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	AL11967731	**10/19/2017**
NAME OF PROVIDER OR SUPPLIER **LORIG & LORIG**	STREET ADDRESS, CITY, STATE, ZIP CODE **3131 GATLIN DRIVE** **ROCKLEDGE, FL 32955**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

The re-licensure survey was conducted on . Lorig & Lorig ALF, license #11703, had deficiencies at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to obtain an updated Health Assessment (1823) for 1 of 2 sampled residents (#2) after 3 years or after a significant change, whichever comes first.

Findings:

Record review for Resident #2 revealed she was admitted to the facility on . The only Health Assessment (1823) in the resident's record was dated . Further review of the 1823 found it indicated the resident required Medication Administration. The resident was observed eating her lunch independently on the date of the survey.
In addition, she was admitted to hospice care on according to the Integrated Plan of Care in the record.

In an interview with the administrator on 1-/ at 3:00 PM, she confirmed she did not have an updated 1823 for resident #2 and had never realized that it said she required medication administration.

Class III

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

Based on observation, record review and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 resident (#1) with self-administration of medications followed the correct procedure and did not read the label aloud to the resident, and did not follow provider orders.

Findings:

Observation of resident #1 at breakfast found the resident was capable of eating her meal unassisted and did not require any special utensils or a modified diet.

During observation of the medication pass at 12:00 PM, staff A stated the resident "had trouble swallowing pills, so we now crushed them and put them in applesauce for her." Staff A placed one 60mg pill in a small cup, closed the bottle and returned it to the box. She then put the pill in a

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mortar and used a pestle to crush the pill. Then she poured the crushed pill back into the small cup, added a spoonful of applesauce to the cup and mixed it together. She brought this and a bottle of eye drops to the resident, who was seated in a recliner in the living . She told the resident "here is your 12:00 medicine" and placed the spoonful of applesauce and medication in the resident's mouth. Next, she told the resident she would give her the eye drops and staff A used the remote to recline the chair a little. She hand a tissue to the resident and the resident removed her eyeglasses, and used one hand to hold her own left eye open for the drops. Staff A placed one drop in the left eye. The resident moved her hand to the right eye and held it open while staff A placed one drop in the right eye. The resident used the tissue to dap her eyes. Staff A returned the eye drop container to the med box, documented on the Medication Observation Record (MOR) that the medications were given.

Review of the label on the 60 mg medication bottle revealed a notice that read, "Swallow whole. Do not chew or crush."

Review of the MOR and resident record for resident #1 revealed no documentation or order to crush the medication for resident #1. Review of the Health Assessment for the resident revealed she required assistance with self-administration of medications.

In an interview with Staff #A on at 12:15 PM she stated, "The ARNP said it was OK to crush the pill for her. Also, resident #1's daughter said we should put the eye drops in both eyes since her right eye was also bothering her." When asked if she had written orders to crush the pills or put drops in both eye, she said no. When asked if the resident was able to take the spoon and put the applesauce in her mouth herself, Staff #A stated "yes, but I guess I just did it for her because it was already in my hand."

In an interview with the administrator on at 12:30 PM, she said she had witnessed the med pass and confirmed they did not have orders for crushing the pills or eye drops for both eyes. also, the staff did not did not take the medication in its properly dispensed contianer and read the medication out loud to the resident. She confirmed the medication as administered to the resident in error.

Class III

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

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) contained all required information, including any known the resident may have and the name of the resident's health care provider and the health care provider's telephone number for 4 or 4 sampled residents (#1, 2, 3 & 4).

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Findings:

Review of the MOR for resident #4 found that no documentation of or her health provider's name or phone number were on the MOR.

Further review of the MORs for residents #1, 2, 3 found no documentation of or her health provider's name or phone number were on the MORs for those residents either.

In an interview with the administrator on at 2:00 PM, she stated she typed up the resident's MORs each month herself. She confirmed the information required was not on the MORs and said she did not know she had to include that information.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 1 of 3 personnel records (B) contained a healthcare provider statement that indicated freedom from communicable including ( ) yearly.

Findings:

Personnel record review for staff #B, hired in , 2017 (according to the administrator), revealed no documentation for freedom of communicable including .

