STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE RETIREMENT CTR., INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 MARVELINE DRIVE LAKELAND, FL 33815**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced complaint investigation, (CCR# 2017011080), was conducted at Residence Retirement Center, Assisted Living Facility, (License # AL5556), 208 Marveline Drive, Lakeland, Florida, from . . . . to . . . . . Deficient practice was found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review, observations and interviews the facility failed to provide a safe and decent living environment for 5 of 5 residents sampled (Residents #1, 2, 3, 4 and 5).

Findings include:

On , at 1:30 PM, in a tour of the facility, the following observations were made:

The facility is spread out over a wide area with 11 independent buildings, 9 of the buildings housing residents. The following items were missing or observed facility wide: broken thresholds on doors, shingle-made sidewalk is uneven and peeling, concrete area peeling paint over multi-layers, hinges missing on door jams, walls peeling paint, mold-like substance growing on exterior walls, exposed wiring in both walls (exterior) and side walk (not connected to anything), broken door frames, mold-like substance growing on interior walls, paneling that is warped, exposed electrical outlets, mold-like substance on a/c vents, doors covered with dark dirt/grime.
Building 4-3- a 3 meter slice/hole in the ceiling, missing door- bell cover.
Building 5-3-exposed wiring in sidewalk.
Building 208- porch walls covered with dirt, refrigerator missing filter and cover and has a towel pushed under for collection of water.
Porch- tree limps visable on the roof.
Building 212-7- steps with mold-like substance.

On , at 11:30 AM, in an interview with the owner, the owner was requested to provide a copy of the facility maintenance schedule.
On , in a record review, the agency attempted to review the maintenance schedule for the facility. No maintenance schedule was provided.

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On , at 12:55 PM, in an interview with Staff E, Staff E stated the facility does not have a maintenance schedule. Staff E stated he handles projects as they come up rather than a set time-frame. Staff E stated the only hurricane damage was to the recreation , which was water leaking under the door. Staff E stated they do not have a schedule as to when to paint the facility or maintain large projects.

On , at 2:14 PM, in an interview with Resident #1, Resident #1 stated he thinks the facility is an old building, which is very dirty.
On , at 2:24 PM, in an interview with Resident #2, Resident #2 stated, someone needs to "paint" the building.
On , at 2:30 PM, in an interview with Staff F, Staff F stated they are concerned about the uneven sidewalk and poor lighting. Staff F stated they are afraid one of the older residents might trip. Staff F stated the sidewalk made from is pulling up. Staff F stated the entire place needs painting and the doors replaced.
On , at 2:40 PM, in an interview with Resident #3, Resident #3 stated she has found the building to be dirty.
On , at 2:45 PM, in an interview with Resident #4, Resident #4 stated the building is dirty and not kept clean.
On , at 3:00 PM, in an interview with Resident #5, Resident #5 stated her in the main building and the stairs at the building make it hard for her to walk up and down. Resident #5 stated the building needs painting. Resident #5 stated no one really cleans anything.
On , at 3:30 PM, in an interview with the owner, the owner expressed little concern related to building maintenance. The owner stated the only damage during the hurricane was the recreation is being cleaned. The owner stated she would address the concerns with the administrator.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interviews the facility placed residents at-risk by failing to provide notice of a change of administrator to the Agency for Health Care Administration (AHCA) within the required time 10-day time- frame.

Findings include:

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On , in a record review of the AHCA web site, the web site documented the facility administrator as Staff C.
On , at 11:30 AM, in an interview with the owner, the owner stated Staff C was no longer the administrator. The owner stated she hired Staff B on as the facility administrator.

On , 10:00 AM, in an interview with the owner, the owner stated because Staff B is off, Staff C will be working as the administrator.
On , in a record review of material sent by the facility, the material documented the facility had submitted a, "Change of Administrator," form to AHCA on , changing the administrator from Staff C to Staff B.
On , in a record review of Staff C's file, the file failed to documentation a required high school diploma for assisted living administrators.

Class III

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

Based on record review and interviews the facility failed to ensure that 2 of 3 staff (Staff B and J) had properly documented a written statement from a health care provider of not having any signs or symptoms of communicable . The facility failed to document 1 of 3 staff (Staff J) had submitted a negative ( ) exam. The facility failed to ensure 2 of 3 staff (Staff B and C) had a written job description for facilities of 17 or more residents.

Findings include:

On , in a record review of Staff B's employee file, the file documented Staff B's date of hire as . Staff B's file did not provide documentation of Staff B having completed the required written statement from a health care provider of not having any signs or symptoms of communicable .
Staff B's file did not provide documentation of Staff B having a written job description.
On , in a record review of Staff C's employee file, the file documented Staff C's date of hire as . Staff C's did not provide documentation of Staff C having a written job description.
On , in a record review of Staff J's employee file, the file documented Staff J's date of hire as . Staff J's file did not provide documentation of Staff J having completed the required written statement from a health care provider of not having any signs or symptoms of communicable .
Staff J's file did not contain documentation of a negative exam.

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On , at 11:30 AM, in an interview with the owner, the owner stated the census of the facility was 43 residents.
On , at 3:30 PM, in an interview with the owner, the owner stated she would work with the administrator to provide the documentation to the agency.

