STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, a biennial state licensure survey in conjunction with two complaint surveys, (CCR# 2017013971 & CCR# 2017013822), was conducted at Heron House of Largo, Assisted Living Facility. Deficiencies were identified at the time of the visit.

(License # 10811)

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

Based on observation, and interview the facility failed to ensure 2 of (# 14 , # 15) 2 sampled residents are treated with consideration and respect and with due recognition of the need for privacy. Specifically, the facility failed to provide the required space in the resident living areas for Resident #14 and #15.

Findings included:

During resident interviews on beginning at 10:00 am, it was revealed that Resident #14 and #15 were . Resident # 14 stated that the facility used furniture as a wall. The facility used pieces of furniture to create a wall and mark of a portion of the resident # 15 to live in. Resident #14 stated that she felt guilty because her side of the larger than the other side of the had a window kitchenette with sink, the air/heater was located on the resident's side and she had a shower curtain to have privacy. The side for resident #15 was much smaller and darker. There wasn't a door or shower curtain to give privacy. Resident #15 did not have the use of the heater/ air unit and kitchenette without entering Resident #14's portion of the .

During an interview with the administrator on at 2:00pm, the administrator stated that he had just taken over as the new administrator and was never told that the facility had tried to put two residents in a for one. The administrator stated he had never seen the the day of this survey.

Class III

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0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility's unlicensed staff failed to follow their own medication policy to ensure proper control when assisting in medications self-administered to residents for one of three (#12) sampled residents.

Findings included:

Observed medication pass on beginning at 12:15pm. Observed Staff F pull medication packets from medication cart. Staff F prepared 4 oz cup of water for resident. Staff F identified medications to Resident #12. Observed Staff F open packets and pour tablets into paper cup. Staff F placed cup into Resident #12 hand. Resident #12 placed pills into mouth and drank water provided by Staff F. Observed Staff F ask resident #12 to open mouth to ensure medications were swallowed. Observed Staff F put remainder of medications into medication cart and lock cart. Staff F did not wash or sanitize hands prior to or after self-administration of medication to Resident #12.
During an interview with Staff F at 12:30 PM, Staff F revealed the facility does provide training on control when assisting with self-administration of medications. Staff F"stated that she knows to wash her hands prior to passing medications.
An interview with Resident Care Coordinator at 1:20 pm revealed that all unlicensed staff are required to know policy and procedure for assisting with self-administration of medications. Resident Care Coordinator reported in-service is provided at random times at the facility and includes control.

Class III

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

Based on record review and interview the facility failed to notify the Agency within 10 days of a change of Administrator. Additionally they failed to ensure the new Administrator met the qualifications, specifically that the new Administrator participated in 12 hours of continuing education every 2 years.

Findings included:

On an review of the facility records was conducted. In review of the facility records it verified the facility had a change of Administrator dated 11/ . The records did not include documentation

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verifying the facility notified the Agency within 10 days as required.

On a record review was conducted for the Administrator. The Administrators record did not include documentation of 12 hours of continuing education as required.

On at 1:55 PM an interview was conducted with the Administrator. The Administrator stated they had not completed any updates in the past few years as they did not think they would be back in the role as an Administrator. They also stated they had not notified the Agency of the change of Administrator.

Class III

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

Based on record review and interview the facility failed to ensure 3 of 3 (A, B, C) staff records reviewed included documentation of a negative examination and a signed statement from a healthcare provider stating the individual does not have any signs or symptoms of communicable within 30 days of employment.

Findings included:

On a record review was conducted for Staff A with a hire date of . Staff A's record included a negative examination conducted on and a signed statement from a healthcare provider on stating they are free from any signs or symptoms of communicable . The documented dates exceeded the required 30 days after beginning employment.

On a record review was conducted for Staff B with a hire date of . Staff B's record included a negative examination conducted on and a signed statement from a healthcare provider on stating they are free from any signs or symptoms of communicable . The documented dates exceeded the required 30 days after beginning employment.

On a record review was conducted for Staff C with a hire date of . Staff C's record included a negative examination conducted on and a signed statement from a healthcare provider on stating they are free from any signs or symptoms of communicable . The documented dates exceeded the required 30 days after beginning employment.

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On at 1:41 PM an interview was conducted with the Business office manager. The Business office manager stated they were aware the staff did not get their exam and communicable statements conducted in the required time frame.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview the facility failed to ensure 1 of 3 (A) staff records reviewed included an employment application with references and a job description as required.

Findings included:

On a record review was conducted for Staff A with a hire date of . Staff A's record did not include an employment application to include references or a job description.

On 17 at 1:44 PM an interview was conducted with the Business Office Manager. The Business Office Manager stated Staff A had previously worked at the facility and upon rehire they did not fill out a new application nor were they issued a new job description.

Class III