STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910011	**06/19/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA AT CARPENTERS (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1001 CARPENTER'S WAY** **LAKELAND, FL 33809**	

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

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

Based on interview and record review, the facility failed to maintain the employment status of employees within the employee roster in the AHCA background screening clearinghouse (Employee Roster), within 10 days of initial employment, for one (Staff E) of three employees reviewed.

Findings included:

A review of employee records conducted on showed that Staff E was hired on . Staff E, a certified nursing assistant, was observed on the facility's direct care staffing schedule for .

A review of the facility's Employee Roster showed that Staff E was not listed.

An interview was conducted with the director of nursing (DON) at 4:05 PM on concerning Staff E's name and information missing from the Employee Roster. The DON acknowledged that Staff E's name was not present in the Employee Roster.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

On , 2017 a biennial re-licensure survey with extended congregate care (ECC) was conducted at Villa at Carpenters. Deficient practice was identified during the survey.

(License # 7373)

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interview and record, the facility failed to provide proof of a high school diploma or its equivalent for one (Administrator) of four employee records reviewed.

Findings included:

A review of employee records was conducted on . A review of the employee record for the Administrator showed a date of hire of and an absence of proof of a high school diploma or its equivalent.

The Human Resources (HR) Director was interviewed at 2:22 PM on concerning proof of a high school diploma or its equivalent for the Administrator and they stated that it wasn't in the record.

Class III

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

Based on interview and record review, the facility failed to provide proof of a written statement from a health care provider, within 30 days of employment, documenting that the individual does not have any signs or symptoms of a communicable (Communicable Statement) for one (Administrator) of four employee records reviewed.

Findings included:

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A review of employee records conducted on showed that the Administrator was hired on . The review of the Administrator's record showed no proof of a Communicable Statement.

The director of nursing (DON) was interviewed at 3:39 PM concerning the lack of a Communicable Statement on file for the Administrator. The DON reviewed the record and stated that it wasn't there.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide required proof of on-service training for direct care staff, within 30 days of employment, in the subjects of reporting major and adverse incidents (Incident Reporting), facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation (Emergency Procedures), resident rights in an assisted living facility/recognizing and reporting resident , neglect, and , (Resident Rights), and resident elopement response policies and procedures (Elopement Response), for three (Staff F, Staff G, and Staff H) of four employee records reviewed. Additionally, the facility failed to provide required proof of training in safe food handling practices (Safe Food Handling), within 30 days of employment, for two (Staff F and Staff H) of four employee records reviewed.

Findings included:

An employee record review was conducted on and showed that Staff F was hired on 11/ , Staff G was hired on , and Staff H was hired on . All three employee records showed an absence of training certificates for Incident Reporting, Emergency Procedures, Resident Rights, and Elopement Response. Additionally, the employee records for Staff F and Staff H showed a lack of training certificates for Safe Food Handling.

The director of nursing (DON) was interviewed at 2:58 PM on concerning the lack of training certificates for Staff F, Staff G, and Staff H in the subjects described above. The DON stated that there were no training certificates for any of the trainings described.

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Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to provide proof of / , (/) training, within 30 days of employment, for three (Staff F, Staff G, and Staff H) of four employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff F was hired on 11/ , Staff G was hired , and Staff H was hired on . A review of Staff F's, Staff G's, and Staff H's record showed no proof of / training.
An interview was conducted with the director of nursing (DON) at 2:58 PM on concerning the missing / training certificated for Staff F, Staff G, and Staff H. The DON stated that there were no / training certificates for the three employees.

Class III

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

Based on interview and record review, the facility failed to provide proof of training, within 30 days after employment, concerning the facility's policy and procedures regarding ( ) for three (Staff F, Staff G, and Staff H) of four employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff F was hired on 11/ , Staff G was hired , and Staff H was hired on . A review of Staff F's, Staff G's, and Staff H's record showed no proof of training.

