STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966928	**10/19/2017**
NAME OF PROVIDER OR SUPPLIER **NORWOOD ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **325 NORWOOD ST** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Norwood Assisted Living Facility, License #11011 had deficiencies at the time of the visit.

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

Based on record review and interview the facility did not obtain an accurate Resident Health Assessment form (1823) at admission for 1 of 2 sampled Residents (#2).

Findings:

Record review for resident #2 revealed a Resident Health Assessment form 1823 dated . The health care provider noted the resident was total with ambulation and bathing, which exceeded the Assisted Living Facility admission criteria.

Observation of resident #2 on at 10 AM, the resident was observed walking alone with his walker.

On at 2 PM, the administrator said the 1823 was incorrect and the resident did not require total care with ambulation and bathing.

Class

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

Based on observations', record review, Medication Observation Record (MOR) and interview, the facility failed to provide medications as ordered by the Physician to 1 of 1 sampled medication pass observation (#5).

Findings:
Observations during the medication pass on at 12:20 PM, revealed staff B gave resident #5, 2-1000 microgram (2000 mcg) capsules. Review of the MOPR revealed it noted - 2500 mcg take 2 tablets daily (5000). The label on the pill bottle noted take 5 daily-(the tablets inside to the bottle were 1000 mcg) this would total 5000 mcg's.

Record review revealed a health care providers order dated noted -2500 mcg 1 daily.

On at 12:30 PM, staff B said she did not give the medications according to the prescription

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label on the bottle because the order changed. She said the pharmacy had corrected it to the correct dosage on the label at one time and then began to send the bottle with the incorrect dosage again. She was informed that the order on file noted the resident was to have 2500 mcg daily and she gave the resident 2000 mcg daily. There was no documentation found that the facility had contacted the health care provider or pharmacy to get clarification of the dosage, because the prescription label, order and MOR were different.

Class III

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

Based on observations, Medication Observation Record (MOR), record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to make a judgement as to whether or not an as needed medication would be given for 1 of 2 sampled residents (#1) and did not have evidence of a health care providers statement documenting freedom of communicable including ( ) for 1 of 3 sampled staff (A) and annual for 1 of 3 sampled staff (B)

Findings:
1. Observations on at 9 AM, observations revealed resident #2 was in bed, she could not provide a statement due to her .

The facility's supervisor identified her as a resident who received hospice care.

Review of the MOR revealed it noted , 325 take 2 every 4 hours as needed for pain and if temperature is greater than 99.4. Further review of the MOR revealed there were unlicensed staff initials on various days as providing the medication.

On at 12:50 PM, staff B an unlicensed staff identified her initials on the MOR for , 325 at 8 AM on , and . She said the resident could not request the medication due to her , . She said she would give the medication to the resident if she looked stiff. She explained that after the medication was given to her she would not be stiff. That resident being stiff was an indication that the resident was in pain. She said she was aware that unlicensed staff could not make assess the residents to determine whether as needed medication should be given.

2. Personal record review for staff A the administrator hired in had no evidence to confirm that he was free from communicable including .

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3. Personal record review for staff B a caregiver hired in , revealed her last documentation to confirm she was free from was dated (due).

On at 2 PM, the staff A the administrator confirmed the findings.

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 3 sampled staff (C) received the required in- service training within 30 days of hire.

Findings:
Personnel record review for staff C a caregiver, hired in revealed there was no documentation to confirm she had received an in-service training on reporting major and adverse incidents.

On at 2 PM, the administrator confirmed the findings.

Class III

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

Based on staff schedule review personnel record review and interview the facility failed to ensure that 2 of 3 sampled staff (B and C) who worked alone had certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health in First Aid and .

Findings:
1. Review of the staff schedule revealed staff B worked the 7 AM-7 PM shift along with another staff and Staff C would work the 7 PM-7 AM shift alone.

On at 10:30 AM, staff B said she would sometimes work the 7 PM-7 AM if someone called out (according to the staff schedule that was a shift that one staff worked).

