STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	**06/20/2017**
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced ALF re-licensure survey was conducted on at Vandor Homecare Inc., License #12016 . The facility had deficiencies at the time of the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, interview and record review, the facility failed to ensure all residents admitted met the admissions criteria for 1 out of 7 sampled resident records (Resident #3)

The findings included:

On at 9:45am, Resident #3 was observed crawled up on a recliner chair in his nonverbal. Throughout the survey, the resident only came out of his meals, which he sits at the kitchen table alone. A review of the resident #3's record and the Health Assessment AHCA form 1823 signed and dated by the physician on was conducted and revealed an admission to the facility on . It is noted, that Resident #3 has a diagnosis of , and major with , and requires medication administration. Resident #3 requires assistance with all ADL skills except eating. Comment states next to the area of toileting "patient has no knowledge of where to defecate other than on the floor". On the Health Assessment AHCA form 1823, the doctor checks off that states the resident requires 24- hr. nursing or , care and that that an assisted living facility could not meet the individual's need.

During an interview with the LPN on at 1:00pm, stated that Resident #3 is nonverbal and requires assistance in his ADL skills and does not participate in any activity . All the other residents are verbal, ambulatory and can engage in activities. It was determined that the Administrator had left the facility, and therefore, no further information or documentation that was provided at that time.

Class III

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

Based on record review and staff interview, the facility failed to maintain records for 1 of 7 sampled resident records reviewed as required for a significant change for Resident # 5.

The findings included:

During a record review of resident #5's file on , the Health Assessment AHCA form 1823 that is

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	06/20/2017
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

signed and dated by a physician on , had not been updated as required for a significant change. Resident #5 receives Hospice services since , 2017. The Health Assessment AHCA form 1823 in the resident's record revealed an admission to the facility on with a diagnosis of , incontinence, , in the right eye, and . Resident is alert and oriented and requires assistance in all ADL skills.

During an interview with Resident #5 on at 12:30pm, the resident stated that she has and that a nurse from hospice comes in to address her surgical and provide additional care with her ADL skills.

An interview with the LPN was conducted on at 5:30pm, aforementioned was confirmed. It was determined that the Administrator had left the facility and therefore no further documentation or information was provided at that time.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to conduct and document at least two elopement drills per year.

The findings included:

On at 10:30 AM, a request to the Administrator was made to review the facilities elopement drills for the prior two years. The Administrator never provided the documents throughout the survey and stated, "I don't have to do it because I don't have any residents that elope". During the interview with the Administrator at 10:45am on , she acknowledged and confirmed the findings and provided no further documentation or information.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	**06/20/2017**
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

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

Based on employee record and interview, it was determined that the facility failed to ensure that the Administrator file contained a copy of the High School Diploma.

The findings included:

On , an employee record review was conducted with the LPN, for the Administrator (hire date of) and there was no documentation contained within the employee file of a High School Diploma or equivalent as required for compliance for the Administrator.

It was determined that the Administrator had left the facility and therefore no further information or documentation was provided at that time.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member within 30 days after beginning employment, must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable , for 2 of 4 sampled staff records (Administrator; and Staff B)

The findings included:

During employee record review on , there was no documentation from a health care provider for the following staff members that indicated these individuals do not have signs or symptoms of communicable :

1) Administrator with a date of hire noted as (last one-dated 2015)

2) Staff B with a date of hire noted as (none found)

It was determined that the Administrator had left the facility and therefore no further information or documentation was provided at that time. The LPN acknowledged that the Administrator; and Staff B do not currently have documentation from a health care provider that they do not have signs or symptoms of communicable .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	06/20/2017
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 4 of 4 sampled direct care staff (Administrator; Staff A; B; and C) received the required in-service trainings within 30 days of hire.

The findings included:

On , during employee record reviews for the Staff A (hire date), Staff B (hire date of) and Staff C (hire date of), there was no documentation contained within these employee files, or provided by administration, showing completion of the following regulatory required in-service trainings completed within 30 days of employment:

a) Emergency Preparedness & Evacuation (Staff A; B; and C)
b) Nutrition and Safe Food Handling (Staff C)

It was determined that the Administrator had left the facility and therefore no further information or documentation was provided at that time. During an interview with the LPN on at 6:00 PM, she acknowledged the absence of documentation for these employees confirming their completion of these required staff trainings.

Class III

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

Based on record review and an interview, the facility failed to ensure that 3 out of 4 sampled unlicensed staff members (Administrator; Staff B and C) who provided assistance with self-administration of medication had successfully completed a minimum of 4 hours of initial training and a minimum of 2 hours in continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

On , the employee file for the Administrator; Staff B and C was reviewed for documentation of training in "providing assistance with self-administered medications and safe medication practices in an ALF". There was no documentation of the initial 4 hour - training conducted by a Pharmacist or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	06/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VANDOR HOMECARE INC	**2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**

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

Registered Nurse (RN) present in the file for this unlicensed resident aide who provided assistance with self-administration of medication to residents. There was a 2-hour training certificate on file dated for the Administrator; a 2-hour training certificate on file dated for Staff B; and a 2-hour training certificate on file dated for Staff C.

