STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state re-licensure survey with Extended Congregate Care (ECC) was conducted on at the Villas at Lakeside Oaks, (License # 4808), an Assisted Living Facility located in Dunedin, Florida. There were deficiencies identified at the time of the visit.

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

Based on record review and interview, the facility failed to ensure that the resident health assessment (AHCA form 1823) included the date of examination and was updated to reflect current resident's status for one (#9) of three residents selected for record review.

Findings included:

Record Review revealed that Resident #9 was admitted on . Review of Resident #9's health Assessment revealed that there was no date of examination, and Resident #9 was not identified as an elopement risk. Further review revealed that on at 2:45 a.m., Resident #9 was found outside, and also during a 15 minute check. No health assessment reflecting Resident #9's recent elopement or was located in the resident record.

During interview with the Acting Administrator, on at 05:13 p.m., he confirmed that the health assessment for Resident #9 was not dated and that it does not reflect that Resident #9 required elopement precautions. Facility employees were not able to locate a health assessment from Resident #9's hospital visit on .

Class III

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

Based on observation, interview and record review, the facility failed to ensure that staffing arrangements was sufficient to provide appropriate supervision to residents the needs of the residents. Specifically, in the Administrator's absence, the acting administrator spent approximately 3 hours per day at the facility; and the facility's direct care staff scheduling created a total of fifteen hours per day in which eighteen residents were left with one direct care staff. This staffing pattern was insufficient to provide care and services and necessary oversight of the facility's residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET DUNEDIN, FL 34698**	

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

Finding included:

During interview with Staff B on at 09:35 a.m., staff B stated that he left the facility for 15 minutes. He confirmed that Staff C was the only staff in the facility to assist eighteen residents while he was gone.

During further interview with Staff B on at 12:54 p.m., he stated that the Acting Administrator was physically at the facility about three times per week. Staff Bstated that he did not think that one person could effectively supervise all 18 residents during the day and evening shift. He stated that the morning shift does breakfast, passes medications, and helps residents with toileting, including changing with only one employee until the next person gets to the facility at 8:00a.m.

During interview with Staff B, who schedules the direct care staff in the absence of the Administrator, on at 02:12 p.m., staff B stated that the Administrator was aware that the facility needed more staffing. She stated that one person can handle 18 residents except when they are providing medications and changing the residents. She confirmed that that facility had eighteen residents that were supervised and attended to by one employee between the following hours: 07:00 a.m. to 08:00 a.m., 01:00p.m. - 03:00 p.m., and 08:00p.m. - 08:00 a.m.

During interview with Staff E on at 03:30 p.m., she stated that one employee during the day and evening shift is not enough to manage 18 residents. She identified 12 residents that needed supervision with toileting, and identified four residents that are and one of those four is and one "wanders". She confirmed that she worked 08:00p.m. - 11:00p.m. by herself, and that no one is watching the remaining 17 residents when she assists one, or passes medications.

During interview with Staff F on at 04:44 p.m., she stated that she has worked by herself during the morning and evening shift. She stated, "When that happens we have to go back and forth be assisting with breakfast, medications and assisting residents. A combination of all. When assisting a resident, there is no one with the other residents." Staff F also identified Resident #9 is a resident who recently wandered out of the facility.

During interview with Staff E on at 05:20 p.m., she stated that the night shift did not know how Resident #9 got out because no one saw her. She stated that the back door to Resident #9's not stay locked. Further inspection revealed that the back door of Resident 9's equipped with a door handle, positioned directly under a bolt lock. The bolt unlocks when pressure (up or down) was added to door handle. There was no other locking mechanism that would prevent a resident who wandered from leaving out the back door of Resident #9's . When opened, the door leads

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET DUNEDIN, FL 34698**	

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

directly to an open field outside.

On at 06:00 p.m., the Acting Administrator was informed of Resident #9's door. The Acting Administrator tested the door and confirmed that the bolt lock on the back door in Resident #9's not remain locked once pressure was applied to the door handle. He stated that he was not informed of the door by any employee.

On at 06:20 p.m., Resident #7 was observed pushing Resident #5 in wheelchair from the outdoor lanai, through he dining area, to Resident #5's . There were no staff in the area. Staff A was informed and made same observation. She stated that Resident #7 is and should not be assisting Resident #5, who is , with moving around the facility.

Record review conducted on for Resident #7 revealed that he was . Record review on the same date also revealed that Resident #5 was .

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on interview and record review, the facility failed to meet the minimum requirement of scheduled activities available to the residents.

Findings included:
During family interview for Resident #7, on at 11:59 a.m., concerns were expressed about activities being not being provided at the facility.

During interview with Resident #1, conducted on at 10:05 AM, she stated that facility did not follow the activity schedule.

During interview with Resident #2, conducted on at 10:19 a.m., resident stated that there was no activities provided by the facility. Resident #2 stated, "They keep a schedule on the wall, they don't follow it."

During interview with Resident #3, conducted on at 11:12 a.m., resident stated, "It's been a couple of weeks since we had any activities. We were not told why. Other than the bible study, we have not done anything."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	10/31/2017
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

During interview with Staff B, conducted on at 12:54 p.m., he stated that the facility conducted activities about three or four days of the week, and completes four to six hours of activities per week.

During interview with Staff C, conducted on at 1:21 p.m., staff stated residents were provided with one hour of activities per day, and that the facility conducted activities for three days out of the week. Staff B stated that residents are provided with six hours of activities per week.