In an interview with the administrator on at 3:00 PM, she stated misplaced the employee file for Staff #B during preparation for the hurricane.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 staff sampled (B) had received training in First Aid.

Findings:

Personnel record review for Staff B, hired in , 2017 (according to the administrator), was on the schedule to work alone on the night of . Her record revealed no certificate for training in First

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Aid. Her record did contain a training certificate for that expires in .

In a phone interview with Staff B on at 3:10 PM, she stated she did have the card for and First Aid. She said it was done in the same class and she had given the card to the administrator. I read the certificate to her, said it was for and only, and did not include First Aid training.

In an interview with the administrator on at 3:00 PM, she stated that she had misplaced the employee file for Staff #B during preparation for the hurricane. She confirmed that she did not have any copies of training certificates. She further stated that she would work in place of Staff B until all training certificates had been provided.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (B) had received training in Assistance with Self-Administration of Medications.

Findings:

Personnel record review for Staff B, hired in , 2017 (according to the administrator), revealed no certificate for the 4 hour initial training in Assistance with Self-Administration of Medications or any updates.

In an interview with the administrator on at 3:00 PM, she stated that she had misplaced the employee file for Staff #B during preparation for the hurricane. She confirmed that she did not have any copies of training certificates.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 sampled staff (B) had received training in .

Findings:

Personnel record review for Staff B, hired in , 2017 (according to the administrator), revealed no

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certificate for training in .

In an interview with the administrator on at 3:00 PM, she stated that she had misplaced the employee file for Staff #B during preparation for the hurricane. She confirmed that she did not have any copies of training certificates.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure certificates were maintained in the record for all required training for 1 of 3 sampled staff (#B).

Findings:

Personnel record review revealed there was no personnel file for staff B. The administrator provided an opportunity for me to review the online transcript for Staff B for some required training. Training in facility specific topics of 1) elopement policies and procedures, and 2) emergency preparedness and evacuation training were not available for review.

In an interview with the administrator on at 3:00 PM, she stated that Staff B had completed the training, but she (the administrator) had misplaced the employee file for Staff #B during preparation for the hurricane. She confirmed she did not have any copies of training certificates in the facility.

Class

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

Based on observation, dietary record review and interview, the facility failed to: 1) follow the posted menu approved by a licensed dietician, 2) maintain 6 months of dated menus on file, 3) note substitutions to the menu before or when a meal was served, 4) maintain 6 months of substitution logs on file for review.

Findings:

Observation of the menu posted on the wall in the dining area revealed a dietician signed it. Further review of the menu revealed it was dated for the current week. The lunch offering for the day of the survey was posted as follows: 3 oz. BBQ chicken, 1/2 cup baked beans, 1/2 cup coleslaw, 1 cup watermelon and 1 cup milk.

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Observation of the lunch prepared and served to the residents at 12:00 PM was chicken in chicken gravy, green beans, mashed potatoes, Gatorade and ice cream.

Review of the facility menus for the previous 6 months found the menu rotation was not followed. There were no menus for review for the week of - or - . On two consecutive weeks, -/ and /- , the menu for week 3 was followed. The menu dated - indicated week 1 and the following week of - indicated week 3.

No substitution log was observed in the facility. When asked for the substitution log, Staff #A said on 12:45 PM, she did not write down any changes or substitutions to the menu. She talks to the residents each day and makes what the residents want for each meal. She said she did not know she had to write it down.

On at 2:15 PM, the administrator confirmed that they did not have a substitution log. She further stated she did not have all of the menus for the past 6 months. She explained she must have made a mistake when copying menus for use in the facility.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a clean and safe living environment.

Findings:

Observations during the tour of the facility found the 4 resident (3 were occupied, 1 was vacant) all had a light beige Berber style carpet that had visible dark stains overall and all were very dirty and frayed at the entrance thresholds.

In an interview with the administrator on at 11:30 AM, she said she knew they were dirty and they had not had a chance to clean them in a while.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on observation and interview, the facility failed to ensure staff records including background screening and documentation of compliance with all training requirements were readily available for

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inspection for 1 of 3 sampled staff (B).

