STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Change of Ownership (CHOW PROVISIONAL for the period to) with Extended Congregate Care (ECC) survey was conducted on .

The Preserve at Clearwater, Assisted Living Facility (License #12158), had deficient practice at the time of this visit.

0003 - Licensure - Change of Ownership (CHOW) - 58A-5.014 FAC

Based on record reviews and interviews, the facility failed to ensure that all resident funds on deposit at the time of transfer of ownership, advance payments of resident rents, resident security deposits, and resident trust funds held by the previous licensee were transferred to the new owner, that each resident was provided a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility, and that residents were notified in writing of the manner in which the transferee is holding the resident's funds.

Findings included:

Per record reviews conducted at the facility on beginning at 1:30pm, there were no copies of letters to residents found in 2 of 2 records reviewed regarding sale of facility to new owner effective .

Per interview with the Administrator on at 2:30pm, there was a gag order in effect when the facility sale was going through, so they were unable to announce the ownership change to residents. The Administrator stated on that she was unable to provide any letters because the letters are in process. When asked if the facility is holding any resident funds, or trust accounts, the Administrator stated that the facility is in possession of resident trust accounts and that, per Corporate, the transfer of funds (from previous owner to new owner) just went through.

On at 5:00pm, the Administrator provided a form letter sent from the facility's corporate office dated addressed to <blank> that states "RE: Trust Accounts - As of , 2017, the transfer of your trust account from Menorah Manor to Clearwater Senior Housing Group LLC (The Preserve at Cleawater) is <blank>, which has been credited to your account." A name & phone number is provided

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD CLEARWATER, FL 33763**	

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

to contact "if this is not accurate." The incomplete and unsent letter does not meet regulations. (Refer to phographic evidence.)

Per interview with the Business Office Manager on at 5:30pm: "The new owners sent letters regarding trust accounts directly to residents. That is why we don't have copies in resident files."

Per Florida Statutes, proof of such transfer of funds must be provided to the agency at the time of the agency survey and before the issuance of a standard license. The facility failed to provide the required documentation during Change of Ownership survey conducted by AHCA Surveyors on .

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that the Administrator of the facility with 79 in-house residents has completed continuing education requirements of an Administrator.

Findings included:

Per Interview with the Administrator on beginning at 9:30am, the Administrator was hired on . Per Employee Record Reviews conducted at the facility on , the Administrator was hired to serve as Administrator of the facility as of .

Per review of the Administrator's personnel record, she completed Assisted Living Facility CORE training requirements on and a CORE update on . The Administrator's file included certificates of 4 hours of training during 2016; there was no documentation of training during 2015 and no documentation of training during 2017. There was no documentation of the required 12 hours of continuing education every 2 years as required of an Administrator.

Per review of training certificates provided throughout the day of survey and interview with the Administrator on at 6:15pm, the Administrator acknowledged the missing trainings and stated that the previous corporate office maintains employee files and she has been in contact with the corporate office trying to get needed certificates for facility records.

Per Statute, Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department -- discovered by AHCA Surveyor per record review conducted on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

Class III

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

Based on record review and interviews, the facility failed to ensure that all staff providing direct resident care services in the facility with 79 in-house residents receive a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents, a minimum of 1 hour in-service training within 30 days of employment regarding the facility's resident elopement response policies and procedures, a minimum of 1 hour in-service training within 30 days of employment that covers Emergency Preparedness & Evacuation training, and a minimum of 1 hour in-service training that covers Resident Rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and .

Findings included:

Per Employee Record Reviews conducted at the facility on , Staff A was hired on and currently provides resident care as a Licensed Practical Nurse on 1st & 3rd shifts; Staff B was hired on and currently provides resident care as a Certified Nursing Assistant/ Medication Tech on 1st & 2nd shifts; Staff C was hired on and currently provides resident care as a Certified Nursing Assistant on 3rd shift. Record reviews revealed the following:

Three of 3 direct care employee records reviewed (Staff A, B, & C) contained no evidence of completion of a minimum of 1 hour in-service training that covers reporting major and adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

One of 3 direct care employee records reviewed (Staff C) contained no evidence of completion of a minimum of 1 hour in-service training regarding the facility's resident elopement response policies and procedures within 30 days of employment.

