STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943002	10/11/2017
NAME OF PROVIDER OR SUPPLIER **GUARDIAN HOME ALF, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **431 E. AIRPORT BLVD.** **SANFORD, FL 32773**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Guardian Home Assisted Living Facility, License #5629 had deficiencies at the time of the visit.

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

Based on record review and interview the facility did not ensure when a resident complained of ear pain this was reported to the health care provider and family and documented in the resident's record for 1 of 2 sampled residents (#2).

Findings:

On at 9:50 AM, Resident #2 said that she was having ear pain and would like to have some eardrops or have a doctor look at it. She said she reported it to the administrator.

Record review for resident #2 revealed there were no facility notes regarding the resident's ear hurting.

On at 1 PM, the administrator said she the health care provider and the resident's sister were not notified of the resident's complaint of ear pain.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interviews, the facility failed to have evidence of an ongoing activities program at least 6 days a week for a total of not less than 12 hours per week that provided a diversified individual and group activities in keeping with the resident's needs, abilities, and interests.

Findings:

On , Resident #2 said there was bingo offered on Thursday's and the residents enjoyed it. She said her family member would also come sometimes to play cards with some of the residents. Resident #3 said they had a few activities none interest him. Resident #4 confirmed they had bingo on Thursday nights.

Review of the erasable board on the wall revealed the activities were written on certain days of the week, the times were not listed and it was not every day as follows:

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The week of through noted on 10/4-yoga, 10/5-Jehovah's witness visit, bible study, watch videos and bingo, 10/6-listed a residents name and birthday, 10/7 AM walk
The week of through noted on 10/9-yoga; -Nazarene church, games, bibles study, fun activities, singing; -Jehovah's Witness visit, bible study; ; Catholic Church visit, bible study; -AM walk.
The week of through noted on ; -Jehovah's witness visit, bible study, storytelling and bingo night; -Jehovah's witness visit, bible study, bingo night; -Catholic church visit, bible study, -AM walk
The week of through noted- -morning yoga; -Jehovah's witness visit, bible study and bingo night; -Catholic church, bible study; -AM walk
There were no activities listed 6 days a week.

On at 11 AM, someone arrived to do yoga with the residents. This activity was not listed on the calendar and about 5 residents participated. There was no activity listed for .

On at 12:45 PM, the administrator confirmed there were not activities 6 days a week. She said most of the residents did not want to participate.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

On at 12:20 PM-the administrator removed the medication from the cabinet and took it to the resident #6's . The administrator said, "knock knock,I got your medicine" and entered the . She removed the pill from the bubble pack and handed the pill to the resident who took it. The resident then asked, "you just gave me my noon pill?" The administrator answered yes.

The administrator then said "time for your eye drops" when she provided the eye drops she did not read the label of each of the 4 containers.

Staff A the administrator, did not follow the appropriate procedures at all times and did not in the presence of the resident, read the label, open the container, remove the prescribed amount of

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medication from the container.

On at 12:30 PM, the administrator confirmed the findings.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview, the facility did not ensure the medication storage cart was locked at all times.

Findings:

Observation on at 12:20 PM, Staff A, the administrator removed the medications for resident #6 from the medication storage cart and proceeded to her give her the medications. The administrator did not lock the cart back. Further observations revealed there were several residents sitting in the area where the medication storage cart was located.

On at 12:25 PM, after returning to the medication storage cart, the administrator confirmed she did not lock the cart when she left to give resident #6 her medications.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review, staff schedule review and interview, the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times.

Findings:

Review of the staff schedule revealed staff A and Staff C both worked alone.
Personnel record review for Staff A revealed her first aid expired on and Staff C's first aid expired and .

On at 2 PM, the administrator said she and staff C did work alone and she thought she and staff C took the first aid class with their class. She confirmed there was no First aid cards available for review for staff C and herself (A).

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Class III

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

Based on personnel record review and interview, the facility had no evidence to confirm that 1 of 2 sampled unlicensed staff (B), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

On at 11 AM, staff B said she provided assistance with the resident's medications.

Personnel record review for staff B revealed a 2 hour medication assistance certificate that was dated . There was no documentation to confirm she had received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

On , the administrator said she could not locate the 4 hours training for staff B.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, menu review and interview, the facility did not follow the menu prepared by the dietitian by not providing milk or diary substitution for meals.

Findings:

Review of the menu for the day that was prepared by the dietitian revealed it noted baked ham, bake beans, greens and a roll the menu listed low fat milk.

Observations during lunch on at 11:30 AM revealed there was no milk served.

On at 11:45 AM, resident #6 said she liked milk and would have liked to have some for lunch. She said they did not receive milk for lunch.

On at 11:50 AM, the administrator was asked why the milk was not served. She said the residents did not want milk with lunch. She was informed at the time that resident #6 said she would

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have liked milk.

Class III

Z803 - License Required; Display - 408.804 FS

Based on record review and interview, the facility who had 2 of 2 sampled resident (#1 and #8) whom resided at the facility and were determined to be Limited Mental Health residents failed to obtain a Limited Mental Health license (LMH).

Findings:

On , the administrator said Resident #1 and #8 received , , , ( ) benefits and both had mental health diagnosis and received Social security , Income or Supplemental Security Income (SSI) payments. If the facility accepted one, resident that received and had received Social security or SSI payments due to a mental health a LMH license would be required.

Record review for Resident #1 revealed resident health assessment (form 1823) that was dated with diagnosis that included , Type-Unspecified. The form 1006 that was completed by the resident's health care provider and case manager on noted Resident #1 was a recipient of SSI/SSDI due to a .

Record review for Resident #8 revealed an form 1823 that was dated with diagnosis that included and , . The form 1006 that was completed by the resident's health care provider and case manager on noted Resident #8 was a recipient of SSI/SSDI due to a .

Further record review revealed the resident, her case manager and administrator had signed a , agreement and community living support plan for Assisted Living facility and mental health provider on . Those forms were completed for residents who were determined to be LMH and resided in a facility with a LMH license.

On at 1:40 PM, the administrator said she thought that three Limited Mental Health residents could reside in the facility without the LMH license.

Unclassified

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

Based on the staff schedule review, the agency's background screening website and interview, the facility did not initiate all Criminal history checks through the clearinghouse before employment and failed to report changes within 10 business days.

Findings:

Review of the agency's background screening roster on at 2:45 PM revealed staff B and Staff D (owner) were not listed. Further review of the background screening roster revealed there were 2 staff listed that were not on the schedule.

On at 2:45 PM after reviewing the roster, the administrator said the 2 employees listed that were not on the schedule had not worked at the facility for over a year. She confirmed staff B and staff D were not listed.

Unclassified