STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LEAF ASSISTED LIVING FACILITY	**24 MEAD PLACE STUART, FL 34997**

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

0000 - Initial Comments

A Relicensure survey was conducted on at Maple Leaf Assisted Living Facility, License #10059. The facility had deficiencies at the time of the visit.

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

Based on resident record review and staff interview, the facility failed to obtain an accurate, complete health assessment (Form 1823), for 1 of 2 sampled residents whose records were reviewed (Resident #2).

The findings included:

On , a record review was completed for Resident #2, whose admission date was . A review of the initial, and most current health assessment (AHCA Form 1823) for Resident #2, which is dated , was completed. The following issues were noted:

1) Section 1-A does not document the level of assistance needed for ambulation.
2) Section 1-C (1) documents that this resident has a communicable , but does not specify as to the type of communicable .
2) Section 1-C (4) does not contain any response indicating whether this resident is a danger to self or others, and
3) Section 1-C (5) does not answer whether this resident requires 24-hour nursing or , , care.

On at 2:30 PM, the Administrator acknowledged the missing documentation on Resident #2's health assessment was important in determining the appropriateness of a resident's placement in an assisted living facility.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview and medication record review, the administrator did not follow physician's order for timing of medication for 2 of 4 residents, observed during the provision of residents' medications (Resident #1 and #3).

The findings included:

1) On at 8:30 AM, the Administrator removed Resident #1's morning medications from a

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	08/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLE LEAF ASSISTED LIVING FACILITY	**24 MEAD PLACE STUART, FL 34997**

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

locked cart. Resident #1's morning medications are all pre-packaged together, in daily doses, in a medication card supplied by the pharmacy. The Administrator popped all the morning medications out of the daily "bubble" into a small plastic cup, handed the cup to Resident #1, and watched her swallow the pills. Resident #1 was in the middle of eating breakfast at this time.

A review of the medication label for the medications provided to Resident #1 during breakfast was conducted. One of the morning medications provided at this time was , , 40 mg. The instructions were for the resident to take 1 tablet by mouth 30 minutes before breakfast each morning.

2) On at 8:38 AM, the Administrator removed Resident #3's morning medications from a locked cart. Resident #3's morning medications are also pre-packaged together, in daily doses, in a medication card supplied by the pharmacy. The Administrator popped all the morning medications out of the daily "bubble" into a small plastic cup, handed the cup to Resident #3, and watched her swallow the pills. Resident #3 was also in the middle of eating breakfast at this time.

A review of the medication label for the medications provided to Resident #3 during breakfast was conducted. One of the morning medications provided at this time was Famotadine, 20 mg. The instructions were for the resident to take 1 tablet by mouth each morning on empty stomach.

On at 2:00 PM, the Administrator stated that she was aware of the need to take the , and the Famotadine before breakfast, but the pharmacy had packaged them together with all the other morning medications. She did not want to open the bubble on the mediation card to remove 1 pill and leave the rest of the medications sitting open. The Administrator stated, she would contact the pharmacy to see if they would package these 2 medications separately.

Class III

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

Based on record review and staff interview, the facility failed to ensure 1 of 2 staff submitted a written statement from a health care provider documenting this staff member does not have any signs or symptoms of communicable , including ( ) within 30 days after beginning employment (Staff C).

The findings included:

On , during employment record review for Staff C (hire date), a written statement from a health care provider documenting that Staff C was free from any signs or symptoms of any

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	08/03/2017
NAME OF PROVIDER OR SUPPLIER **MAPLE LEAF ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **24 MEAD PLACE** **STUART, FL 34997**	

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

communicable , including , was not found.

Included in Staff C's file was a document showing a chest x-ray had been done on , and was negative for any signs of . However, this document was based on an examination 14 months prior to hire.

The Administrator acknowledged the absence of a "free from communicable , including " health statement for Staff C on at 2:00 PM.

Class III

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

Based on resident record review and staff interview, the facility failed to ensure resident's record contained Resident Demographic Data, for 1 of 2 residents whose records were reviewed (Resident #2).

The findings included:

On , during the medical record review for Resident #2, the Resident Demographic Data, usually contained on a face sheet at the beginning of the resident's chart, could not be located anywhere within the resident's record. A request was made to the Administrator for the missing document.

On , the Administrator stated she could not locate the missing Resident Demographic Data sheet. She stated, "The sheet was in there because I remember filling it out. I don't know where it could have gone, but I cannot find it."

Class

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

Based on the reviews of the facility's staffing schedule and the facility's Background Screening Clearinghouse's Employee Roster, and staff interview, the facility failed to maintain the employment status of all employees within the Agency's Clearinghouse within 10 business days of hire or discharge for 3 of 5 employees reviewed (Staff B, D, and E).

The findings included:

On , a review was conducted of the facility's current staffing schedule and compared to the facility's Employee Roster located on the Agency's Background Screening Unit's website. This review

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	**08/03/2017**
NAME OF PROVIDER OR SUPPLIER **MAPLE LEAF ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **24 MEAD PLACE** **STUART, FL 34997**	

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

revealed Staff B, whose hire date was . . . . , had not been added to the roster since her hire date.

Further review of the facility's Employee Roster showed current employment for 2 employees (Staff D and Staff E) who were not included on the facility's staffing schedule. These employees had no end date added to the roster, thereby signifying they were still employed.

During an interview with the Administrator, on at approximately 1:30 PM, she stated that Staff D and Staff E no longer work for the facility and had not for some time. Regarding Staff B, the Administrator stated that she thought when she requested a screening for the employee; they were automatically added to the roster. She acknowledged the facility's employee roster was not current.

Unclassified