STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	**12/27/2017**
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

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

Based on observation, interview, and record review, the facility failed to update the Background Screening Clearinghouse Employee Roster within ten business days for five employees (Administrator, Staff A, Staff B, Staff D, and Staff E) of six sampled employees.

Findings included:

A Background Screening Clearinghouse Employee Roster review conducted on found that the Administrator/Owner of the Facility was not listed on the Facility's Employee Roster.

A Background Screening Clearinghouse Employee Roster review conducted on found that Staff A, observed working at the time of the survey with a hire date , was not listed on the Facility's Employee Roster.

A Background Screening Clearinghouse Employee Roster review conducted on found that Staff B, observed working at the time of the survey with a hire date , was not listed on the Facility's Employee Roster.

A Background Screening Clearinghouse Employee Roster review conducted on found that ex-employee Staff D with an end-of-employment date , was not listed on the Facility's Employee Roster.

A Background Screening Clearinghouse Employee Roster review conducted on found that ex-employee Staff D with an end-of-employment date , was not listed on the Facility's Employee Roster.

An interview conducted on at 01:15pm revealed the Administrator acknowledged and confirmed Background Screening Clearinghouse Employee Roster not up-dated and stated that, "it will be updated."

Unclassified

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0000 - Initial Comments

Assisted Living Facility

A biennial state relicensure survey was conducted on , in conjunction with a complaint survey, (CCR# 2017011565), at Albina Manor, Assisted Living Facility. Deficient practice was identified during the survey.

(License # 9774)

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation, interview, and record review the Facility failed to meet admission criteria for one Resident (#4) of one sampled Resident with a , / .

Finding included:

An observation conducted on at 11:25am found Resident #4 to have dressing to left lower leg.
During a record review conducted on discovered Resident #4 to have a , . No documentation as to the location or stage of .

During an interview conducted on at 03:32pm with the care clinic revealed that the , is a .

During an interview conducted on at 03:57pm with the Facility Administrator revealed the facility unaware of stage or progression as the Administrator stated that, "I am unsure" and "I had no idea" regarding the stage and progression of the .

Class III

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

Based on observation and interview, the facility failed to assist residents according to practice standards

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with medications (meds) for three (#1, #4, and #7) of three sampled residents who require assistance with self-administration of meds.

Findings included:

During a medication observation conducted on at 12:10pm for Resident #7, the Med Technician (Staff B) did not identify the meds offered. Staff B did not have water available immediately to offer with meds.

During a med observation, conducted on at 12:20pm for Resident #4, the Med Tech (Staff B) did not change gloves and sanitize/wash hands between Residents #7 and #4. Staff B did not identify the meds offered. Staff B did not have water available immediately to offer with meds.

During a med observation, conducted on at 12:26pm for Resident #1, the Med Tech (Staff B) did not change gloves and sanitized/wash hands between Residents #4 and #1. Staff B did not identify the meds offered. Staff B did not have water available immediately to offer with meds.

During an interview, conducted on at 01:15pm the Administrator stated that the way medication is passed would be changed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure that Medication Observation Records (MORs) were accurate and free from omissions and errors for one Resident (#4) of three sampled Residents.

Findings included:

During a medication (med) pass observation conducted on at 12:20pm, found that the pre-filled med pack did not contain Resident #4's ordered , 40mg tablet due before breakfast at 08:00am (See Photographic Evidence2). Resident #4's pre-filled med pack contained

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40mg capsule which was not on the MOR (See Photographic Evidence3).

A MOR review conducted on for Resident #4 had the followed medication scheduled and typed in for 08:00am but the 8 was crossed out and 12 handwritten over top of the 8 and appeared that these meds were now for 12:00am (midnight) (See Photographic Evidence3). The pre-filled med pack had the following meds scheduled for 12:00pm (noon): 200mg tablet, 75mg tablet, 100mg capsule, 325mg tablet, 50mg tablet, - tablet, and Thiamin (B1) 100 tablet. Resident #4's 40mg tablet the pre-filled pharmacy med pack indicates to take at 08:00am (See Photographic Evidence2) and was given at 12:20pm during the med pass observation at 12:20pm. Resident #4's ordered , 15mg tablet instructs to take this every night at bed-time (See Photographic Evidence2) and was given to Resident at 12:20pm.

During an interview on at 01:15pm the Administrator confirmed and acknowledges the discrepancies between Resident #4's pre-filled med pack instructions and the MOR's. The Administrator stated that, "he (referring to Resident #4) is not an early riser and likes his medications at lunch-time" and was unable to produce orders to change the med times.

Class III

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

Based on observations and interviews, the facility failed to keep centrally stored medications secured in a locked cabinet or cart at all times.

Findings included:

An observation conducted on at 12:10pm during the noon medication pass revealed that the Facility brings out a kitchen style wheeled open wire rack shelving unit and placed plastic bins holding Resident's medications individually bagged and labeled. There is no way to secure medications quickly in the event of an emergency during meal-time.

During an interview conducted on at 12:10pm revealed that keeping medication unsecure during medication pass is common practice as Staff B stated yes when asked , "is this how medications are passed every day.

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During an interview conducted on at 01:15pm the Administrator confirmed and acknowledged that passing medications by using the open wired kitchen rack is common practice. The administrator stated that, "I like to be able to see them on camera when they pass meds. I can pull the camera up on my phone and watch the med pass."

Class III

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

Based on record review and interview, the facility failed to obtain a written statement from a health care provider, within 30 days after beginning employment, documenting that the individual does not have signs or symptoms of a communicable (Communicable Statement), for one (Staff C) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff C had a date of hire of . A review of the employees' record revealed he did not have documentation of a Freedom from Communicable Statements within 30 days of hire.

An interview was conducted with the Administrator at 4:30pm PM on concerning the lack of Communicable Statement for Staff C. The Administrator reviewed the employee's file and confirmed the findings. No other documentation was provided.

Class III

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

Based on record review and interview the facility failed to ensure for 2 (#A, #C) of 3 sampled staff, who preformed direct care for residents, had all their required training completed.

Findings included:

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During a review of employee records on it was revealed that Employee A who has a hire date of and is direct care staff was missing documentation of receiving training on control including universal precautions.
Employee C who has a hire date of and is direct care staff, was missing documentation of the following required training recognizing and reporting resident , neglect and , , control including universal precautions.
The administrator stated on at 4:00pm that she would review each employee's chart to make sure all the training was updated.

Class III

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

Based on record review and interview the facility failed to ensure for 1 of 3 staff (C) within 30 days of employment. a one hour education course on and .

Findings included:

During an review of employee records on it was revealed employee C who has a hire date of did not have documentation of completing the required one hour training in and .
During an interview with the administrator on at 4:00pm it was stated that she planed on making sure all the staff were up to date with their training before survey but time got away from her.

Class III