STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966792	**12/21/2017**
NAME OF PROVIDER OR SUPPLIER **CASA DE AMOR ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10930 S W 143 COURT** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted . Casa De Amor ALF with License # 10984 had the following deficiencies identified at the time of the survey:

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

Based on observation and interview, the facility failed to keep medication locked at all times.

Findings Included:

On at 9:59 AM, observed the medication cabinet next to kitchen was unlocked with the keys in the door.

On at 10:01 AM observed unlocked medication in the refrigerator. Observed a comfort kit that included medication for Resident #2 and for Resident #6.

On at 10:05 AM Staff B stated "The medication belongs to Resident #6 and Resident #2, we leave them out because the residents never go to the refrigerator, but I will put them in the locked box. I left the door open because I was going to grab the medication book."

Class III

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

Based on record review and interview, the facility failed to provide documentation of a negative examination required on an annual basis for one out of four sampled staff (Staff D).

Findings included:

A review of Staff D's employee file showed, staff D was hired on and the last examination was completed on .

On at 2:05 PM administrator stated "Staff D is a staff, I will get her new physical examination completed."

Class III

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0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and interview the facility failed to provide documentation of the / training, required within 30 days of hire, for two out of four sampled Staff (Staff A and C).

Findings included:

A review of Staff A's employee file revealed the staff was hired on 11/ . There was no documentation the staff completed the / training.

A review of Staff C's employee file revealed the staff was hired on 11/ . There was no documentation the staff completed the / training.

On at 12:47 PM Administrator acknowledged / training certificates were not in the staff files.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to provide documentation that 1 out 4 staff sampled staff who handle food received food service designee two hours of continuing education training on an annual basis (Staff B).

Findings Included:

On at 11:47 PM Observed Staff B washed her hands before preparing the food. Observed staff making the lunch meal.

A review of Staff B's employee file showed the last food designee training was completed on .

On at 12:47 PM Administrator acknowledged Food Service designee training for Staff B was not in the staff file.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to keep an up-to-date admission and discharge log.

Findings include:

A record review of the facility's admission and discharge log revealed, Resident #1 was admitted on , Resident #2 was admitted on . Resident #3 was not listed on the admission and discharge log, Resident #4 was admitted , Resident #5 was not on the log, Resident #6 was admitted , and Resident #7 was admitted on .

On 2017 at 10:38 AM Staff B stated "Resident #7 , , two days before Thanksgiving."

On at 10:40 AM Administrator stated "I have not added Resident #3 or Resident #5 because I have been busy with a lot of paperwork."

Class III

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

Based on observation, record review, and interview the facility failed to have updated health assessment done by healthcare provider after a significant change for 1 out of 2 sampled residents (Resident #2). The facility failed to provide an updated signed contract after a change of ownership.

Findings included:

A review of Resident #2's Health Assessment dated showed the resident's medical history and diagnoses: , , The resident needs supervision with ambulation and assistance with bathing, dressing, eating, self-care , toileting, and transferring. Per health assessment the resident does not have any , and needs assistance with self-administered medication.

A review of Resident #2's Hospice Record for Resident #2 Revealed Plan of Care in file dated . The resident receives medication management by hospice nurse, requires complete bed care, had a Full bed rails order, and receives hospice nurse care for a Left foot .

On at 1:00 PM Administrator stated "Yes, I have to get a new health assessment for Resident #2, that assessment is from before she was placed in hospice."

A review of Resident #1's employee file showed resident contract dated was not signed.

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A review of Resident #2's employee file showed that the resident's contract had the prior facility's name, and was dated .

Class III

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

Based on record review and interview, the facility failed to maintain an updated listing of the the employment status of all employees on its roster within the Background Screening Clearinghouse Database.

Findings included:

A review of the Background Screening Clearinghouse Database showed that facility's staff was not listed in the facility roster.

On at 2:00 PM, te administrator acknowledge the roster had not been updated.

Unclassified