STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964457	05/18/2017
NAME OF PROVIDER OR SUPPLIER **GREENBRIAR RETIREMENT**	STREET ADDRESS, CITY, STATE, ZIP CODE **3615 MCNEIL ROAD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

The re-licensure survey was conducted on and . Greenbriar Retirement Home, license #9202, had deficiencies at the time of the survey.

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

Based on observations, record reviews, and interviews, the facility failed to ensure the health assessment form 1823 was complete and accurate for 2 of 2 sampled residents (#9 and #10).

Findings:

1. Record review for resident #9 revealed a health assessment form 1823 that was dated . The question regarding the type of assistance he required with his medications was blank. Continued review revealed no documentation elsewhere in his record to indicate how much assistance he required.

On at 10:38 am, the administrator said resident #9 required medication administration. She said the unlicensed staff had to crush his medications, place them in applesauce, and feed them to the resident.

On at 11:37 am, staff A, an unlicensed caregiver, said that when she assisted resident #9 with his medications, she crushed his medications, mixed them in applesauce, and placed the mixture on a spoon. She said resident #9 was able to place the spoon in his mouth with hand over hand assistance.

Observations made on at 11:40 am revealed staff A gave a saucer that contained applesauce, and a spoon to resident #9. The resident scooped the applesauce out of the saucer with the spoon and placed the spoon in his mouth without assistance.

2. Record review for resident #10 revealed a health assessment form 1823 that was dated . The form reflected resident #10 required medication administration, that he was bedridden, and that he required total assistance with his Activities of Daily Living (ADL) including transfers.

Continued review revealed no evidence to indicate resident #10 received hospice services.

Observations made on at 8:55 am revealed resident #10 was out of bed and sitting in a wheelchair in the living .

On at 10:42 am, the administrator said resident #10 did not require total assistance with his

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ADLs, he did not require medication administration, and he was not bedridden. She said the form was completed when he was in the hospital and the hospital staff were unfamiliar with his needs. She said the facility did not obtain clarification from a health care provider to reflect the accurate information.

Observations made during the lunch meal on at 11:10 am revealed resident #10 effectively used a fork to feed himself without assistance.

Observations made of resident #10 transferring from his wheelchair to his bed on at 12:00 pm revealed he pushed up on the wheelchair armrests and stood up. The resident pivoted, turned, and sat down on his bed with Staff A standing by his side.

Class III

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

Based on record review and interview the facility failed to ensure the menu used was reviewed and signed annually, by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist, and failed to keep regular and therapeutic menus on file in the facility for 6 months.

Findings:

Review of the facility menus that were provided by the administrator revealed the facility used four different menus that were laminated and signed by a registered dietician on .

On at 12:30 pm, the administrator said the most recent menus that were reviewed were those dated . She said updated menus that were reviewed by a registered dietician would be arriving in the mail. She said the facility did not keep regular and therapeutic menus on file for 6 months. She said the dates were changed each week on the laminated menus.

Class III

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

Based on observation and interview the facility failed to ensure all architectural and structural systems were maintained in good working order.

Findings:

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Observations made during a tour of the facility on at 11:15 am revealed that in # , the closet door had a hole in it. In # , the wall above and to the left of the bed contained peeling paint.

On at 12:45 pm, staff A confirmed the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#9) contained a record of weights on a semi-annual basis.

Findings:

Record review for resident #9 revealed a health assessment form 1823 dated that indicated he required assistance with his Activities of Daily Living.

Review of his weight record revealed a recorded weight on .

There was no documented evidence to indicate the weights for resident #9 was recorded semi-annually since , as required.

On at 10:15 am, the administrator confirmed the finding and said it was too difficult to weigh resident #9.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record reviews and interview the facility failed to ensure resident contracts had all the required information for 1 of 2 resident contracts (#9).

Findings:

Record review for resident #9 revealed a residency contract that was dated .

The review revealed the contract did not contain a provision that indicated residents must be assessed upon admission and every 3 years thereafter, or after a significant change, as required.

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On . . . . at 11:20 am, the administrator confirmed the finding.

Class

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

Based on personnel record review, review of the Agency's background screening clearing house, and interview the facility failed to maintain an employee roster on the Agency's background screening clearing house that listed 2 of 3 facility employees (A and B) who were subject to a background screening.

Findings:

Personnel record review for staff A, a certified nursing assistant, revealed a hire date of .

Personnel record review for staff B, a caregiver, revealed a hire date of .

Review of the Agency's background screening clearinghouse revealed staff A and staff B were not listed on the facility roster, as required.

On . . . . at 11:45 am, the administrator did not provide an explanation.

Unclassified