Three of 3 direct care employee records reviewed (Staff A, B, & C) contained no evidence of completion of a minimum of 1 hour in-service training within 30 days of employment that covers Emergency Preparedness & Evacuation training. No certificates were found in Staff A & Staff C files; Staff B's file contained a certificate for ½ hour (.5hr) training in Fire Safety Policy & Protocol dated .

One of 3 direct care employee records reviewed (Staff C) contained no evidence of completion of a minimum of 1 hour in-service training that covers Resident Rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD CLEARWATER, FL 33763**	

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

Per review of training certificates provided throughout the day of survey and interview with the Administrator on at 6:15pm, the Administrator acknowledged the missing trainings and stated that the previous corporate office maintains employee files and she has been in contact with the corporate office trying to get needed certificates for facility records.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record reviews and interviews, the facility failed to ensure that all staff (2 of 3 reviewed) of the facility with 79 in-house residents complete a one-time education course on and (/) within 30 days of employment.

Findings included:

Per Employee Record Reviews conducted at the facility on , Staff B was hired on and currently provides resident care as a Certified Nursing Assistant/Medication Tech; Staff C was hired on and currently provides resident care as a Certified Nursing Assistant. Record reviews revealed the following:

There was no evidence of and training found in Staff B's personnel file.

There was no evidence of and training found in Staff C's personnel file.

Per review of training certificates provided throughout the day of survey and interview with the Administrator on at 6:15pm, the Administrator acknowledged the missing trainings and stated that the previous corporate office maintains employee files and she has been in contact with the corporate office trying to get needed certificates for facility records.

Class III

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

Based on observation, record review, and interview, the facility failed to ensure that all staff (2 of 3 reviewed) who provide direct care to residents with 's and Related (ADRD) obtain 4 hours of initial training within 3 months of employment (ADRD Level I Training) and 4 hours of continuing education within 9 months of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE AT CLEARWATER	2010 GREENBRIAR BLVD CLEARWATER, FL 33763

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

Findings included:

Per facility tour and resident, family, & staff interviews conducted at the facility on beginning at 9:15am, the facility provides a secured Memory Care Unit (MCU), serving residents with 's and Related (ADRD), in addition to standard Assisted Living Facility services. The in-house census of 79 residents on included 19 residents of the MCU.

Three employee records of personnel who provide direct care for facility MCU residents were selected for review on . Two of the 3 records did not contain evidence of completion of the required ADRD training, as follows:

Per record review, Staff A was hired on and currently provides resident care as a Licensed Practical Nurse on 1st & 3rd shifts in both the Assisted Living and Memory Care Unit. As of review, there was no evidence of completion of the initial 4 hours of ADRD (Level I) training required within 3 months of employment and no evidence of completion of 4 hours of ADRD (Level II) training required within 9 months of employment.

Per record review, Staff C was hired on and currently provides resident care as a Certified Nursing Assistant on the 3rd shift in the Memory Care Unit. As of review, there was no evidence of completion of the initial 4 hours of ADRD (Level I) training required within 3 months of employment.

Per review of training certificates provided throughout the day of survey and interview with the Administrator on at 6:15pm, the Administrator acknowledged the missing trainings and stated that the previous corporate office maintains employee files and she has been in contact with the corporate office trying to get needed certificates for facility records.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all direct care staff (3 of 3 reviewed) of the facility with 79 in-house residents receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings included:

Per Employee Record Reviews conducted at the facility on , Staff A was hired on and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD CLEARWATER, FL 33763**	

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

currently provides resident care as a Licensed Practical Nurse on 1st & 3rd shifts; Staff B was hired on and currently provides resident care as a Certified Nursing Assistant/ Medication Tech on 1st & 2nd shifts; Staff C was hired on and currently provides resident care as a Certified Nursing Assistant on 3rd shift. Record reviews revealed the following:

There was no evidence of training found in Staff A's personnel file.

Staff B's file contained a certificate for training conducted by the former facility owner on . There was no indication of training in the current facility owner's (effective) Policies & Procedures.

There was no evidence of training found in Staff C's personnel file.

Per review of training certificates provided throughout the day of survey and interview with the Administrator on at 6:15pm, the Administrator acknowledged the missing trainings and stated that the previous corporate office maintains employee files and she has been in contact with the corporate office trying to get needed certificates for facility records.