During interview with the Acting Administrator, conducted on at 1:55 p.m., he stated that he has not sat down with the person coordinating activities. Acting Administrator knew there was a schedule for activities, but did not know the frequency of activities being conducted by the facility.

Class III

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

Based on observation and staff interview, the facility failed to provide the Agency Consumer Hotline telephone number for lodging complaints for all residents residing in the facility .

The findings included:

During the tour of the facility, it was discovered the Agency Consumer Hotline phone number was not posted in the facility.

On at 10:00 a.m. Staff B stated, "I thought it would've been right there."

CLASS III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, and interview, the facility failed to ensure that the medication cart, used for keeping resident medications in a locked and secured location, was locked during employees' absence.

Findings included:

Upon entry, on at 09:07 a.m., a medication/treatment cart, located in an office with the door opened to common areas, was observed to be unlocked.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET DUNEDIN, FL 34698**	

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

During interview with Staff B, on at 09:07 a.m., he confirmed that the cart was unlocked and stated, "it should be locked; sorry."

On at 05:13 p.m., the Acting Administrator was informed of the unlocked medication cart. He confirmed that the expectations are that medication carts are to be locked when employees are not actively using the medication cart.

Class III

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

Based on record review and staff interview, the facility failed to provide a Freedom from Communicable Statement for 1 (Staff C) out of 4 staff files reviewed.

The findings included:

On , a review of 4 staff personnel files revealed there was no Communicable Statement for Staff C, hired on .

On at 2:05 p.m. Staff B stated, "She glanced at it. I thought it was taken care of."

CLASS III

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

Based on interview and record review, the facility failed to designate a staff member in writing to be in charge of facility.

Findings included:

On at 10:31 a.m., the Business Office Manager stated that the Administrator was out of the office for three weeks. He identified the Acting Administrator, who operated a skilled nursing facility next door, as being the designee in charge of the facility. When asked, he was not aware if there was any documentation, in writing appointing someone in charge during the Administrator's absence.

Record review revealed that the Administrator was absent since and that there was no documentation of appointment for person in charge for the period of the Administrator's absence.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET DUNEDIN, FL 34698**	

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

On at 11:09 a.m., the Acting Administrator confirmed the Administrator has not been at the facility since , and that he was not appointed, in writing, during that period of absence by the administrator.

On at 01:06 p.m., the Acting Administrator stated, between managing the skilled nursing facility next door, he spends approximately three hours per day at the facility.

Class III

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

Based on record review and staff interview, the facility failed to provide documentation of required in-service training for 2 (Staff C,D) of 4 staff personnel files reviewed.

The findings included:

Staff C's date of hire was .

Staff D's date of hire was .

On , review of Staff C's personnel file revealed there was no Assistance with Activities of Daily Living training certificate, no Emergency Preparedness training certificate, and no Incident Reporting Training Certificate in Staff #C's personnel file.

On , review of Staff D's personnel file revealed there was no Control training certificate, no Elopement response training certificate, no Emergency Preparedness training certificate, no Incident Reporting Training Certificate, no Resident's Rights Training Certificate, and no , Neglect, and , training certificate in Staff #D's personnel file.

In an interview on at 2:40 pm, Staff A stated, "It's not in there."

CLASS III

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

Based on record review and staff interview, the facility failed to ensure a staff member who holds a currently valid card documenting completion of First Aid and , , ( ) is in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET DUNEDIN, FL 34698**	

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

the facility at all times.

The findings included:

On , a review of Staff B's staff personnel file revealed there was no current First Aid and ( ) Documentation of Attendance in Staff B's personnel file.

On at 12:55 p.m., Staff B stated, "I thought it was taken care of."

During record review of the facility staff schedule for , 2017, and interview with Staff B it was discovered that Staff B is the only staff member working at the facility between 7:00 a.m. and 8 a.m., on the days Staff B works.

Staff B's card expired .

On at 10:20 a.m., Staff B stated, "It can be very busy. I'm alone in the morning, I'm alone from 7 to 8."

On at 6:45 p.m., the Acting Administrator stated, "I'm going to make sure whoever else works with him has their ."

CLASS III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on record review and staff interview, the facility failed to provide documentation of required training in Extended Congregate Care (ECC) for 1 (Staff A) of 4 staff personnel files reviewed.

The findings included:

Review of Staff A's personnel file revealed she did not have the Extended Congregate Care training certificate in her personnel file.

On at 2:35 p.m. Staff A stated, "I teach it. No, I don't have it."

CLASS III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for three (Acting Administrator, the Business Office Manager, and Staff A) of three employees who supervised the facility in the absence of the Administrator.

Findings included:
On at 10:31 a.m., the Business Office Manager identified himself, the Acting Administrator, and Staff A as individuals who supervised the facility while the Administrator was out on leave.

Review of the AHCA Background Screening Clearinghouse Agency website revealed that the Acting Administrator, the Business Office Manager, and Staff A were not employees listed on the facility's employee roster.

During interview with the Acting Administrator, he was informed and confirmed that neither himself, the Business Office Manager, nor Staff A were listed on the employee roster.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview, the facility failed to provide a Background Rescreening for 1 (Staff #A) of 5 staff personnel files reviewed.

The findings included:

On , a review of staff #A's personnel file revealed the Background Screen level 2 was dated .

On at 12:20 p.m. the Acting Administrator stated, "It expired."

Unclassified