STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932616	**07/06/2017**
NAME OF PROVIDER OR SUPPLIER **ARBOR VILLAGE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **13107 N. 22ND STREET** **TAMPA, FL 33612**	

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

0000 - Initial Comments

Assisted Living Facility

On , an abbreviated biennial state licensure survey with limited mental health (LMH) was conducted at Arbor Village, Inc. Deficient practice was identified during the survey.

(Lic. #49)

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

Based on observation and record review, facility staff did not adhere to procedures of assistance with medication self-administration as described in Section 429.256, F.S., with respect to 4 of 6 residents sampled (#2; 3; 7; and 8).

Findings included:

From between 11:35am to 11:50am on , the following was observed:

a) The staff member was observed to place a tablet of Resident #3's and 20mg into the same souffle cup and then hand this to the resident. After watching the resident take the tablets, swallow them and drink some water afterwards, the employee documented in the medication observation record (MOR) afterwards;

b) The employee was next noted to place a tablet of Resident #2's 50 mcg into a different souffle cup and hand this to the resident. Again, upon seeing the resident consume the pharmaceutical and chase it with a swallow of water, the staff member documented in the MOR accordingly;

c) The staff person then was observed placing Resident #7's 50mcg into a souffle cup, give it to the resident and document in the MOR after the individual took the medication and drank water thereafter; and

d) Finally, this employee put a tablet of 300mg into a souffle cup and give it to Resident #8. Once the resident had taken it followed by a swallow of water, she documented appropriately.

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At no time did the staff member ever read the pharmacy labels to the resident regarding any of these medications, nor explain to the resident what these pharmaceuticals were/were for.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, one of four staff sampled did not hold a current First Aid card (B).

Findings included:

A personnel file review during the survey indicated that Staff B, hired , had no First Aid certification whatsoever available for inspection. Interview with the administrator at 2:20pm on provided no clarification for this discrepancy.

Class III

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

Based on record review and record review, one of four staff sampled had not had their medication training updated on a yearly basis.

Findings included:

A personnel record review during the survey found that Staff B, hired , had last had an annual 2 hour update in safe medication practices . Further review of the file found no other subsequent training in medication topics; interview with the administrator at 2:20pm on provided no clarification for this oversight.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility had not necessarily submitted its emergency management plan to the local emergency management agency.

Findings included:

Upon request, the facility was unable to produce an official letter from the local emergency management agency verifying that it had received and reviewed the facility's emergency management plan. Although review of the files furnished found a letter indicating that the facility's fire safety plan had been approved, no official stamp/letter/other acknowledgment could be located proving the facility had formally submitted its emergency plan for review and approval. Interview with the administrator at 2:35pm on indicated that "they had sent this in and that she just couldn't find it at the moment."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, one of one limited mental health (LMH) resident reviewed (#7) did not have all required documentation in place.

Findings included:

Interview with the administrator at 10:45am on revealed that Resident #7 was an LMH resident. A review of this individual's file found no documentation a) verifying he/she had been assessed and determined to be able to live in the community in an assisted living facility and b) provided by a mental health care provider within 30 days of admission, verifying the resident is a mental health resident as defined in Section 394.3474, F.S., and is receiving SSI or SSDI due to a . Interview with the administrator at 2pm on indicated she did not have these pieces of documentation.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility did not maintain an employee background screening clearinghouse.

Findings included:

At 1:15pm on , the facility's employee background screening clearinghouse was requested. However, the assistant owner/administrator stated that "they had not generated such a clearinghouse due to not being able to negotiate the website, etc. (unclear rationale)."

Unclassed

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, three of four staff sampled (A-C) did not have "eligible" Level 2 background screenings at the time of the survey.

Findings included:

A personnel file review during the survey indicated that Staff A (hired), B (hired), and C (hired 2007) did not have current "eligible" results on their latest Level II criminal background screening reports. Staff A had an "awaiting privacy policy", Staff B had "not eligible" and Staff C had "agency review required." Interview with the administrator at 2:45pm on confirmed that none of these individuals had subsequent background reports.

Unclassed