resident was questioned as to the activities at the facility. The resident stated "What activities? All I do is watch TV." On , at approximately 10:45 am, an interview with Resident #4 was conducted. During the interview, the resident was questioned as to the activities at the facility. The resident stated "There are no activities." On , at approximately 10:40 am, an interview with Resident #5 was conducted. During the interview, the resident was questioned as to the activities at the facility. The resident stated "There's not really any. There is not enough to get involved." On , at approximately 10:30 am, an interview with Resident #6 was conducted. During the interview, the resident was questioned as to the activities at the facility. The resident stated "There is none." On , at approximately 11:55 am, an interview with Resident #2 was conducted. During the interview, the resident was questioned as to the activities at the facility. The resident stated that they occasionally play bingo but there really isn't much activities. On , at approximately 12:00 PM, an interview was conducted with a family member of Resident #1. The family member stated that there aren't activities for her mother to participate in at the facility. On , at approximately 1:30 PM, an interview was conducted with Staff A. Staff A stated the posted Activity Calendar (photographic evidence) is a two week schedule. Inquiry was made as to which week of activities is presently being utilized. Staff A stated that the schedule is not used. Staff A stated she has been unable to get residents to participate in activities so the schedule has not been followed. Class III		
0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS Based on observation and interview, the facility failed to follow control standards while performing assistance with self-administration of medications for 3 of 3 residents (Resident #1, #2, and		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
#3). Findings: On at approximately 12:15 PM, the surveyor observed Staff A remove medication from a locked filing cabinet. Staff A was not observed to wash her hands prior to assisting with self-administration of medication for Resident #2. On at approximately 12:20 PM, the surveyor observed Staff A remove medication from a medication bin. The medication was poured from the bottle and placed in a cap and then place in resident's hand. Staff A was not observed to wash her hands prior to assisting with self-administration of medication for Resident #1. On at approximately 12:25 PM, the surveyor observed Staff A remove medication from the medication bin. The medication was placed in the resident's hand and the medication to floor. Staff A went around the table and retrieved the from the floor. Staff A removed additional from the package and placed into the resident's hand. Staff A was not observed to wash her hands prior to assisting with self-administration of medication for Resident #3, or after retrieving medication off of the floor. On at approximately 12:45 PM, an interview was conducted with Staff A concerning assistance with self-administration of medications. Staff A stated she should have washed her hands or wore gloves when assisting with medications. Class III 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on observation and interview, the facility failed to insure unlicensed staff provided assistance with self-administration of medications as required for 3 of 3 residents observed. (Resident #1, #2, #3) Findings: On , at approximately 12:15 PM, an observation was made of Staff A assisting with self-administration of medication. Staff A removed medication from a locked filing cabinet and identified medication needed for administration. Staff A verified medication packet with the Medication Observation Record (MOR), entered the dining stated to Resident #2 "I have your for you."		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
On , at approximately 12:20 PM, during assistance with self-administration of medication, Staff A removed medication from the medication bin and identified medication needed for administration. Staff A verified the medication bottle with the MOR, entered dining stated to Resident #1 "Here is your ." Staff A poured the medication from the bottle and placed in cap and then placed in the resident's hand. On , at approximately 12:25, Staff A was observed to remove medication from the medication bin, verify medication with MOR and take medication packet to Resident #3, who was sitting at the dining while all residents were having lunch. Staff A announced to resident "Irene, I have your for pain." Staff A placed in the resident's hand and the to the floor. Staff A went around the table and retrieved the from the floor. Staff A returned to the resident and stated "I will give you a clean one" and removed additional from the package and placed it into the resident's hand. On , at approximately 12:45 PM, during an interview with Staff A on assistance of self-administration, Staff A stated she was not aware she had to read the entire label to the resident when assisting with medication. