STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953473	**01/18/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6753 CARPEL DRIVE** **NEW PORT RICHEY, FL 34653**	

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

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

Based on interview and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 days of initial employment, for three (Administrator, Staff A, and Staff B) of three employee records sampled.

Findings included:

A review of employee records conducted on showed that the Administrator had a date of hire of , Staff A had a date of hire of 11/ , and Staff B's date of hire was . A review of the facility's Employee Roster showed that no names had been entered.

The Administrator was interviewed at 2:49 PM on concerning the lack of names entered in to the Employee Roster. The Administrator stated that they were unable to enter names and needed help.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure that employees with a break in service of more than 90 days from a position that required screening by a specified agency, submitted to a national screening for one (Staff B) of three employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff B had a date of hire of . A review of Staff B's employments application showed that their last held position that required Level II background screening ended in , 2016, indicating more than 90 days between positions. A review of Staff B's most current Level II screening showed an eligible date of . Staff B was observed assisting residents with transferring, serving the lunch meal, and entering residents' on .

The Administrator was interviewed at 2:47 PM on concerning a lack of current Level II background screening eligibility for Staff B. The Administrator acknowledged that there was more than a 90 day gap between positions that required a Level II background screening and indicated that they would send Staff B for a new screening.

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0000 - Initial Comments

Assisted Living Facility

On , 2018, a biennial re-licensure survey was conducted at Villa Rose Assisted Living Facility. Deficient practice was identified at the time of the visit.

(License # 8071)

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

Based on record review and interview, the facility failed to obtain a complete AHCA Form 1823, indicating that a medical examination was completed within 60 days of admission to the facility or 30 days following admission to the facility for one (Resident #2) of three resident records sampled.

Findings included:

A review of Resident #2's record conducted on showed a date of admission of . A review of Resident #2's AHCA Form 1823 showed a date of examination of . The AHCA Form 1823 also showed no indication as to what assistance with medication Resident #2 required.

The Administrator was interviewed at 1:30 PM on concerning Resident #2's AHCA Form 1823. The Administrator reviewed Resident #2's AHCA Form 1823 and acknowledged that they did not receive the form within 30 days of admission. The Administrator also stated that the form did not indicate what kind of assistance Resident #2 needed with their medications.

Class III

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 provide assistance with self-administration of medications in a safe and sanitary manner for one (Resident #2) of two residents observed.

Findings included:

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A medication observation was conducted on beginning at 11:15 AM and Staff A was observed assisting Resident #5 with self-administration of medications. Immediately following assisting Resident #5, Staff A was observed assisting Resident #2 with self-administration of medications. Staff A did not wash or sanitize their hands before providing assistance to Resident #2.

Staff A was interviewed at 11:25 AM on concerning the observation that they did not sanitize their hands prior to assisting Resident #2 with their medications and they acknowledged that they did not sanitize their hands as required.

Class III

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

Based on observation, interview, and record review, the facility failed to immediately update its medication observation record (MOR) after each medication was offered or administered for two (Resident #3 and Resident #5) of three residents sampled.

Findings included:

Immediately following a medication observation on that began at 11:15 AM, Staff A was observed initialing the MOR for medications that were scheduled to be provided at 10:00 AM for Resident #3 and Resident #5.

Staff A was interviewed at 11:24 AM on concerning the observation of initialing the MOR for Resident #3 and Resident #5 for their medications scheduled for 10:00 AM. Staff A acknowledged that they forgot to initial the MOR immediately after assisting the two residents with self-administration of medication.

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 of employment, documenting that the individual does not have any signs or symptoms of a communicable (Communicable Statement) and did not provide evidence of a negative examination documented on an annual basis (Exam) for one (Staff A) of three employee records reviewed.

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Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of 11/ . A review of Staff A's record showed a lack of a Communicable Statement and Exam.

The Administrator was interviewed at 2:58 PM on concerning Staff A's record and a lack of proof of a Communicable Statement and Exam. The Administrator reviewed Staff A's record and acknowledged that the Communicable Statement and Exam were not available.