Class III

E201 - ECC - Policies - 58A-5.030(2) FAC

Based on record review and interview the facility failed to follow its own policy regarding the staff position responsibility of the Extended Congregate Care (ECC) supervisor overseeing the care and day to day management of one (Resident #2) out of one resident receiving ECC services.

Findings included

During an interview at 1:30p.m., on with the Director of Health and Wellness LPN, he stated he was not the Extended Congregate Care supervisor and that the contracted RN was the ECC supervisor. He stated the ECC supervisor has to be an Registered Nurse.

During an interview at 4:13 p.m., on with the Executive Director, she stated that the ECC supervisor is the Director of Health and Wellness LPN. The contracted RN is not the ECC supervisor and that the RN answers to the Director of Health and Wellness LPN.

The facility's Policy/Procedure titled 'Extended Congregate Care' effective , no revision date, revealed: Procedure: Responsibility: Action:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

2.Staffing A) ECC supervisor will be the Administrator of (the facility)who will be responsible for the day-to-day management of ECC and resident planning. B) Director of Resident Care RN will provide services for nursing ECC resident participate in development of resident service plans and perform monthly nursing assessments.
4. Service Plans A) ECC supervisor, prior to admission will develop a preliminary service plan and in 14 days of admission develop a written plan. The plan will be developed and agreed upon by the resident or designee and updated quarterly.

Class III

E203 - ECC - Staffing Requirements - 58A-5.030(4) FAC

Based on record review and interview, Extended Congregate Care (ECC) training was not provided as required.

Findings included:

Per Employee Record Reviews conducted at the facility on beginning at 1:30pm, Staff B was hired on and currently provides resident care as a Certified Nursing Assistant/Medication Tech on 1st & 2nd shifts; Staff C was hired on and currently provides resident care as a Certified Nursing Assistant on the 3rd shift. Two (Staff B & Staff C) of 3 Employee Records reviewed did not contain ECC training certificates.

At 5:10pm on , the Administrator identified the Director of Health and Wellness as the ECC Supervisor. Despite requests at 1:30 p.m., and 4:13 p.m. to the Administrator and the Director of Health and Wellness LPN, the personnel file containing the ECC training, Back Ground Level II screening, and CORE training of the Director of Health and Wellness LPN was never provided by conclusion of the survey.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on facility record review, medical record review and interview the facility failed to develop and update a service plan related to , , care for one (Resident #2) out of one resident reviewed for Extended Congregate Care (ECC) service plans.

Findings included

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD CLEARWATER, FL 33763**	

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

During a record review for Resident #2 on , it was revealed that the only service plan in the resident records to include the residents' medical chart and the facility's ECC binder, was a Preliminary ECC service plan dated that was signed by the previous ECC supervisor. The resident maintained residency throughout the time period until present.

At 4:30 p.m., an interview and record review with Director of Health and Wellness LPN revealed there was not another Service Care Plan for Resident # 2 and he was not aware that they had to be updated quarterly.

During a chart review and interview on at 5:30 p.m., the Business Office Manager was unable to locate a care plan in the residents chart. At 5:36 p.m., she stated the only one she could find was in the ECC book.

The facilities Policy/Procedure titled Extended Congregate Care effective , no revision date, revealed Procedure: Responsibility: Action: 2.Staffing A) ECC supervisor will be the Administrator of the Inn on the Pond who will be responsible for the day to day management of ECC and resident planning. B) Director of Resident Care RN will provide services for nursing ECC resident participate in development of resident service plans and perform monthly nursing assessments
4. Service Plans A) ECC supervisor, prior to admission will develop a preliminary service plan and in 14 days of admission develop a written plan. The plan will be developed and agreed upon by the resident or designee and updated quarterly.

Class III

E208 - ECC - Records - 58A-5.030(9) FAC

Based on record review and interview the facility failed to maintain resident #2's Extended Congregate Care (ECC) monthly assessments by the ECC supervisor not reviewing monthly, having the policy for , pubic care in the policy book and maintaining the service plan.

Findings included

1) During a record review for resident #2, the ECC supervisor failed to document the review of the monthly assessments for the months of and , 2017. The assessments were completed monthly as documented by the contracted RN for the facility and signed by the ED for , , , and , 2017.