During an Interview Staff D on at 7:00pm, states that she works the 7pm-7am shift and that she provides assistance with self-administration of medication for the 8pm medication time . Staff D confirmed that she is unlicensed and untrained on assistance with self-administration of medication and that the LPN pre-pours the medications and place them in labeled containers and the LPN signs the MOR. An interview with the LPN on at 7:15pm , she confirmed that she pre-pours the medications and places them in labeled containers for Staff D to give at 8:00pm. The LPN stated that she signs the MOR before she leaves her shift at 7:00pm.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 2 of 4 sampled staff (Staff B and C) received the required one hour in-service training in the facility's policies and procedures regarding ( ) within 30 days of hire.

The findings include:

On , during employee record reviews for Staff B (hire date of) and Staff C (hire date of), there was no documentation contained within these employee files, or provided by administration, showing completion of the regulatory required in-service training regarding the facility's , which is to be completed within 30 days of employment:

It was determined that the Administrator had left the facility and therefore no further documentation or information was provided at that time. During an interview with the LPN on at 6:00 PM, she acknowledged the absence of documentation for both employees confirming their completion of this required staff training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	06/20/2017
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, interview, and record review, the facility failed to be responsible for the total food services, which include providing food in a safe and sanitary manner.

The findings included:

A record review of the facility's menu and emergency food supply list was conducted on at 11:00am with the Administrator. The facility did not have the food supply items that were listed from an approved Registered Dietician. Observed only 6 individual bottles of water for a census of 7 residents, over 20 severely dented cans were found in the pantry. The dent was deep enough that you can lay your finger into, with some sharp points. Further observations of the dented cans revealed a high potential risk for the contents in the cans be damaged and need to be discarded.

During an interview with the Administrator on at 11:15am, she stated, "The cans are good". However, the Administrator did remove them from the pantry.
(Picture evidence obtained)

Class III

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

Based on interview and record review, it was determined the facility failed to ensure that each staff member must contain an employment application with references as required, for 1 out of 4 sampled staff records (Staff B).

The findings included:

An employee record review was conducted on with the LPN, found no documentation of an application with references as required for Staff B (hire date of). It was determined that the Administrator had left the facility and therefore no further documentation or information was provided at that time.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on observation, interview, and record review, the facility failed to obtain a signed contract from

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	06/20/2017
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

the resident or the resident's legal representative before or at the time of admission containing the services provided, the monthly, weekly or daily rate charged, and other required information, for 7 out of 7 sample resident records reviewed. (Resident #1, 2, 3, 4, 5, 6, and &7).

The findings included:

Review of the facility's Admission & Discharge Log shows the following. Resident #1 was admitted on ; Resident #2 was admitted on ; Resident #3 was admitted on ; Resident #4 respite no date; Resident #5 was admitted on ; and Resident #6 was admitted on ; and Resident #7 was admitted on . A review of the resident individual records found no documentation of an executed contract between the facility and the individuals or their representatives. No documentation found in each residents individual record of any 30 day notice of any rate increase; Resident Rights; or a Refund Policy.

During an interview with the Administrator on at 1:00pm, she stated that she "Doesn't have time for all that paper work and record keeping". Surveyor inquired about the financial arrangements for each resident and is there a statement that the facility issues to the resident or representative. The Administrator again responded by yelling she "Is doing God's work and that she is not an accountant and that she does not keep any records". The Administrator did not provide any further documentation. During interviews with Resident # 1; 2; 4; 5; 6; and & all state that they do not receive any financial statement from the facility. During a family interview on at 3:30pm with resident #7's parents who pays some of the money for his rent stated, "They have never received any receipt or financial statement from the facility". During an interview with the LPN on at 6:00pm, she stated the facility had received citations in the last survey dated on these issues. It was determined that the Administrator had left the facility and therefore no further documentation or information was provided at that time.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 4 sampled staff (Staff C) received the required 6 hour of specialized in-service training within 6 months of hire in working with individuals with mental health diagnosis in a licensed limited mental health facility that is provided by or approved by the Department of Children and Families.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967911	**06/20/2017**
NAME OF PROVIDER OR SUPPLIER **VANDOR HOMECARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2110 NORTH 46TH AVENUE HOLLYWOOD, FL 33021**	

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

On , during employee record reviews with the LPN, for Staff C (hire date of), there was no documentation contained within the employee file, showing the completion of the regulatory required 6 hr. in-service training in working with individuals with mental health diagnosis in a licensed limited mental health facility that is provided by or approved by the Department of Children and Families within 6 months of hire or even after that date. The facility provided the LMH license for seven residents and was reviewed. Seven out of 7 residents have mental health issues with behaviors documented in the resident records and two residents receive outside community support services through their service plan.

It was determined that the Administrator had left the facility and therefore no further documentation or information was provided at that time. During an interview with the LPN on at 6:00 PM, she acknowledged the absence of documentation for the employee confirming their completion of this required staff training.

Class III