STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932659	**07/26/2017**
NAME OF PROVIDER OR SUPPLIER **WOODMONT A PACIFICA SENIOR LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3207 NORTH MONROE STREET TALLAHASSEE, FL 32303**	

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

0000 - Initial Comments

An unannounced biennial survey with Limited Nursing Services was conducted on at Woodmont A Pacifica Senior Living Community (license #99). A complaint survey for allegations contained within CCR#2017007769 was conducted in conjunction. Deficiencies were found at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, resident interviews and staff interviews, the facility failed to honor resident rights in regards to a safe and decent living environment, specifically related to stained carpeting, for 1 of 10 residents sampled, #1.

Findings include:

A tour of the facility was conducted on at 10:00 AM. There were 2 large black streaks on the carpeting in front of resident #1's , leading into the . A tour of the inside of resident #1's an approximate 5 foot by 7 foot area of blackened, stained carpeting. In addition, two lines extended from the large stained area leading to the resident's closet (photographic evidence obtained). An interview was conducted with resident #1 at 10:10 AM. She stated she she had complained to the previous facility Executive Directors several times about the stained carpeting in her . She stated the facility has shampooed her carpet a few times but each time, immediately after cleaning, the stains returned. She stated she was embarrassed about the carpeting. In addition, she stated facility staff had told her the staining was due to her electric scooter she uses to move around the facility. She responded she had traveled throughout the facility and into other resident on her electric scooter and never left black streaks on their carpeting.

An interview was conducted with the Executive Director on at 12:10 PM. He stated the facility was in the process of changing all the carpeting in the facility to hardwood floors but there was no schedule on when each be changed out. He indicated they would be changed when a resident moved out of the . He denied being aware of the stained carpeting in resident #1's .

Class III

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

Based on staff interview and record review, the facility failed to ensure all staff completed in-service training for control, elopement, resident rights, and recognizing/reporting for 1 of 3 staff sampled, (A). In addition, the facility failed to ensure training for emergency preparedness and incident

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reporting for 2 of 3 staff sampled, (A and B).

Findings include:

The employee file for staff A was reviewed. Staff A was hired on . His training record revealed no documentation of training requirements for control, elopement, emergency preparedness and evacuation, incident reporting, resident rights training, and recognizing/reporting , neglect and .

The training record for Staff B was reviewed. Staff B was hired . Her training record did not contain any incident reporting training or emergency preparedness training.

An interview was conducted with the Business Office Manager on at 3:00 PM. She confirmed the required trainings were not completed for staff A and B.

Class III

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

Based on staff interview and record review, the facility failed to ensure all staff that provided assistance with medication self-administration had a 2 hour annual training update for 1 of 3 sampled employees, (A).

The findings are:

An employee file review was conducted for staff A. Initial training on assisting with self-administration of medication was completed on . There was no documentation of the annual 2 hour update required.

An interview was conducted with the Business Office Manager on at 3:00 PM. She confirmed that the 2-hour annual update had not been completed.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on staff interview and record review, the facility failed to ensure staff providing direct care to residents with and related (ADRD) completed 4 hours of training within 3 months of hire for 1 of 3 staff sampled, (C).

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Findings include:

Staff C's employee file was reviewed. Staff C was hired . There was no evidence in the file indicating that Staff C had completed required training related to caring for residents with ADRD.

An interview was conducted with the Business Office Manager on at 1:15 PM. She reviewed the file and confirmed the training certificate was missing.

An interview was conducted with the Director of Nursing on at 2:45 PM. She confirmed staff C worked in the Memory Care unit which required her to have the ADRD level 1 training.

Class III

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

Based on staff interview and record review, the facility failed to ensure training for ( ) policy and procedures was completed for 2 of 3 staff sampled (A, B).

Findings include:

The employee file for staff A was reviewed. Staff A was hired on . His training record did not contain any policy and procedure training.

The training record for Staff B was reviewed. Staff B was hired . Her training record did not contain any policy and procedure training.

An interview was conducted with the Business Office Manager on at 3:00 PM. She confirmed the required trainings were not completed for staff A and B.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on staff interview and record review, the facility failed to ensure required training documentation was complete for 1 of 3 staff sampled (A).

Findings include:

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The training certificates for staff A were reviewed. Certificates of completion for training in control, emergency procedures, incident reporting, resident rights, reporting elder , care: wandering (elopement), bloodborne , , and policies and procedures did not include the agenda, the number of hours of the training program, location of the training program, the training provider's name, and dated signature.

An interview was conducted with the Business Office Manager on at 3:00 PM. She confirmed the certificates of completion were not adequately documented.

Class III

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

Based on staff interview and record review, the facility failed to maintain complete personnel records, specifically a job description, for 1 of 3 staff sampled (A).

Findings include:

The employee file for staff A was reviewed. Facility capacity was 99 with a census of 75 residents at the time of the review. The employee file for staff A did not include a job description.

An interview was conducted with the Business Office Manager on at 2:38 PM. She confirmed there was no job description in the file for staff A.

Class III

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

Based on staff interview and employee record review, the facility failed to ensure all current staff were placed on the facility's background screening roster within the background screen clearinghouse, for 1 of 3 staff, (B).

Findings include:

Staff B, a resident assistant, was hired at the facility on . The facility's roster was reviewed and did not reveal staff B's name.

An interview was conducted with the Business Office Manager on at 2:45 PM. She stated she was the person responsible for ensuring all staff were registered on the facility roster within the background screening clearinghouse. She reviewed the roster and confirmed staff B was not listed.

Unclassified

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

Based on staff interview and staff record review, the facility failed to ensure all current staff had an eligible background screening every 5 years, for 1 of 3 staff sampled, B.

Findings include:

Staff B, a resident assistant, was hired at the facility on . A review of staff B's employee file revealed an eligible background screen completed on . There was no re-screening observed within the file.

An interview was conducted with the Business Office Manager on at 2:45 PM. She stated she was the person responsible for ensuring all staff had a current background screen. She reviewed staff B's file and could not locate an updated background screen for 2017. She then viewed the background screen within the clearing house and confirmed it stated the employee required new screening. She stated a new background screen was required every 5 years and staff B could not work until a new screen was completed.

Unclassified