| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953614 | R<br>10/16/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**GREEN ACRES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15820 ARCHER STREET**<br>**HUDSON, FL 34667** | |

SUMMARY STATEMENT OF DEFICIENCIES
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**0000 - Initial Comments**

Assisted Living Facility

On , 2017, a revisit to a complaint survey, (CCR# 2017006117), was conducted at Green Acres, Assisted Living Facility. Uncorrected and new deficiencies were identified at the time of the visit.

(License # 8642)

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

Based on record review, observation and interview the facility failed to ensure seven of seven residents (#1-#7) in the facility were provided the necessary care and services from trained and qualified staff required to meet their needs. Specifically, the facility failed to ensure qualified trained staff, with access to records and prescribed medications were on premises at all times to provide supervision, care and services.

Findings included:

Upon entrance on at approximately 9:30 am, Staff A was observed to be the only person on the premises and was identified as the staff in charge, providing care and services to the residents (#1-#7).

On at 9:50 am, Staff A stated the Administrator of the facility had left about 10 minutes prior to the start of the survey. Staff A further stated they do not have access to "anything" right now (to include resident records, staff records, admission/discharge log, medications or any other facility documents.)
When asked what they would do if they had to call for emergency services, Staff A chuckled.
When questioned about her training and qualifications, Staff A stated, "I have not been trained yet. The administrator is going to do that. We are waiting for the background screening (BGS) to come back. We are working on one thing at a time. I have not had my and first aid ( /FA) training yet."
In observation during the survey on , Staff A was observed cooking, serving lunch to the residents and cleaning. Staff A worked alone in the facility with the residents from approximately 9:30 am-1:00 PM. During this period, multiple attempts were made to contact the Administrator via telephone

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by the residents, Agency staff, Staff A and a third party case manager.
The Administrator arrived at the facility at 1:00 PM.

An interview was conducted with the Administrator on at 1:45 PM. The Administrator stated, "I am going to train Staff A. I just have not done it yet, I will. I'm sorry. I will get it done."

In review of the facility staff records on , Staff A did not have a complete staff file, including no documentation of required trainings or Level II background screen.
In a review of the Agency's background-screening clearinghouse on , it revealed Staff A had a Level II background screening dated and was found not eligible.

A review of the facility's admission/discharge log on revealed Residents #1-#7 are diagnosed with chronic and persistent mental health and are considered limited mental health (LMH.) Therefore, the facility staff are also required to be trained to provide this specialty service. A review of Staff A's record revealed no documentation of such training.
In a review of the facility-staffing schedule, Staff A was scheduled to work alone Saturdays and Sundays for a 24-hour time frame each day. Staff A had no training in First Aid, or assisting with self-administration of medication.
In an interview with Resident #3 on at 10:11 am Resident #3 confirmed the Administrator and Staff A were the only two staff who work in the facility. An interview was conducted with Resident #7 on that same date at 10:13 am and they also stated Staff A and the Administrator were the only ones who currently work at the facility.

Class I

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

Based on observation, interview and record review, one of one staff sampled staff (Staff A) had no formal evaluation from a health care provider attesting to their freedom from communicable conducted within the last 6 months, or had any required training relevant to their duties.

Findings included:

At 9:45am on , Staff A was observed to be working alone in the facility with all seven (7) residents on the premises. Interview with this employee at this time revealed that she still didn't have a

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current First Aid or , ( ) certification and was waiting on some paperwork before she obtained this training. She stated further that she had not received any other formal training such as resident rights or assistance with medication self-administration. Interview with the administrator at 1:20pm on provided no explanation as to why Staff A had not yet received all of the required training in resident rights, /neglect, assistance with medication self-administration or why she did not have documentation of freedom from communicable .

(Please Note: This is an uncorrected deficiency from the investigation).

Class III

**0079 - Staffing Standards - Levels - 58A-5.019(3) FAC**

Based on observation, interview and record review the facility failed to ensure that sufficient, qualified staff were providing care to seven of seven (Residents #1-7) sampled residents. The facility further failed to provide at least one staff member with access to facility and resident records in case of an emergency and a staff member who has all required trainings to include assistance with self-administration of medication, required in-service trainings and limited mental health (LMH). Also, the facility failed to ensure that a staff member with current certification in First Aid (FA) and , ( ) was present in the facility at all times. The facility also failed to ensure that staff left in sole charge of residents are free of disqualifying criminal offenses. These failures by the facility to have qualified staff available to residents placed the seven residents of the facility in immediate danger.

Findings included:

On , following a complaint survey, the facility was directed by the Agency to provide documentation to the Agency of increased staff to bring the facility into compliance with required staffing levels and sufficient qualified staff providing care to the facility's residents.

On , the Administrator submitted a plan of correction to the Agency. The plan of correction included a staffing schedule. The staffing schedule reflected the required direct care staffing hours to include two employees and the Administrator. The facility is required to have 212 direct care-staffing hours per week with a census of seven residents.

