STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	R **12/08/2017**
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)

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

Based on record review and interviews the facility failed to ensure 1 of 3 staff (Staff H) had completed a level II background screening following a 90-day gap in employment.

Findings include:

On , in a record review of Staff H's employee file, the file documented Staff H was hired on . Staff H's file documented the level II background screening was completed on . In a review of Staff H's employment application, it documented Staff H had not been working in a health related field during the period of time from the level II background screening and date of hire.
On , at 3:05 PM, in an interview with the administrator (Staff B), the administrator stated she was unaware of the need to rescreen staff who had a 90-day gap in employment. The administrator stated she would address it.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

An unannounced revisit to a complaint investigation, (CCR# 2017011080), was conducted at Residence Retirement Center, Inc., Assisted Living Facility, (License # 5556), 208 Marveline Drive, Lakeland, Florida, from to . Deficient practice was identified at the time of the revisit.

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

Based on record reviews and interviews the facility placed 4 of 4 residents (Residents #15, 16, 17 and 18) at-risk by failing to complete the required Agency for Health Care Administration 1823 Health Assessment (1823 health assessment).
Findings include:
On , in a record review of Resident #15's file, the file documented Resident #15 was admitted to the facility on . Resident #15's file documented an 1823 health assessment, which did not include section 3, resident signature or services to be offered to the resident.
On , in a record review of Resident #16's file, the file documented Resident #16 was admitted to the facility on . Resident #16's file documented an 1823 health assessment, which did not include section 3 being properly completed.
On , in a record review of Resident #17's file, the file documented Resident #17 was admitted to the facility on . Resident #17's file documented an 1823 health assessment, which did not include section 3 being properly completed.
On , in a record review of Resident #18's file, the file documented Resident #18 was admitted to the facility on . Resident #18's file documented an 1823 health assessment, which was dated . Resident #18's 1823 health assessment failed to document if Resident #18 was appropriate for an Assisted Living Facility, special diet or the properly signatures in section 3.
On , at 3:05 PM, in an interview with the administrator (Staff B), the administrator stated she understood about the missing items regarding the 1823 health assessments. The administrator stated she would work to get them corrected.
Class III

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

Based on record reviews and interviews the facility failed to ensure written records were maintained of significant resident behavioral changes for 4 of 4 residents (Resident #15, 16, 17 and 18).

Findings include:

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On , in a record review of Resident #15's file, the file documented Resident #15 was admitted to the facility on . Resident #15's last documented monitoring note was .
On , in a record review of Resident #16's file, the file documented Resident #16 was admitted to the facility on . Resident #16's last documented monitoring note was .
On , in a record review of Resident #17's file, the file documented Resident #17 was admitted to the facility on . Resident #17's last documented monitoring note was .
On , in a record review of Resident #18's file, the file documented Resident #18 was admitted to the facility on . Resident #18's last documented monitoring notes was .
On , at 2:22 PM, in an interview with the administrator (Staff B), the administrator stated she does monitor the resident's behaviors. The administrator stated most of it is not written down but "in my head." The administrator stated staff need to do a better job of writing it down.

Class III

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 4 of 4 residents sampled (Residents #15, 16, 17 and 18).
Findings include:
On , at 11:35 AM, in an interview with the administrator (Staff B), the administrator stated the facility has not developed a maintenance plan since the agency's last visit. The administrator stated they have been working on getting the shingle sidewalk replaced and they are working on one project at a time.
On at 12:12 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 housing residents. The facility crosses a two lane residential street with private property located around the resident apartments.
" 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 including the LP gas tank, 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 crud (deep enough to write your name).
" 3-meter slice/hole in the ceiling, missing door- bell cover.
" Exposed wiring in sidewalk.
" Yellow substance on toilets.
" Mold-like substance growing on common area rest .
" Missing vent covers.
" Shower stall pulling away from the wall.

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" Door to the exterior area with a large hole in the bottom.

On , at 1:43 PM, in an interview with Resident #6, Resident #6 stated he has reported bug bites while he is in his apartment. Resident #6 stated both he and his have been bitten. Resident #6 stated he lives in building 218.

On , at 2:50 PM, in a tour of building 218, it was observed resident mattresses were covered with plastic covers. The agency removed the plastic covers and observed both moving and insects on the mattresses. The agency staff removed pillowcases and found moving and insects inside of the pillows. The agency staff also observed a black mold-like substance on all of the pillows.

On , in a record review of the shift change notes, the notes documented Resident #6 had complained to staff on 11/ and of being bitten by bugs while he slept. The shift change notes do not document staff taking any steps to protect Resident #6.

On , at 3:05 PM, in an interview with the administrator (Staff B), the administrator stated she was aware of the complaints of bed bugs from the residents in building 218. The administrator stated they have had pest control in the past but nothing is working. The administrator acknowledged they have not taken any steps to protect the residents. The administrator also stated she is aware of the facility maintenance needs and they are working on one project at a time.

On , at 4:30 PM, in an interview with an investigator from the local health department, the investigator stated he was aware the facility has an on-going bed-bug problem. The investigator stated he would address the concerns with the facility.

Class III

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

Based on record review and interviews the facility failed to provide notice to the Agency for Health Care Administration (AHCA) with-in the required time 10 -day time- frame for a change of administrators. Findings include:
On , in a record review of the AHCA web site, the web site documented the facility administrator as Staff C.
On , at 11:35 AM, in an interview with the administrator (Staff B), the administrator stated Staff C was no longer the administrator. The administrator she has replaced Staff C and the facility had forwarded the, "Change of Administrator," form to the agency.
On , in a record review of facility "Change of Administrator" paper work, the agency pointed

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out to the administrator that the paper work from the facility did not include all of the required information so the change had not been made.
On , at 3:05 PM, in an interview with the administrator, the administrator stated the facility would forward the correct, "change of administrator" paper work to the agency.
Class III

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

Based on record reviews and interviews the facility failed to proper document 1 of 3 staff (Staff D) had completed the required 1-hour training related to control.
Findings include:
On , in a record review of Staff D's employee file, the file documented Staff B's date of hire as . The file for Staff D failed to provide documentation Staff D had completed the required 1-hour training related to control.
On , at 3:05 PM, in an interview with the administrator (Staff B), the administrator stated she was unaware and would ensure that Staff D completed the training.
Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record reviews and interviews the facility failed to provide 4 of 4 residents (Residents #15, 16, 17 and 18) with the required mental health community support plan (community support plan).
Findings include:
On , at 11:35 AM, in an interview with the administrator (Staff B), the administrator stated all of the current 41 residents are limited mental health residents.
On , in a record review of Resident #15's file, the file documented Resident #15 was admitted to the facility on . Resident #15's file did not document a community support plan having been provided for Resident #15.
On , in a record review of Resident #16's file, the file documented Resident #16 was admitted to the facility on . Resident #16's file did not document a community support plan having been provided for Resident #16.
On , in a record review of Resident #17's file, the file documented Resident #17 was admitted to the facility on . Resident #17's file did not document a community support plan having been provided for Resident #17.
On , in a record review of Resident #18's file, the file documented Resident #18 was admitted to the facility on . Resident #18's file did not document a community support plan having been provided for Resident #18.
On , at 2:22 PM, in an interview with the administrator (Staff B), the administrator stated she was not aware of the requirements of a community support plan. The administrator stated she would

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work towards having the community support plans completed.
Class III