STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968566	**11/06/2017**
NAME OF PROVIDER OR SUPPLIER **CANDY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 ROSEDALE DRIVE SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

A complaint investigation #2017008988 was conducted on . Candy's House Inc. Assisted Living Facility License #12459 on and had deficiencies at the time of the visit.

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

Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (A) had documentation of annual assessment for ( ) signed by the healthcare provider.

Findings:

Personnel Record review for Staff A hired revealed her last statement documenting freedom from was dated (due).

On at 12 PM, the Administrator/owner 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 2 sampled staff (D) received the required in- service training within 30 days of hire.

Findings:

Personnel record review for Staff D hired who was hired on .

The administrator said on at 11 AM staff D provided personal care to the residents.

Record review revealed there was no documentation to confirm she had received a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures before providing personal care to residents.

On at 12 PM, the administrator/owner confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure a staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times.

Findings:

Personnel record review for staff C hired revealed her first aid card expired on .

On at 11:30 AM, the administrator/owner said staff C worked alone with the residents and she did not realize her card had expired.

Class III

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

Based on personnel record review and interview, the facility had no evidence to confirm 1 of 4 sampled unlicensed staff (C), who provided assistance with the resident's medications received the initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) and 1 of 4 sampled unlicensed staff (A) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

Findings:

On at 11 AM, the administrator/owner said both staff A and C provided assistance with the resident's medications.

1. Personnel record review for staff A revealed she had obtained the 4 hour initial training on and there was no evidence to confirm she had obtained a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

2. Personnel record review for staff C revealed there was a certificate from a school titled "assisting with self-medication." The person who signed the certificate had a title of "evening director" there was no documentation to confirm he was a licensed registered nurse, or a licensed pharmacist.

On at 11:30 AM, the administrator confirmed the findings.

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Class III

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

Based on the review of facility's emergency plan approval letter and interview, the facility did not have evidence that the plan was submitted for review and approval to the local emergency management agency when there was a change.

Findings:

Review of the facility's letter received by the local emergency management revealed it was dated and noted, "The facility shall review and update its emergency management plan on an annual basis and submit the plan to our office for review and approval if there are substantive changes."

On at 9:30 AM, the administrator/owner said she had to resubmit her plan because she had made a change to the place the facility would be evacuating to. She said she had not received the approval letter.

Class III

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

Based on personnel record review, the agency's background screening website and interview, the facility failed to ensure that 1 of 4 sampled staff (D) was in compliance with background screening requirements before providing care to the residents.

Findings:

Personnel record review for staff D revealed she was hired on .

Review of the agency's background screening website on at 11 AM revealed the screening was conducted on and the results were not determined until .

On at 11:15 AM, the administrator/owner said she allowed staff D to work at the facility 1 day and provide care to the residents without checking the background screening first because she was working at another facility and she thought that facility had conducted a screening. She said when she checked for her background screening and realized there was no screening available she told staff D

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she could not work until the results were received.

Unclassified