2) During an ECC facility policy book review and interview with the Director of Health and Wellness LPN

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRESERVE AT CLEARWATER	**2010 GREENBRIAR BLVD CLEARWATER, FL 33763**

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

at 4:40 p.m., he stated that the policy regarding the specific care (, ,) for Resident #2 was not in the ECC book, where the policies should be kept. He said the policies were not inclusive of the services they offer.

3) A preliminary service plan for Resident # 2's , in place dated .

An interview with the Director of Health and Wellness on at 4 p.m., revealed that "I guess she forgot to sign them". He was not aware that they had to be updated quarterly or that a written care plan needed to be in place.

During a chart review and interview on at 5:30 p.m., the Business Office Manager was unable to locate a , , care plan in the residents chart. At 5:36 p.m., she stated "the only one I could find was in the ECC book dated ".

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on observation, interview and attempted staff record review the facility failed to ensure that the Director of Health and Wellness Licensed Practical Nurse (LPN) completed Extended Congregate Care (ECC) training.

Findings included

On at 2 p.m., during an observation of Resident # 2's , pubic site, it had moderate drainage, but looked healthy and functioned properly. There was no dressing over the site and no signs of .
A Physician order check with the Director of Health and Wellness LPN at 2:15p.m., revealed there was not any order for a dressing over the site.
During an observation of the Director of Health and Wellness LPN at 2:20 p.m., he was observed proving care and ECC services to Resident #2 and cleansed the cite with solution and dried it with a guaze , .

At 5:10pm on despite requests at 1:30 p.m., and 4:13 p.m. to the Executive Director and the Director of Health and Wellness LPN, the personnel file containing the ECC training, Back Ground Level II screening and CORE training of the Director of Health and Wellness LPN was requested and not provided during survey. The Administrator had identified him as the ECC Supervisor. During an interview

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

with Director of Health and Wellness LPN at 1:50 p.m., he said he had taken CORE and ECC training in the past.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	08/15/2017
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

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

Based on record review and interview, the facility failed to maintain the employment status of all employees of facility with 79 current in-house residents within the Background Screening Clearinghouse, including initial employment status and any changes in status within 10 business days, for 4 of 4 current employees reviewed.

Findings included:

Per review of the facility's staffing schedule, employee record reviews, and confirmation with the Administrator on at 10:00am, Staff A, B, C, & D are all current employees of the facility.

Per record review, Staff A is currently employed as a Licensed Practical Nurse (LPN) on 1st & 3rd shifts. Surveyor found no date of hire in Staff A's personnel file. Staff A's file contained an employment application signed . Per review of the facility's roster on the AHCA Background Screening website, Staff A was hired on and ended employment on and also hired on and ended employment on . As of , Staff A's employment status has not been updated to reflect current employment.

Per record review, Staff B was hired on and is currently employed as a Certified Nursing Assistant/Medication Tech on the 1st & 2nd shifts. Per review of the facility's roster on the AHCA Background Screening website, Staff B was hired on and ended employment on . As of , Staff B's employment status has not been updated to reflect current employment.

Per record review, Staff C was hired on and is currently employed as a Certified Nursing Assistant on the 3rd shift. Per review of the facility's roster on the AHCA Background Screening website, Staff C was hired on and ended employment on . As of , Staff C's employment status has not been updated to reflect current employment.
Per record review, Staff D is currently employed as a Certified Nursing Assistant on the 1st shift. Per review of the facility's roster on the AHCA Background Screening website, Staff D was hired on and ended employment on and also hired on and ended employment on . As of , Staff D's employment status has not been updated to reflect current employment.

On at 3:30pm, The Administrator provided a list of 56 current "Active" employees. Per review, the facility's roster on the AHCA Background Screening website lists 10 current employees.

Per interview with the facility Administrator on at 6:00pm, the Administrator stated that the former

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **THE PRESERVE AT CLEARWATER**	STREET ADDRESS, CITY, STATE, ZIP CODE **2010 GREENBRIAR BLVD** **CLEARWATER, FL 33763**	

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

owner must have terminated the employees on . . . . when there was the change of ownership effective . . .

Unclassed