STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966599	**10/10/2017**
NAME OF PROVIDER OR SUPPLIER **LUTHERAN HAVEN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1525 HAVEN DR** **OVIEDO, FL 32765**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on , 2017. Lutheran Haven Assisted Living Facility, license #10765, had deficiencies at the time of the survey.

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

Based on record reviews and interview, the facility failed to ensure the health assessment form 1823 was complete for 1 of 2 sampled residents (#3).

Findings:

Record review for resident #3 revealed a health assessment form 1823 that was dated on .

The question that pertained to whether resident #3 required 24-hour nursing or , supervision was not answered.

On at 4:03 pm, the resident care director confirmed the finding.

Class III

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

Based on record reviews and interviews, the facility failed to follow a health care provider order for 1 of 2 sampled residents (#2).

Findings:

1. Record review for resident #2 revealed a health assessment form 1823 that was dated on . The form indicated that resident #2 had a diagnoses of , history of a Miocardial , history of a (,) and Failure.

Review of the 2017 Medication Observation Record (MOR) for resident #2 revealed an entry for , 25 milligram (mg) tablet, give 1 tablet by mouth twice a day that was scheduled to be given at 9 am and 9 pm. The medication was to be held for a (SBP) reading less than 100 and a rate less than 60.

The 2017 MOR nor the resident's record contained documented evidence to indicate the resident's rate was checked prior to giving the medication from through .

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2. Review of the [redacted] 2017 MOR for resident #2 revealed an entry for [redacted] 0.1 mg tablet; give 1 tablet by mouth twice daily as needed if SBP is greater than 160.

Documentation on the MOR indicated that on [redacted], her [redacted] reading was [redacted] and on [redacted], her [redacted] was [redacted].

There was no documentation on the MOR nor in the record to indicate resident #2 was given the [redacted] on [redacted] and [redacted] when her SBP was greater than 160.

On [redacted] at 4:45 pm, the resident care director confirmed the findings.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 1 of 2 sampled residents (#3).

Findings:

Review of the [redacted] 2017 MOR for resident #3 revealed an entry for [redacted] 20 milligrams (mg) give 1 tablet by mouth twice a day that was scheduled at 9 am and 2 pm.

The 2 pm doses on [redacted] and [redacted] were not signed as given.

On [redacted] at 4:08 pm, the resident care director said she was unable to explain why the medications were not signed as given.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that 1 of 5 staff (C) submitted a healthcare provider statement that indicated freedom from communicable [redacted] including [redacted] within 6 months prior to hire or within 30 days of hire, failed to ensure that 2 of 5 personnel records (administrator and A) contained documented evidence of a negative [redacted] ( ) examination on an annual basis, failed to ensure 1 of 5 staff (C) had a job description, and failed to ensure staff were qualified to perform their assigned duties consistent with their level of education ,

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training, preparation, and experience and allowed unlicensed staff (A) to make a judgement as to whether or not a medication would be given for 2 of 2 residents (#2 and #3.)

Findings:

1. Personnel record review for staff C, a nurse, revealed a hire date of . The record did not contain a statement from a health care provider that indicated staff C was free from communicable and it did not contain a job description for staff C, as required.

2. Personnel record review for the administrator revealed a hire date of . The record contained a negative examination that was dated . There was no documented evidence to indicate the administrator had a negative examination for the year 2017, as required.

3. Personnel record review for staff A revealed a hire date of . The record contained a negative examination that was dated on . There was no documented evidence to indicate staff A had a negative examination for the year 2017, as required.

On at 5:50 pm, the human resource director confirmed all of the findings.

4. Review of the 2017 Medication Observation Record (MOR) for resident #2 revealed entries for the following medications:

50-milligram (mg) tablets, give 1 tablet by mouth three times a day that was scheduled to be given at 9 am, 3 pm, and 9 pm. The medication was to be held if her (SBP) was less than 90.

25 mg tablets, give 1 tablet by mouth twice a day that was scheduled at 9 am and 9 pm. The medication was to be held if her SBP was less than 100 or if her rate was less than 60.

The caregiver key on the MOR indicated the staff initials that signed for the 9 am dose for both of the medications on 10/1 were those of staff A, an unlicensed caregiver.

5. Review of the 2017 MOR for resident #3 revealed entries for the following medications:

5 mg tablets, give 1 tablet by mouth once daily that was scheduled to be given at 9 am. The medication was to be held if her SBP was less than 100 or her Diastolic (DBP) was less than 52.

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. . . . . 12.5 mg tablets, give 1 tablet by mouth twice a day that was scheduled at 9 am and 8 pm. The medication was to be held if her SBP was less than 110, her DBP was less than 60, or her rate was less than 60.

The caregiver key on the MOR indicated the staff initials that signed for the 9 am doses of both medications on 10/1 were those of staff A, an unlicensed caregiver.

During an interview with staff A on at 1:45 pm, she confirmed that she assisted residents #2 and #3 with the above medications. She said she checked the resident's . . . . , ... prior to giving the medications and if the results were outside of the parameters, she did not give the medications, which was a decision only a licensed nurse could make.

On . . . . at 4 pm, the resident care director confirmed the findings.

Class III

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

Based on review of the facility's dietary menus and interview, the facility failed to date and plan the menus at least one week in advance, failed to maintain regular and therapeutic menus on file for 6 months, and failed to note the portion sizes on the menus.

Findings:

During an interview with the dietary manager on . . . . at 1:15 pm, a request was made to review the facility's dietary menus for the last 6 months.

The dietary manager provided undated five-cycled and menus. He said the facility did not date their menus and they did not maintain their regular and therapeutic menus on file for 6 months, as required.

In addition, portion sizes were not noted on the menus, as required.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record reviews and interview, the facility failed to ensure the resident contract contained all the required information for 2 of 2 residents (#2 and #3).

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Findings:

Review of the residency contract for resident #2 revealed it was dated on . The contract did not contain the following required information:

1. A provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.

2. If after a contract is terminated the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond.

In addition, the contract for resident #2 indicated the resident was required to provide the facility with a 45-day notice of an intent to terminate the contract. However, a resident may not be required to provide the facility with more than 30 days' notice of termination.

Review of the resident contract for resident #3 revealed it was dated on . The contract did not contain the following required information:

1. A provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.

2. A provision stating that at least 30 days written notice will be given before any rate increase.

On at 4:54 pm, the admissions case manager confirmed the findings.

Class

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

Based on personnel record reviews, review of the Agency's background screening clearing house, and interview, the facility failed to maintain an employee roster on the Agency's background screening clearing house that listed 1 of 5 sampled staff (B) who was subject to a background screening.

Findings:

Personnel record review for staff B, a certified nursing assistant, revealed a hire date of .

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Review of the Agency's background screening clearing house revealed that staff B was not listed on the facility's online roster, as required.

On at 1:24 pm, the human resource director confirmed the finding.

Unclassified