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on record review and interview, the facility failed to provide all the required in-service training as required for 3 of 3 staff (Staff A, B, C). Findings: On , a record review was conducted on direct care staff A, B, and C. During the review it was observed that Staff A, who was hired on , did not have documentation showing she had received Assistance with Activities of Daily Living (ADL) training (certificate showed she received two hour training, requirement is for three hours of training). It was also observed that Staff A did not have documentation of Emergency Preparedness and Evacuation Training, Incident Reporting Training, and Resident Rights Training, Staff B, who was hired on , did not have documentation showing that she received Assistance with Activities of Daily Living (ADL) Training (certificate showed she received two hour training, requirement is for three hours of training). It was also observed that Staff B did not have documentation		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
of Emergency Preparedness and Evacuation Training and Incident Reporting Training. Staff C, who was hired on _____, did not have documentation showing that she received Assistance with Activities of Daily Living (ADL) Training (certificate showed she received one hour training, requirement is for three hours or training). It was also observed that Staff C did not have documentation of Emergency Preparedness and Evacuation Training. During an interview on _____ at 1:16 PM, Staff A confirmed that Staff A, B and C's personnel records did not contain documentation of the required 30 day training. Staff A confirmed that Staff A, B and C have been employed at the facility for more than 30 days. Class III 0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC Based on personnel record review and interview, the facility failed to have a designated person responsible for the facility's food service for 6 of 6 residents. Finding: On _____, during a personnel record review, it was discovered that the Administrator/manager had received the required two hours of continuing education in topics pertaining to nutrition and food. A review of the Administrator/Manager food handling certificate showed the Administrator/Manager last received Food Handling Safety on _____ that expired on _____. During an interview on _____ at 1:16 PM, Staff A stated she had not received any food services training since _____ of 2013. The Administrator/Manager reviewed her personnel file with this surveyor and confirmed there was no food services training documented. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation and interview, the facility failed to have a three day non-perishable food supply or a three day water supply for 6 of 6 residents. Findings: During an observation on _____ at 1:00 PM of the three day food and water supply showed the		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
following: The facility has six (4.6 ounce) cans of Vienna Sausage, one (16) ounce canned ham, two (12) ounce cans of corn beef, four (15) ounce cans of corn, one (28 ounce) can of baked beans, two (15 ounce) cans of pears, one (29 ounce) can of peaches, nine (24 ounce) bottles of water, twenty-four (8 ounce) bottles of water, three (157 ounce) bottles of apple juice. During an interview on _____ at 1:16 PM, Staff A stated she was aware that the food and water supply was low because she used a lot of the food to prepare the regular meals. The Manager observed and confirmed with the surveyor that the food and water supply was very low. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and interview, the facility failed to have completed medical records for 2 of 6 residents (Resident #3 and #4). Findings: 1.) On _____, at approximately 11:10 am, a record review was performed for Resident #3. No order for home health care was identified. On _____ at 11:30 am, interview was conducted with Staff A inquiring as to the location of the order for home health service. Staff A stated the doctor does not leave them, she was unaware of the necessity of the order being in resident's chart. 2.) On _____, during a clinical record review of Resident #4's record, it did not show physician's orders for the resident to receive home health services for a _____. During an interview on _____ at 1:16 PM with Staff A, she stated the Advanced Registered Nurse Practitioner (ARNP) or the physician that comes to the home leave orders to be placed in the residents' charts. Home health does not leave the facility with notes regarding the residents' care. Class III 0167 - Resident Contracts - 58A-5.025 FAC Based on resident contract review and interview, the facility failed to have completed resident contracts for 2 of 2 residents (Resident #3 and #4).		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967581	(X3) DATE SURVEY COMPLETED 05/24/2017
NAME OF PROVIDER OR SUPPLIER PUTNAM CAREGIVERS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 110 ROBERTS COURT PALATKA, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: On , a record review was performed for Resident #3 and Resident #4. No Resident Rights provision was identified in the resident contracts. On at approximately 1:15 PM, an interview was conducted with Staff A. Staff A stated she is unable to locate Resident Rights provisions in the resident contracts for Resident #3 and #4. Staff A stated "I thought it was in there." Class III		