| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910320** | **08/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOLDEN RETREAT SHELTER CARE CE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4410 MONCRIEF RD. W.**<br>**JACKSONVILLE, FL 32209** | |

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

**0000 - Initial Comments**

On , 2017 an unannounced biennial re-licensure survey was conducted in conjunction with a complaint investigation (CCR #2017005878) at Golden Retreat Shelter Care Center Assisted Living (License #5846). Deficient Practice was identified during the survey. There were no deficiencies related to the complaint investigation.

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

Based on observation and resident and staff interview, the facility failed to ensure the right to retain and use residents own clothing in their immediate living quarters, so as to maintain individuality and personal dignity, for 1 of 1 sampled residents observed with an empty closet and no chest of drawers (Resident #7).

The findings included:

Resident #7 was breifly interviewed in her at 10:48 am. She stated she wanted her check for some clothing because she did not have any clothing.

A found Resident #7's closet was completely void of clothing and shoes. Additionally, there was no dresser observed in the , and no clothing in any location.

An interview was conducted with the Marketing Director (MD) on at 1:50 pm. The closet in the front office was toured with her, and she said the facility kept Resident #7's clothing in the office closet because Resident #7 would sell her clothing and trade them for cigarettes. The closet was observed with multiple new clothing items, still with tags on.

When asked how she knew whose clothing was whose, as there were no names on any of the garments, she said she knew by size. The MD added there was also a lot of clothing in the laundry . (Residents) were allotted one outfit a day. An observation of the laundry the MD revealed copious amounts of clean clothing., none was labeled with resident names. An entire wall of hanging clothing, and an entire wall of folded clothing, was locked in the laundry . The MD explained ithis was a community closet for some of the residents for whom the facility keeps their clothing. These residents would come to the laundry choose an outfit daily. The MD

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acknowledged the requirement for residents to have the right to retain and use their own personal clothing.

Class III

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

Based on observations, resident and staff interviews, and resident record review, the facility fialed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication were refilled in a timely manner for 1 of 17 sampled residents (Resident #5).

The findings included:

In an interview conducted with Resident #5 on at 12:00 pm, she stated she wasexperiencing pain in her legs, and was not receiving her pain medications as ordered.

A record review for Resident #5 revealed she had a physician's order for Norco (a combination of Acetomenophen and used to treat pain) 1 tablet twice daily for pain, and (an medication) 600 milligrams every 6 hours as needed for pain. The medication administration record (MAR) for 2017 was blank, indicating Resident #5 had not received either medication all month. There was no documentation on the MAR or in the record that the medications were not available.

An observation of the medication storage at 2:20 pm found neither the Norco or the was available for Resident #5.

An interview was conducted with the Administrator on at 2:40 pm. She stated she had called the FACT team several times trying to get refills of this prescription. She confirmed it was not available for Resident #5.

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Class III

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

Based on observation and staff interview the facility failed to maintain a safe and sanitary environment in 9 of 9 resident . . . not providing minimum furnishings according to 58A-5.023(2) FAC.

The Findings Include:

During a tour of a sample of resident . . . it was found 9 of 9 . . . did not have minimum furnishings required that must include; a dresser, chest or other furniture designed for storage of clothing or personal effects; a table or nightstand and a comfortable chair if requested..

had no dressers, one bedside stand and no chairs for two residents. had one chair and one nightstand for two residents. . . . had no dressers and one chair for two residents. . . . had no dressers and one bedside stand for two residents. had no dresser for one resident. . . . had one chair, two nightstands and no dressers for three residents. . . . had no dressers and two nightstands for three residents. had no chairs, one dresser and two nightstands for three residents. Residents were present in all of the sampled . . . and all stated if given the option they would like to have a chair in the resident .

During an interview with the Administrator on . . . . . at 3:05 PM she said the facility has obtained furnishings about 2 months ago and there were currently in a storage area. During a tour of the storage area at 3:30 PM it was found the furnishings in storage were not sufficient to bring the facility to compliance.

Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on a review of facility records, and interview with the Administrator, the facility failed to maintain an accurate admission/discharge log that reflected the actual discharge location and reason for discharge for 9 of 9 recently discharged residents (Residents 8, 10, 11, 12, 13, 14, 15, 16 and 17).

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The findings included:

Review of the admission and discharge log revealed the following:

Resident 8 was noted as on . The place of discharge was also noted as " ".
Resident 10 was noted , with place of discharge noted as " ".
Resident 11 , with discharge location "" ,".
Resident 12 was noted , with the place of discharge "unknown".
Resident 13 ", ," . The place discharged to was ", , heaven".
Resident 14 was noted as on . The place discharged to was "Hopefully heaven".
Resident 15's reason for discharge was marked " " on . The place discharged to was "Hopefully another life. ".
Resident 16 was noted as . The place of discharge noted was "unknown".
Resident 17 was noted as . The place of discharge was also " ".

An interview was conducted with the Administrator at 11:10 am on . When asked about the multiple in-facility deaths noted on the admission/ discharge log, she stated the residents did not die in the facility. She acknowledged the requirement for the place of discharged to note the actual location the resident was transferred to prior to expiring. She stated she would have to correct the log.

In a follow up interview at 11:50 am on , the Administrator provided the discharge locations as follows:

Resident 8 was transferred to a , hospital under a .
Resident 10 walked off of the property and found several blocks away.
Resident 11 was discharged to the emergency to .
Resident 12 was also transferred to the emergency hospital related to a history of .
Resident 13 went to the hospital after a .
Resident 14 was discharged to a hospice facility with .

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Resident 15 was discharged to the hospital with health issues.
Resident 16 was discharged to the hospital for .
Resident 17 was discharged to hospice with .

Class III

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

Based on record review and interview, the facility failed to ensure that 4 of 4 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A's personnel file revealed an eligible level II background screening dated .

A review of Employee B's personnel file revealed an eligible level II background screening dated .

A review of Employee C 's personnel file revealed an eligible level II background screening dated .

A review of Employee D 's personnel file revealed an eligible level II background screening dated .

A review of the Agency for Health Care Administration's background screening website on at 2:15 PM revealed that the facility had not added the names of Employee A, B, C or D to the facility employee roster. (photo evidence obtained).

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During an interview with the Administrator on at 2:20 PM she said she was not sure how to sign in to the Agency for Healthcare Administration employee roster and make additions or changes. She said she would update the employee roster as soon as she can learn how to sign in and make the changes.

Unclassified