STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953623	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **EAGLES**	STREET ADDRESS, CITY, STATE, ZIP CODE **6928 122ND DRIVE** **LARGO, FL 33773**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial state relicensure survey was conducted at Eagles, (Lic. # 8594). Deficient practice was identified during the survey.

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

Based on observation and interview, the facility did not fully adhere to the assistance with self-administration process as specified in Section 429.256 (3), F.S. with respect to three of three residents who were noted receiving medication supervision (#1-3).

Findings include:

Between 4:15pm and 4:40pm on , the following was observed:

Staff B took a container of , 5mg and placed a tablet into a small plastic cup. She then handed this cup to Resident #1 and said "this is your medication for your ."
Staff B placed a tablet of , 2mg, , 20mg, , 3 mg, and 6.25mg into a plastic cup and gave this to Resident #2 and watched him consume these pills.
Finally, the employee placed tablets of , 500mg and , 15mg, into one plastic cup and dispensed 2 ml of , 1ml into a second cup for Resident #3. She brought both cups to the resident and observed him consume all the medication.
At no time did Staff B read the pharmacy labels affixed to any of these containers to any of these three residents. Interview with the administrator provided no explanation for these omissions.

Class III

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

Based on record review and interview, the administrator had not participated in the minimum 12 hours continuing education in topics pertinent to assisted living every 2 years.

Findings include:

A review of the administrator's personnel file during the survey found a total of 1-2 hours of continuing education hours since completed. Further review of the record revealed no

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subsequent hours having been taken.
Interview with the administrator at 3pm on provided no clarification.

An administrator who has core but who has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:
a) retake the assisted living facility core training; and b) retake and pass the competency test.

Class III

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

Based on record review and interview, two of two direct care staff sampled who had been employed at least 30 days (B; C) had not received all required training.

Findings include:

A personnel file review during the survey revealed that Staff B (hired) had no documentation verifying that training had been received regarding safe food handling and control/facility sanitation procedures. A review of Staff C's record found that this employee (hired) had no paperwork attesting to the fact that resident rights training had been received.

Interview with the administrator at 3pm on provided no explanation for these omissions.

Class III

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

Based on record review and interview, one of three staff sampled (B) had not yet received training on and .

Findings include:

A personnel record review during the survey revealed that Staff B, hired , had no documented evidence that he had taken a course on and .

Interview with the administrator at 2:50pm on verified that the administrator understood that Staff B was required to have / training.

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Class III

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

Based on observation, record review and interview, the facility did not maintain a log of menu substitutions for at least the last 6 months.

Findings include:

At 11:45am on during an attempted record review, the facility's substitution log for the last 6 months was requested but never furnished. At 11:45am on , it was observed that no substitution log was available or posted.
According to the administrator at 2:50pm on during interview, "we don't have any such logs."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the contracts for two of two residents sampled (#1; 2) contained verbiage that conflicted with regulation regarding when a health assessment is required by the facility.

Findings include:

A resident record review during the survey revealed that the contracts for Residents #1 and 2 (admitted and , respectively) each contained the same provision with respect to how soon a health assessment was required by the facility: "within 60 days prior to or within 3 days after admission to the facility." This conflicted with the regulation that states "no more than 60 days prior to, or 30 days after admission." Further review of these contracts found a second reference to this issue, stating "within days" after admission." Thus, the number of days had been left blank.

Interview with the administrator at 3:10pm on provided no clarification regarding these oversights.

Class III