STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966928	R 12/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORWOOD ASSISTED LIVING, INC	**325 NORWOOD ST** **MERRITT ISLAND, FL 32953**

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . Norwood Assisted Living Facility, License #11011 had deficiencies at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED
Based on personnel record reviews and interviews, the facility failed to obtain for 1 of 3 sampled staff a health care providers statement (a physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.) documenting freedom of communicable .

Findings:

Personal record review for staff A the administrator hired in revealed his freedom from communicable statement was dated and completed by a nurse and not his health care provider (a physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.).

On at 3 PM, the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for staff C a caregiver, hired in revealed there was no documentation to confirm she had received an in-service training on reporting major and adverse incidents.

On at 3:30 PM, the administrator confirmed the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NORWOOD ASSISTED LIVING, INC	**325 NORWOOD ST MERRITT ISLAND, FL 32953**

SUMMARY STATEMENT OF DEFICIENCIES
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0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on personnel records review and interview, the administrator, who was responsible for the facility's food service, did not obtain a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

Findings:

On at 3 PM, the administrator said he was responsible for the facility's food service. Personnel record review revealed there was no documentation to confirm he had obtained a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

The administrator confirmed at the time he had not obtained the above training.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) had at least one hour of training in the facility's policies and procedures regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel record review for staff C a caregiver, revealed she was hired in revealed she had obtained an online training on , the certificate noted the training included and law, Honoring the order, form Liability. Further personnel record review revealed there was no documentation to confirm she had received at least a one hour training on the facility's policy's and procedure regarding ('s) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

On on 3 PM, the administrator confirmed the findings.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility failed to obtain weights semi-annually for 1 of 2 (#1) residents who required assistance with Activities of Daily Living and did not obtain an accurate contract for 1 of 2 sampled residents at Admission (#4).

Findings:

Record review for Resident #1 revealed that she was admitted into hospice care and she required assistance with her Activities of Daily Living. Further record review revealed that there was no documentation to confirm that her weights were recorded semi-annually as required. The staff provided an order dated from the hospice physician that noted:

1." Do not weigh patient due to patient is no longer able to stand and balance on scale and is a hospice patient.
2."Continue to measure patients MAC (mid arm circumference) each month."

On at 3:15 PM, the administrator said the hospice agency said if the health care provider provided an order that the resident could not be weighed the facility would not be required to weigh the resident. The administrator was informed at the time that it was a requirement that all residents who received assistance with ADL's were required to be weighed and there was no exemptions for hospice residents.

Record review for resident #4 admitted in revealed there were missing pages of the contract. The contract used by the facility at admission was reviewed and it was revealed the contract that was located in Resident #4's record did not have all of the pages that included following information:

Page 1 that included the admission, retention and discharge policies, and rates
Page 2 that included the services to be provided, bed hold, religious affiliation, tobacco policy,
Page 3 that included the policy, medication appointment and transportation policy, house rules,
Page 4 that included social and leisure activities, Assistance with medications by unlicensed staff, refund policy
Page 6 . . . . . policy, release of medical information

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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On at 3:30 PM, the administrator confirmed the findings.

Class III