Class III

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

Based on record review and interview, the facility failed to provide valid proof that staff that provided direct care to residents received a minimum of one hour of in-service training, within 30 days of hire, that covered the facility's emergency procedure's including chain-of-command and staff roles relating to emergency evacuation (Emergency Procedures Training) for one (Staff A) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of 11/ . A review of Staff A's record showed a lack of Emergency Procedures Training. Staff A was observed providing assistance with self-administration of medications on .

The Administrator was interviewed at 3:01 PM on concerning the lack of proof of Emergency Procedures Training for Staff A. The Administrator reviewed Staff A's record and stated that they missed it.

Class III

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

Based on record review and interview, the facility failed to ensure that all facility employees completed a one-time education course in / ,
(/ Training) for one (Administrator) of three employee records reviewed.

Findings included:

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A review of employee records showed that the Administrator had a date of hire of . A review of the Administrator's employee record showed no proof of / Training.

The Administrator was interviewed at 2:56 PM on concerning the lack of proof of / Training in their file. The Administrator looked through their training records and acknowledged that there was no proof of / Training.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that staff that had completed courses in first aid and , ( ) were in the facility at all times for two (Staff A and Staff B) of three records reviewed.

Findings included:

Upon entrance to the facility at 9:15 AM on , Staff A and Staff B were the only employees present.

A review of Staff A's record showed a date of hire of and Staff B's record showed a date of hire of . A review of the two employee records showed a lack of proof of current first Aid and course completion.

The Administrator was interviewed at 3:07 PM on and they acknowledged that Staff A and Staff B did not have current course completion in first aid and .

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that direct care staff received at least one hour of training in the facility's policy and procedures regarding (Training), within 30 days after employment, for one (Staff A) of three employee records reviewed.

Findings included:

A review of Staff A's records on showed a date of hire . A review of Staff A's record showed a lack of valid Training. Staff A was observed providing assistance with

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self-administration of medication to residents on .

The Administrator was interviewed at 3:01 PM on concerning a lack of valid Training for Staff A. The Administrator acknowledged that Staff A did not have Training specific to their facility's policies and procedures.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to ensure that training certificates contained required documentation for one (Staff B) of three employee records reviewed.

Findings included:

A review of Staff B's employee records conducted on showed a date of hire of . A review of Staff B's training certificates in the subjects of elopement response training, control, resident rights/ , neglect, and , , emergency preparedness, incident reporting training, activities of daily living/behavioral needs, elopement response training, and training contained no dates of training or the number of hours of training for each course.

The Administrator was interviewed at 3:10 PM on concerning the above referenced training certificates for Staff B. The Administrator stated that Staff B had the trainings in 2017. The Administrator acknowledged that the training certificates did not contain required information concerning dates of training and how many hours of training were provided.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to follow its registered dietician approved menu and also failed to note substitutions before or when the meal was served.

Findings included:

The lunch meal was observed on at 11:30 AM. Two of the items included on the menu for the lunch meal were cabbage and wheat bread. Staff A was observed serving mixed vegetables (carrots, peas, corn, and green beans) and did not serve any bread. The menu substitution log was reviewed immediately following the meal and there was no notation of substituting mixed vegetables for the

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cabbage.

Staff A was interviewed at 11:57 AM on . Staff A acknowledged that they did not note the substitution log for replacing the cabbage with mixed vegetables and did not serve any bread during the lunch meal.

Class III

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

Based on interview and record review, the facility failed to submit an emergency management plan for review and approval to the local emergency management agency in a timely manner and gain approval.

Findings included:

On , a request was made to review the approval for the facility's comprehensive emergency management plan (CEMP). The Administrator was interviewed at 12:51 PM on and they stated that they submitted the plan in 2017. They stated that they called the local emergency management agency and was told that there was something wrong with the plan and that they needed something. The administrator stated that they were planning on obtaining an emergency generator.

Class III