STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968537	12/26/2017
NAME OF PROVIDER OR SUPPLIER **ELITE MANOR-KISSIMMEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 SUNNY DAY WAY** **KISSIMMEE, FL 34744**	

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

0000 - Initial Comments

A complaint investigation #2017011396 was conducted on . Elite Manor-Kissimmee, license #12424, had deficiencies at the time of the investigation.

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

Based on record review and interview, the facility failed to ensure the Health Assessment (form 1823) was complete for 1 of 2 sampled residents (#3).

Findings:

Review of the record for resident #3, admitted on , revealed a Health Assessment dated . Sections C & D on page 2 of the 1823 were left blank. There was no documentation to indicate if the resident had a communicable , was a danger to self or others, or required 24-hour nursing or supervision. The form did not indicate if the resident was appropriate for residency in an assisted living facility.

In an interview with the administrator on at 2:00PM, she confirmed the finding and stated she had not noticed that before.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to ensure that an updated Health Assessment (AHCA form 1823) was obtained when a resident had a significant change and was admitted to hospice care for one1 of 4 record review (#3).

Findings:

Review of the record for resident #3, admitted on , revealed he was receiving hospice care, which began on . Notes from hospice visits and the integrated plan of care were in the record. Further review of resident #3's record, revealed an updated Health Assessment was not obtained when the resident began hospice services. The 1823 in the record was dated .

In an interview with the administrator on at 2:00PM, she confirmed that the 1823 had not been updated after the start of hospice care.

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Class III

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

Based on observation, medication record review and interview, the facility failed to ensure unlicensed staff (#B) followed the correct procedure when assisting with the self-administration of medication for 1 of 1 sampled resident (#4)

Findings:

Observation during a tour of the facility on at 9:20 AM revealed resident #4 seated at the dining table eating breakfast. She greeted me from across the continued to eat. A few minutes later, the resident called out to the caregiver (#B) to be careful because there were pills on the floor. Observation revealed 2 pills had on the floor and the remaining 5 pills given to the resident during the morning med pass were still sitting on a saucer next to the resident at the table. There was a crumbled small paper pill cup next to the saucer. Resident #4 stated she was not ready to take them because she was still eating.

Review of the Medication Observation Record (MOR) for resident #4 revealed the following medications were documented as given on at 8AM: 100mg, 75mcg, DR 20mg, Tab-a-Vite, Bispirone 10mg, 150mg, 10mg.

Staff #B picked the 2 pills up off the floor, unlocked the medication cart, and removed resident #4's morning medication cards. She went through the cards to identify the 2 pills she found on the floor as and Tab-a-Vite. She also compared the pills on the saucer to the other pills documented as being given to make sure they were all there. She spoke to resident #4 and asked her if she would like to take her for her . The resident replied yes, and Staff B provided a new pill to resident #4 and asked her to swallow it while she watched. She then asked the resident if she would like to take her , and the resident replied yes. Staff B provided a new Tab-a-vite to replace the one found on the floor. She watched as resident #4 swallowed the pill. Staff B then asked resident #4 to take the remaining pills, and the resident swallowed each of the pills while Staff B observed. Staff B then documented on the MOR that she had wasted the 2 pills found on the floor.

In an interview with Staff B at 10:00 AM, she confirmed that she had completed the Med Pass that morning for resident #4 without watching to see if she swallowed all of the pills. She said another resident had called her and distracted her, so she left the pills on the table.

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In an interview with the administrator on at 1:30 PM, she said she would review the correct procedure with Staff B.

Class III

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

Based on Personnel record review and interview, the facility failed to obtain an annual statement from a health care provider documenting freedom from communicable including ( ) for 1 of 2 records reviewed. (C)

Findings:

Personnel Record review for Staff C, caregiver hired on revealed the documentation to confirm freedom from communicable was dated , which was more than 12 months prior to her date of hire. There was no other documentation of freedom from communicable in the record.

On at 3:00 PM, the administrator confirmed the finding.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on a review of the 2017 staff schedule and interview, the facility did not maintain a written work schedule that reflected its 24-hour staffing pattern.

Findings:

Review of the facility's staff schedule for 2017 revealed that no one was scheduled to work from - . For each day in , there was one name handwritten in the box for the calendar date with a line extending to a future date and 24 hrs. written next to the name. No start or end times were reflected on the written schedule for most days. Staff A, the administrator, was written on the schedule for 12/3, , from 7-6 on each of the days. She was not on the schedule for any other days. Staff B was working alone on , but was not on the schedule on any day in .

In an interview with Staff B on .17 at 9:20 AM, she stated she had been working at the facility since and she used to work at the facility in the past.

In an interview with the administrator on at 2:45 PM, she stated she had not completed the

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schedule for . She confirmed the schedule was incomplete.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview, the administrator failed to ensure that she had completed 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.

Findings:

Personnel record review for Staff A, the administrator revealed she completed CORE training and passed the exam on . Further review did not reveal certificates documenting 12 hours of continuing education in the previous 24 months.

In an interview with the administrator on at 2:20 PM, she confirmed the finding and stated she thought she had until the license was renewing.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to ensure that all staff who assist with self-administration of medications received a 2-hour annual training update for 2 of 2 sampled staff (A & B).

Findings:

Review of the record for Staff A, the administrator and caregiver, revealed she received a 6-hour initial training for assistance with self-administration of medications on . There were no certificates for an annual 2-hour update found in the record.

Review of the personnel record for Staff B (caregiver) who was observed assisting a resident with medications, did not reveal any evidence of training in the assistance of self-administration of medications.

In an interview with the administrator on 17 at 2:50 PM, she confirmed she was due for a training update for herself. She also stated that Staff B had just started on and Staff B had all the

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training, but she had not completed her personnel record.

Class III

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

Based on facility record review and interview, the facility failed to ensure documentation of annual fire inspection and health & sanitation inspections were conducted by the local agencies.

Findings:

During the entrance conference with the administrator, a copy of the facility fire & health inspection certificates were requested. The approval letter for the fire plan dated was provided. No proof of inspections for 2017 were available for review.

In an interview with the administrator on at 1:30 PM, she confirmed the findings. She said she knew the health and fire inspections were done. However, she did not have documentation the inspections were done.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on review of the facility's Comprehensive Emergency Management Plan (CEMP) and interview, the facility failed to have documentation the CEMP was approved by the local emergency management agency according to 58A-5.026(2)(c) (1) FAC.

Findings:

Upon request to review the facility's CEMP a plan, dated 2016 was presented. There was no current or previous, letter documenting approval or receipt from the Osceola Office of Emergency Management available for review.

On at 10:50 AM, the administrator confirmed she did not have acknowledgement from the County that the plan was received.

Class III

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

Based on staff schedule review, Agency Clearinghouse Website Review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 3 of 5 sampled staff employees (B, D & E).

Findings:

Review of the Agency's Background Screening website for 5 sampled staff revealed that Staff B, caregiver working alone on the day of the visit, was not on the clearinghouse roster for the facility.

Review of the staff schedule for , revealed Staff D was listed for several days in , but was not on the roster. Staff E was not on the schedule for .

In an interview with the administrator on at 2:45 PM, she confirmed Staff B was not on the roster. She said Staff D was a current employee, but she did not realize she had not added her to the clearinghouse roster. She also stated Staff E has not worked in the facility since , but she confirmed she did not put an end date for her.

Unclassified