STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	**08/07/2017**
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

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

0000 - Initial Comments

A re-licensure survey with Limited Nursing Services (LNS) was conducted on , 2017. Four Seasons Assisted Living Facility license #10150, had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure the health assessment form 1823 was completed for 2 of 2 sampled residents (#4 and #7).

Findings:

1. Record review for resident #4 revealed she was admitted to the facility on . A review of her most recent health assessment form 1823 dated revealed the questions regarding how much assistance she required with her medications and whether she was an elopement risk were not answered.

There was no documentation in the record to indicate the facility obtained the omitted information orally or in writing from a health care provider.

2. Record review for resident #7 revealed she was admitted to the facility on . A review of her most recent health assessment form 1823 dated revealed the question regarding how much assistance she required with transfers was not answered.

There was no documentation in the record to indicate the facility obtained the omitted information orally or in writing from a health care provider.

During an interview with the administrator on at 2:00 pm, she confirmed the findings.

Class III

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

Based on record review and interview the facility retained 1 of 1 resident (#4) who exceeded the Assisted Living Facility (ALF) residency criteria.

Findings:

Record review for resident #4 revealed that she was admitted to the facility on .

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A facility observation note that was dated on indicated resident #4 was sent to the hospital because the fingers on her left hand were red, warm, and .

A facility note indicated that she returned to the facility on .

A review of a health assessment form 1823 dated indicated she had a communicable and indicated that she had ( ) in her .

A health care provider order that was dated on indicated resident #4 was prescribed 3 grams, mix one packet in 4 ounces of water and drink by mouth every 72 hours for two doses. is an used to treat ( ) (.com.)

During an interview with the administrator on at 3:30 pm, she confirmed the facility accepted the return of resident #4 from the hospital when the 1823 indicated resident #4 had a communicable .

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to notify a health care provider of a significant change and failed to follow health care provider orders for 1 of 2 sampled residents (#7).

Findings:

1. Review of a facility incident report revealed that on , resident #7 was sent to the hospital after she sustained a . Neither the incident report nor the record of resident #7 contained documented evidence to indicate a health care provider was notified when she was sent to the hospital.

On at 2:54 pm, the administrator confirmed the finding.

2. Review of the 2017 Medication Observation Record (MOR) for resident #7 revealed entries for the following medications:

20 milligrams (mg) by mouth every day. The medication was scheduled to be given at 6 pm and was signed as given from through .

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20 mg by mouth twice a day. The medication was scheduled to be given at 8 am and 6pm and was signed as given from through .

, take one-half cap by mouth every until resolved. The entry did not contain the frequency. It was signed as given on at 8 am, at 8 am, and on at 9 am.

The most recent health assessment form 1823 for resident #7 was dated on . The 1823 listed the following physician orders:

10 mg by mouth daily at bedtime.

, 20 mg by mouth daily.

The record for resident #7 did not contain an order from a health care provider to increase the dose of from 10 mg to 20 mg and to increase the frequency of the , from daily to twice daily, as indicated on the 2017 MOR.

A health care provider order dated indicated that resident #7 was to receive 1 cap by mouth daily.

The record for resident #7 did not contain an order from a health care provider to decrease the dose of the from 1 cap to one-half cap, as indicated on the 2017 MOR.

During an interview with staff A on at 4 pm, she said the resident did not have that her daughter was going to bring the medication to the facility on that day. She said that on , , and , she gave one-half capful of powder to resident #7. She said the facility had some powder that was left over from another resident. She said she thought the term "cap" on the order meant capful and she thought the symbol on the order that meant the number 1 actually meant one-half.

There was no documented evidence to indicate that a health care provider was contacted to obtain clarification of the order.

During an interview with the administrator on at 4:15 pm, she confirmed all of the findings.

Class III

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0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observations, review of a medication container, and interview the facility failed to ensure an Over the Counter (OTC) medication container was properly labeled for 1 of 1 sampled residents (#7.)

Findings:

Observations made during a medication pass for resident #7 on at 9:45 am revealed that staff A read each medication label to resident #7 and in the presence of the resident, placed the medications into a cup. Resident #7 took the medications without assistance.

Review of the 2017 MOR for resident #7 revealed an entry for , 20 milligrams (mg) by mouth twice daily at 8 am and 6 pm.

Review of the box revealed that it was an OTC medication. The box was labeled only with the name of resident #7.

Review of the most recent health assessment form 1823 for resident #7 dated revealed that a health care provider prescribed the .

A pharmacist or physician, as required did not properly label the box.

On at 10 am, staff A confirmed the finding.

Class III

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

Based on personnel record review and interview the facility failed to ensure that 1 of 4 sampled staff (D) received the required in-service training.

Findings:

Personnel record review for staff D revealed a hire date of .

There was no documented evidence to indicate staff D received in-service training that covered the facility's emergency procedures including chain-of-command and staff roles related to emergency evacuation within 30 days of employment, as required.

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On at 4:47 pm, the administrator confirmed the finding.

Class III

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

Based on personnel record reviews and interview the facility failed to ensure that 1 of 4 sampled staff (D) received the required in-service training.

Findings:

Personnel record review for staff D revealed a hire date of .

The record contained no documented evidence to indicate staff D received training in the facility 's policy and procedures regarding ( ) within 30 days after employment, as required.

On at 5 pm, the administrator confirmed the finding.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to maintain a living environment free of hazards and failed to ensure that all architectural and structural systems were maintained in good working order.

Findings:

Observations made during a tour of the facility on at 8:52 am revealed the ceiling close to the # contained a basketball sized brown and black stain.

In # , a floor tile was loose in the , which caused a risk.

On at 5:30 pm, the administrator confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

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Based on record review and interview the facility failed to ensure the residency contract contained all the required information for 2 of 2 sampled residents (#4 and #7).

Findings:

Record review for resident #4 revealed a residency contract dated .

Record review for resident #3 revealed a residency contract dated .

The contract for residents #4 and #7 did not contain a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change, as required.

The facility possessed a Limited Nursing Services (LNS) specialty license.

The contract for residents #4 and #7 did not contain a list of limited nursing services, as required.

On at 2:53 pm, the administrator confirmed the findings.

Class

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

Based on personnel record reviews, review of the Agency's background screening clearing house, and interview, the facility failed to maintain an employee roster on the Agency's background screening clearing house that listed 3 of 4 sampled employees (A, C, and D) who were subject to a background screening.

Findings:

Personnel record review for staff A, a caregiver, revealed a hire date of .

Personnel record review for staff C, a caregiver, revealed a hire date of .

Personnel record review for staff D, a registered nurse, revealed a hire date of .

Review of the Agency's background screening clearing house revealed that staffs A, C, and D were not listed on the facility's online roster, as required.

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On at 5:15 pm, the administrator confirmed the findings and said she did not know about the background roster.

Unclassified