An interview was conducted with the director of nursing (DON) at 2:58 PM on concerning the

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lack of training certificates for Staff F, Staff G, and Staff H. The DON stated that there were no training certificates for training for Staff F, Staff G, and Staff H.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review, the facility failed to provide proof of an employment application, with references furnished, for one (Administrator) of four employee records reviewed.

Findings included:

Employee records were reviewed on and showed that the Administrator was hired on . The review of the Administrator's record showed an absence of an employment application and references.

The Human Resources (HR) Director was interviewed at 2:22 PM on concerning proof of an employment application and references for the Administrator. The HR Director reviewed the Administrator's record and stated that it wasn't there.

Class III

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

Based on records review and interviews, the facility failed maintain a hospice interdisciplinary care plan and doctor's order on file for 1 of 1 hospice resident reviewed, and failed to ensure that all required provisions of resident's contracts were maintained on file for 2 of 2 residents reviewed.

Findings included:

On at 9:45am an interview with the facility Director of Nursing (DON) revealed that the facility had one resident receiving hospice services - Resident #12. A review of Resident #12's record at 1:00pm revealed that the resident started receiving hospice services on . There was no written

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doctor's order for Resident #12 to receive hospice services and there was no hospice interdisciplinary care plan in the record.

At 1:30pm, the DON stated that they would try to locate the hospice care plan and doctor's order for Resident #12 and that it was possibly in a pile of paperwork that had not yet been filed into the resident record. In an interview with the DON at 2:30pm, the DON stated that the facility could not find the required doctor's order and hospice care plan documents for Resident #12, and that they would need to reach out to the doctor and hospice for these documents.

A review of Resident #12's record further revealed a contract dated . Upon examination of the contract dated , which was signed by the resident and the facility Administrator, it was noted that the contract provision for the facility giving a resident a notice of termination of residency from the facility was for a minimum of 30-days, not the required minimum 45-day notice, as the Resident Bill of Rights (429.28 FS) dictates. A copy of the Resident Bill of Rights was missing from the resident records.

A review of Resident #13' record at 1:35pm on revealed a contract dated . Upon examination of the contract dated , which was signed by Resident #13 and the facility Administrator, it was noted that the contract provision for the facility giving a resident a notice of termination of residency from the facility was for a minimum of 30-days, not the required minimum 45-day notice, as the Resident Bill of Rights (429.28 FS) dictates. A copy of the Resident Bill of Rights was missing from the resident records.

In an interview with the facility Business Office Manager at 2:40pm on , the Business Office Manager stated that the facility has been using an older standard contract, and that the facility was unaware of the fact that the contract provision for the facility giving a resident a notice of termination of residency from the facility did not meet the requirements, as the Resident Bill of Rights (429.28 FS) dictates. The Business Office Manager was referred to a copy of the Resident Bill of Rights that was posted on the wall adjacent to the nursing station and to the section of the bill that states "at least 45 days' notice of relocation or termination of residency from the facility, unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents." The Business Office Manager acknowledged the 45-day provision and stated that the facility was giving a 45-day notice in practice; however it was evident that the resident contracts needed to be updated to meet the required language. The Business Office Manager also acknowledged that both resident records (Resident #12 and Resident #13) were missing a copy of the Resident Bill of Rights and that should have been in the residents' files.

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Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on interview and record review, the facility failed to provide proof of extended congregate care training (ECC Training), within 3 months of beginning employment in the facility, for one (Administrator) of five employee records reviewed.

Findings included:

A review of employee records conducted on . . . showed that the Administrator had a date of hire of . A review of the Administrator's record showed no proof of 4 hours of initial ECC Training. A review of the facility's license showed that they had a specialty license with ECC effective . . . .

The director of nursing (DON) was interviewed at 3:08 PM on . concerning the lack of proof of ECC Training in the Administrator's record. The DON stated that there was no proof of ECC Training available.

Class III