Class III

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

Based on record review and interviews the facility placed 5 of 5 sampled residents (Resident #1, 2, 3, 4 adn5) at-risk by failing to provide the required minimum staff hours.

Findings include:

On , at 11:30 AM, in an interview with the owner, the owner stated the current census of residents at the facility is 43.
On , in a record review of the Agency for Health Care Administration regulations, the regulations document a facility with 43 residents must provide 335 hours of direct care staffing.
On , in a record review of the facilities work schedule, it reflected the facility provided 289 hours of direct care staffing to residents.
On , at 12:12 PM, in an interview with the owner, the owner stated she was unaware that not all of the staff counted toward the number of hours being provided. The owner stated she would work with the administrator to have it corrected.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interviews the facility failed to ensure 1 of 3 staff (Staff C), who is identified as the facility administrator, had properly documented the required 12 hours of biennially continuing education training for being a CORE administrator.

Findings include:

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On , in a record review of the agency web site, the web site identified Staff C as the facility administrator.
On , at 11:30 AM, in an interview with the owner, the owner stated Staff C was no longer the administrator. The owner stated Staff B was made administrator in of 2017.
On , at 10:00 AM, in an interview with the owner, the owner stated because Staff B was off, Staff C would be working as the administrator until Staff B returned.
On , in a record review of material faxed from the facility to the agency, the material contained a request for a change of administrator from Staff C to Staff B dated .
On , in a record review of Staff C's employee file, the file documented Staff C completed CORE training in 2003. The file did not contain documentation Staff C had completed the required 12 hours of biennial continuing education training for the periods of: 2003 to 2005, 2005 to 2007, 2007 to 2009, 2009 to 2011, 2011 to 2013 and 2015 to 2017.
On , at 3:30 PM, in an interview with the owner, the owner stated she knows Staff C had completed the training and will work with her to get the documentation.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record reviews and interviews the facility failed to properly document 2 of 3 staff (Staff B and C) had completed the required 1 hour training related to control.

Findings include:

On , in a record review of Staff B's employee file, the file documented Staff B date of hire as . The file for Staff B failed to provide documentation Staff B had completed the required 1- hour training related to control.
On , in a record review of Staff C's employee file, the file documented Staff C date of hire as . The file for Staff C failed to provide documentation Staff C had completed the required 1-hour training related to control.
On , at 3:30 PM, in an interview with the owner, the owner stated the facility had the documentation and she would work with the administrator to put the information into the files.

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Class III

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

Based on record review and interviews the facility failed to ensure 1 of 3 staff (Staff B) had documented completing the initial 4-hour training for self-administration of medication. The facility failed to ensure 2 of 3 staff (Staff B and C) had documented completing the required 2 hours of annual continuing education training related to self-administration of medication.

Findings include:

On , at 3:30 PM, in an interview with the owner, the owner stated both Staff B and Staff C handle self-administration of medication.
On , in a record review of Staff B's employee file, the file did not document Staff B having completed the initial required 4 hours of training for self-administration. Staff B's file did not document 2 hours of required annual continuing education training related to self-administration of medication for the year 2016.
On , in a record review of Staff C's employee file, the file documented Staff C having completed the initial 4 hours of training in 2003. The file did not document Staff C having completed the required 2 hours of annual continuing education training related to self-administration of medication for the years 2004 to 2012 and the year 2016.
On , at 3:30 PM, in an interview with the owner, the owner stated the staff have the training. The owner stated she would work with the administrator to ensure the information is provided.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interviews the facility failed to ensure 2 of 3 staff (Staff B and C) had maintained the required 3 hours of limited mental health training (LMH) biennially for facilities maintaining a limited mental health license.

Findings include:

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On , in a record review of Staff B's employee file, the file documented Staff B had been hired by the facility . The file documented Staff B had completed the initial LMH training on . The file did not document Staff B completing the required 3 hours of training by .
On , in a record review of Staff C's employee file, the file documented Staff C had been hired by the facility . The file documented Staff C had completed the initial LMH training in 2002. Staff C's employee file does not document any continued education training for LMH training since 2002.
On , in a record review of the facilities Florida Health Finder web site, the web site documents the facility holds an LMH specialty license.
On , at 11:30 AM, in an interview with the owner, the owner stated all 43 current residents are LMH residents. The owner stated the facility holds an LMH specialty license.
On , at 3:30 PM, in an interview with the owner, the owner stated she would address the missing training documents from the employee files with the administrator.

Class III

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

Based on record review and interviews the facility failed to ensure 2 of 3 staff (Staff B and J) were listed on the required background-screening roster.

Findings include:

On , a record review was conducted on the facility's work schedule for the week of to . The work schedule documented both Staff B and J as having worked during the period noted on the schedule.
On , at 12:12 PM, in an interview with the owner of the facility, the owner stated both Staff B and J are employed at the facility. The owner stated Staff B is the administrator but is off this week.
On , in a record review of Staff B's employee file, the file documented Staff B was hired by the facility on .
On , in a record review of Staff J's employee file, the file documented Staff J was hired by the facility on .
On , in a record review of the facility's background screening roster web site, the web site revealed Staff B and J were not included on the roster. The web site documented both Staff B and J have current level II background screens on file.
On , at 3:30 PM, in an interview with the owner, the owner stated she is not aware of the names not being added to the roster and will have it addressed.

Unclassified