STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967024	R 05/16/2017
NAME OF PROVIDER OR SUPPLIER **LA GRANDE BELLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5898 ORCHARD POND ROAD** **TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

On , , 2017 a revisit survey was conducted at La Grande Belle assisted living facility, license#11123. This was a revisit to the biennial survey originally conducted , 2017. At the time of the revisit, there was deficient practice identified.

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

Based on observations and interviews, the assisted living facility failed to ensure unlicensed staff followed the appropriate procedure for assistance with self-administration of medication for 1 of 1 resident (Resident #4). Specifically, the assisted living facility staff failed to read the medication and prepare the medication in the presence of resident#4.

Findings include:

During an observation on , , 2017 at 11:52 pm, Staff B was observed providing assistance with self-administration of medication to resident #4. Staff B unlocked the medication closet in the T.V. , then reviewed resident#4's medication observation record (MOR), and compared it to the medication label. Staff B then poured the pills into a small cup, ad took the small cup into the kitchen where resident#4 was sitting at a table. Resident#4 looked at the pills and stated he was supposed to receive the pill instead of the , pill. Staff B went back to the T.V. and reviewed the MOR again. Then retrieved the correct medication ( ) and took it back to resident#4. Resident#4 took the medication. Staff B went back into the T.V. signed the MOR.

During an interview on , , 2017 at 12:00pm, Staff B stated she only had medication training in Colorado but had not had any medication training in Florida.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, interviews, and record reviews, the assisted living facility failed to maintain a written staffing schedule, and failed to ensure that there was a , , ( ) certified staff member in the facility at all times.

Findings include:

During an observation and interview on , , 2017 at 9:00am, Staff B was the only staff observed in the facility. Staff B reported that it was her first day working at the facility alone. Staff B reported she had

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training in and First Aid and told the administrator she would bring her cards in when she finished unpacking.
A record review revealed that Staff B lacked documentation of the First Aid and , , ( ) cards.
During an interview on , 2017 at 1:00 pm, the administrator stated that Staff B told him she was certified in and First Aid and would provide her certifications. The administrator reported that the facility did not have a written staff schedule.

A review of Staff D's personnel records revealed a card dated through , but lacked documentation for first aid training.
During an observation and interview on , 2017, at 2:58 pm, Staff D was observed clocking in at the facility. Staff D confirmed he was not nurse and did not have first aid training.

Class III

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

Based on interview, observation and record review, the assisted living facility failed to ensure 1 of 1 staff member (Staff B) received the initial 4 hours of assistance with self- administration of medications training prior to providing assistance with self-administration of medication to 1of 1 resident(Resident#4).

Findings include:

During an observation on , 2017 at 11:52 pm, Staff B was observed providing assistance with self-administration of medication to resident #4. Staff B unlocked the medication closet in the T.V. , then reviewed resident#4's medication observation record (MOR), and compared it to the medication label. staff B then poured the pills into a small cup, and took the small cup into the kitchen where resident#4 was sitting at a table. Resident#4 looked at the pills and stated he was supposed to receive the pill instead of the , pill. Staff B went back to the T.V. and reviewed the MOR again, and then retrieved the correct medication ( ) and took it back to resident#4. Resident#4 took the medication. Staff B went back into the T.V. signed the MOR.

A review of Staff B's personnel file revealed a lack of documentation for medication training.

During an interview on , 2017 at 12:00pm, Staff B stated she only had medication training in Colorado but had not had any medication training in Florida.

Class III

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L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interviews and record reviews, the assisted living facility continued noncompliance in failing to ensure 2 of 2 staff members (Staff C and Staff F) received Limited Mental Health (LMH) continued education training as required biennially.

Findings include:

A review of Staff C and Staff F personnel record revealed a lack of documentation of continued Limited Mental Health (LMH) training.

During an interview on , 2017 at 2:30 pm, the administrator reported that Staff C and Staff F had not signed up to take the Limited Mental Health (LMH) training.

Class III

Z813 - Results of Screening & Notification in File - 59A-35.090(3)(c), FAC

Based on interviews and record reviews, the assisted living facility failed to ensure the signed Attestation of Compliance form was in the personnel files for 3 of 4 direct care staff (Staff B, Staff D, and Staff G). In addition, the assisted living facility failed to ensure background sreening results were in the personnel file for 1 of 4 direct care staff (Staff G).

Findings include:

A review of the direct care staff (Staff B, Staff D, and Staff G) personnel files revealed the following:
Staff B file indicated a date of hire as , 2017 and lacked a signed Attestation of Compliance form.
Staff D file indicated a date of hire as , 2017 and lacked a signed Attestation of Compliance form.
Staff G file indicated a date of hire as 11, 2017 and lacked a signed Attestation of Compliance form.
In addition, the file lacked proof of a background sreening results.

During an interview on , 2017 at 9:07 am, Staff B confirmed she did not sign an Attestation of Compliance form.

During an interview on , 2017 at 1:45 pm, the Administrator reported he reviews the personnel files and did not have a chance to look at the files the past weekend to ensure all documents were included.

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unclassified

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

Based on interview and record review, the assisted living facility failed to maintain the employment status of all employees within the clearinghouse. Specifically, the provider failed to ensure all facility employees were listed on the background screening (BGS) clearinghouse employee roster.

Findings include:

A review of the BGS clearinghouse website, provider's account information revealed that the provider had only one employee listed on their employee roster. (Copy obtained)

During an interview on , 2017 at 12:30 pm, the Administrator reported he was not aware of the BGS clearinghouse employee roster.

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