Personnel record review for staff B revealed a first aid and training on , the course was taken form cpraedcourse.com American health academy. On at 1:30 PM staff B at 1:30 PM said the courses were taken online and not by an accredited college, university or vocational school; a licensed

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hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.

2. Personnel record review for staff C revealed a first aid and training on that was completed online by American academy of and First AID Inc. that was not one of the approved provider's.

On at 2 PM, the administrator confirmed the findings.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel record review for staff C a caregiver revealed she was hired in . There was no documentation to confirm she had received at least one hour of training in the facility's policies and procedures regarding ('s). According to Rule 58A-5.0186, F.A.C. within 30 days after employment.

On on 2 PM, the administrator confirmed the findings.

Class III

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

Based on observations, menu review and interview, the facility failed to obtain regular and therapeutic menus that were reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards and did not keep the dated menus that were served on file for 6 months, did not have an adequate of amount of water sufficient for drinking and food preparation stored at all times in the event of an emergency for the 5 residents of the facility.

Findings:

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On at 9 AM, the facility's manager/supervisor said the census was five residents.

1. Observation of the emergency supply for water that would be used during an emergency for drinking and food preparation revealed there was only 2 gallons of water available for the 5 residents.

The facility's manager/supervisor said they had used all the water during the past hurricane and needed to purchase more.

2. Review of the menu posted in the kitchen revealed it was not dated or signed by licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist.

3. On at 1:30 PM, the administrator said the menus used by the facility were cycled menus and they were not dated. He said he did not have the menus reviewed annually by licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist. He did keep six months of menus on file.

Class III

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

Based on record review and interview, the facility failed to obtain weights semi-annually for 1 of 2 (#1) residents who required assistance with Activities of Daily Living and did not obtain a contract for 1 of 2 sampled residents at Admission (#2).

Findings:

1. Record review for Resident #1 revealed that she was admitted into hospice care on and she required assistance with her Activities of Daily Living. Further record review revealed that there was no documentation to confirm that her weights were recorded semi-annually as required.

On at 11:50 AM during a telephone interview, the hospice nurse said the resident was last weighed on and she gave the weight results. She said the resident was bed bound and there were no other weights obtained after that date. The next weights were due on .

2. On at 12 PM, the administrator confirmed there were no weights recorded for resident #2.

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3. Record review for resident #2 admitted in revealed there was no contract available for review.

On at 1:45 PM, the administrator said there was a contract for resident #2 and he could not locate it.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on the review of the facility's emergency plan approval letter and interview, the facility did not have evidence the plan was submitted for review and approval to the local emergency management agency within 30 days after the change of ownership.

Findings:

Review of the last emergency plan approval letter dated revealed it was addressed to the previous owner.

Review of the facility's license revealed there was a change of ownership on . The new owner was required to submit the facility's emergency plan within 30 days after obtaining the license.

On at 2 PM, the administrator said he did submit the plan for 2016 and he had tried contacting the emergency management agency to obtain a copy of the letter. He said he had not submitted the plan for 2017.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review, background screening website and interview, the facility did not maintain the Level II Background screening eligibility results for 1 of 3 sampled staff (A) in his personnel files.

Findings:

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Personnel Record review revealed there was no background screening eligibility results for staff A the administrator available for review.

Review of the agency's background screening website on at 1 PM revealed there were results available for staff.

On at 1 PM, staff a confirmed the findings.

Unclassified

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 1 PM revealed staff A, the administrator, staff B and staff C both caregivers and staff D the facility's supervisor were not listed. The manger provided a staff directory of the current employees. Three additional staff were not listed on the roster.

Further review of the background-screening roster revealed the previous owner/administrator and 3 additional staff were not on the facility's staff directory and were included on the facility's roster.

There was a change of ownership was on .

On at 12:30 PM after reviewing the roster, the administrator confirmed there were 7 current employees that were not included on the roster and the employees listed (with the exception of 1) were not current employees of the facility for more than 10 business days.

Unclassified