Findings

Attempted review of the personnel record for Staff B revealed that no file was available. The administrator provided an opportunity for me to review the online transcript for Staff B for some required training.

In an interview with the administrator on at 3:00 PM, she stated that she had misplaced the employee file for Staff #B during preparation for the hurricane. She confirmed that she did not have any copies of training certificates, background screening or freedom from communicable statement in the facility.

Class

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

Based on observation, resident record review and interview the facility failed to ensure resident records contained the following information, as applicable: 1) hospice integrated plan of care, 2) documentation of Power of Attorney, or 3) orders for medications provided or supervised by the facility staff for 2 of 3 residents reviewed (#1 & #4).

Findings:

1) Review of the record for resident # 4 found she was admitted on with diagnoses of degenerative of the nervous system, adult and abnormal gait. Her health assessment, dated , indicated a need for hospice care. Further review of the record revealed she entered hospice care on , but there was no documentation of the hospice Integrated Plan of Care in the facility record for the resident.

In an interview with the administrator on at 2:30 PM, she stated she did not realize the plan was not in the hospice chart.

2) Review of the record for resident #4, admitted , revealed a contract dated on and signed by her daughter/Power of Attorney. Further review of the record did not find documentation of the appointment of the Power of Attorney.

In an interview with the administrator on at 2:30 PM, she confirmed the paperwork was not in

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the record and said she had not received a copy of that documentation.

3) Review of the record for resident #1, admitted on , did not reveal order for the eye drops observed being given by Staff A at 12:00 PM. The label and Medication Observation Record (MOR) documented to "Place one drop in the left eye three times a day." Staff A was observed placing one drop in both eyes at 12:00PM on .

When asked what the label read, on at 12:10 PM, Staff A said it was originally prescribed for the left eye, but the resident's daughter told her to put the drops in both eyes, so that was she was doing.

In an interview with the administrator on at 1:00 PM, she confirmed they did not have a written order for the drops to be placed on both eye. She confirmed that this was being done based on the daughter's request.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review and interview, the facility failed to include provisions in the resident contract which stated: 1) residents require a new Health Assessment every 3 years, or after a significant change in health status or 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" as per 429.24(3)(a), F. S. for 1 of 2 sampled residents. (#4)

Findings:

Review of the contract resident (#4), dated , did not contain language indicating that the Health Assessment (1823) must be updated every 3 years or after a significant change in health. Further review did not find a section documenting if the facility intended to make a claim against a refund due a resident after termination of the contract and that written notice would be given to the resident/family allowing 14 days for a response according to regulations.

In an interview with the administrator on at 3:30pm, she confirmed this contract did not contain the addendum she had added to the older contracts.

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Class

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

Based on facility record review and interview, the facility failed to ensure a copy of the facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., was readily available by facility staff.

Findings:

During the entrance conference with the administrator, a copy of the facility Emergency Management Plan was requested for review. No record was available for review.

In an interview with the administrator on at 10:30 AM, she stated she did not have a copy of the emergency plan in the facility. She stated it was at her home and they were updating it to meet the new regulations for generators in facilities. When asked for a copy of the approval of her previous plan she said she never had it approved by anyone the county in the past.

Class III

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

Based on the Agency background screening website review, personnel record review and interview, the facility failed to maintain the eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., in the employee's personnel file for 1 of 3 sampled staff (#B).

Findings:

Review of the personnel record for staff B, hired in , 2017 (according to the administrator) did not reveal the background screening eligibility results for the employee.

Review of the Agency's website for Background screening results revealed Staff B was eligible as of .

In an interview with the administrator on at 3:00 PM, she stated that she had misplaced the employee file for Staff #B during preparation for the hurricane.

Unclassified

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

Based on Agency Clearinghouse website review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 3 of 3 sampled staff (A, B & C).

Findings:

Review of the Agency's Background Screening website for 3 sampled staff revealed that none was listed on the clearinghouse roster for the facility.

In an interview with the administrator on [redacted] at 3:00 PM, she stated the one employee on the roster had not worked there in years. The administrator confirmed she had not updated the facility's roster for the current staff.

Unclassified