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On , an additional plan of correction was submitted to the Agency by the Administrator, and the Administrator also requested an additional 20 days to fully comply with the plan of correction and to comply with the Agency's staffing requirements.

On , a review was conducted of the staffing schedule posted in the facility. It revealed the Administrator worked 24 hours per day Monday-Friday and was off on Saturday and Sunday. Per the schedule, Staff A works 24 hours per day Friday, Saturday, Sunday, Monday and Wednesday and is the only staff on duty in the facility on Saturday and Sunday. Staff B works 8 hours on Tuesdays. The posted schedule reviewed on was not the schedule submitted with the plan of correction.

On Staff A was the only staff observed working in the facility from 9:30 am-1:00 PM. This staffing pattern was not what was reflected on the direct care-staffing schedule submitted to the Agency. An interview was conducted with Staff A on at 9:50 am. Staff A stated they did not have access to facility and resident records and also did not have access to the medication for Residents #1-7.

On , a review of the facility records revealed Staff A did not have a complete employee file to include documentation of the following required trainings: Resident Rights, Recognizing/Reporting , Neglect & , , policies and procedures, Emergency Preparedness & Evacuation, , ( ) and First Aid, Incident reporting, Elopement response, Activities of daily living (ADL) and Behavioral Needs, Control, , Limited Mental Health (LMH), Assistance with Self-Administration of Medication and Nutrition and Safe Food Handling. In a review of the Agency's background-screening clearinghouse on , it revealed Staff A had a Level II background screening dated and was found not eligible.

On at 10:12 am an interview was conducted with Staff A. Staff A stated they did not know who Staff B was nor did Staff B work in the facility.

In an interview with Resident #3 on at 10:11 am Resident #3 confirmed the Administrator and Staff A were the only two staff who work in the facility. An interview was conducted with Resident #7 on that same date at 10:13 am and they also stated Staff A and the Administrator were the only ones who currently work at the facility.

On at 1:45 PM, an interview was conducted with the Administrator who stated they did not have contact information for Staff B to verify their employment at the facility. When asked, the Administrator further stated they did not have payroll verification for Staff B's employment.

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Class I

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

Based on observation, record review and interview, one of one staff sampled staff (Staff A) had no documentation of current First Aid and ( ) certification available for agency review. Staff A worked alone in the facility with seven residents.

Findings included:

At 9:40am on , Staff A was observed to be working alone in the facility while all seven (7) residents were there.
A personnel file review during the revisit survey revealed that Staff A had nothing available for review other than an assortment of medical documents. Interview with the administrator at 1:30pm on provided no clarification why Staff A had no documentation of the required First Aid and training.

(Please Note: This is an uncorrected deficiency from the investigation).

Class III

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

Based on observation, interview and record review, the facility did not maintain its required records, including the admission/discharge log, resident records and information and staff records in a manner that made them readily available for review by the Agency.

Findings included:

At 9:40am on , Agency staff entered the facility and requested to review a number of different records including the facility's admission/discharge log, resident records and staff records. On at 9:40 AM, Staff A stated that the requested records were contained in the Administrator's office. The staff member on duty informed the Agency staff that she did not have any

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keys to open up the office door and she left a voicemail on the Administrator's cell phone. Multiple attempts were made throughout the survey to contact the Administrator.
The administrator finally entered the facility at about 1:00 pm, having delayed the inspection process some 3 hours. Upon questioning, she indicated that "her phone hadn't been working."

Class III

**0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC**

Based on record review and interview, the facility did not have documentation of reporting an adverse incident to the Agency as required for one of one resident sampled (#1) who was involved in a reportable event.

Findings included:

Resident record review during the revisit found no evidence that a one (1) day and fifteen (15) day incident report had been completed and sent on to the Central office with respect to Resident #1. Resident #1 had been involved in an incident on regarding self-destructive behavior, ultimately leading to this individual's hospitalization and eventual . Interview with the administrator at 2:00 PM on provided no clarification why she had not yet submitted any adverse incident reports regarding this episode.

(Please Note: This is an uncorrected deficiency from the INV).

Class III

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**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on record review, observation and interview the facility failed to ensure 1 employee (#A) who provides direct resident care and works alone in the facility had an eligible Level II background screening.

Findings included:

A review of the Background screening clearinghouse was conducted on . It revealed Staff A had a level II background screening dated and was found to be Not Eligible. Therefore, Staff A is not allowed to provide care to residents nor have access to resident living areas.
On , Staff A was observed to be the only staff in the facility from approximately 9:30 am-1:00 pm. Staff A was observed making and serving lunch and cleaning in the facility.
On at 9:50 am, an interview was conducted with Staff A. Staff A stated, "We are waiting for the background screening to come back. We are working on one thing at a time."
A review of the direct care-staffing schedule was conducted on . It revealed Staff A works alone in the facility for 24-hour periods on Saturdays and Sundays.

Unclassified