STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

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

0000 - Initial Comments

The re-licensure survey was conducted on .2018. Gentry Park Orlando Assisted Living with Limited Nursing Services (LNS) and Extended Congregate Care (ECC), License #12797 had deficiencies at the time of the visit.

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 that 2 of 2 sampled residents (#1 and #3) AHCA form 1823 Health Assessment was not documented accurately or missing the required information to be completed by the healthcare provider.

Findings:

1. Resident #3's record review revealed an 1823 Health Assessment dated . The question that pertained to what type of medication assistance the resident needed was left blank.

On at 5 PM, an interview with the Director of Nursing who confirmed the findings.

2. Record review for resident #1 revealed a health assessment form 1823 that was dated on . The question that pertained to whether resident #1 required assistance with her medications was not answered. In addition, the form did not contain the address and telephone number of the health care provider, as required.

On at 5:15 pm, the director of nursing confirmed the findings.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to notify a health care provider when a resident (#1) was sent to the hospital.

Findings:

Record review for resident #1 revealed facility documentation, dated on and , indicated resident #1 was sent to the hospital.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR ORLANDO, FL 32825**	

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

The documentation for each occurrence did not indicate a health care provider was notified, as required, when she was sent to the hospital.

On at 5 pm, the director of nursing confirmed the findings.

Class III

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

Based on record review and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

On at 10:30 AM, resident #8 said the staff normally would bring the medication to her wait for her to take it. She called staff F to see where her morning medications were. She said staff F told her she left the pills on her counter. Resident #8 said she told staff F she was not aware the medication was left on the counter. She further stated if the medication was left on the counter she may have knocked the medication over. She said when she went to look she had knocked them over.

On at 1:30 PM staff F said did remove resident #8's medications from their containers and placed them in a cup, she said she received a call from another resident, left the pills and told the resident she would return, she said after she finished, she returned and gave the resident her medications.

Record review for resident #8 revealed her resident health assessment form dated noted she required assistance with self-administration of medication.

The unlicensed staff did not follow the proper procedures, she removed medications from their containers and placed them in a cup and left them in the .

Staff F did not follow the appropriate procedures at all times and did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	01/16/2018
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

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

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

Based on record reviews and interview the facility failed to ensure the Medication Administration Record (MAR) was updated for a resident (#1) who required medication administration.

Findings:

Record review for resident #1 revealed a health assessment form 1823, dated on that indicated she required medication administration.

Review of the 2017 MAR for resident #1 revealed an entry for oral tablet 150 micrograms (mcg) take one tablet by mouth every day for .

The dose on , , and contained a dash, rather than initials that would have indicated the medication was given.

The MAR did not contain documentation to indicate why a dash was present.

On at 5 pm, the director of nursing confirmed the findings and said she did not know what the dash meant.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record reviews and interview, the facility failed to make every reasonable effort to ensure a prescription was filled in a timely manner for a resident (#1) who received medication administration.

Findings:

During an interview with resident #1 on at 1:35 pm, she said the facility stored and ordered her medications.

Record review for resident #1 revealed a health assessment form 1823, dated on that indicated she required medication administration.

Review of the 2017 Medication Administration Record (MAR) for resident #1 revealed an entry for , 2 milligram (mg) tablets, take 1 tablet by mouth twice daily. Documentation on the MAR indicated she did not receive her doses on , , , , , , and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR ORLANDO, FL 32825**	

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

because the medication was unavailable and the facility was awaiting delivery from the pharmacy.

On at 5:10 pm, the director of nursing confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure a staff member (D) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

Personnel record review for staff D, the administrator, revealed he was hired in 2016. The personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 4:45 pm, the administrator confirmed the finding.

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 have documentation of the 4 hour training medication training for staff providing assistance with self-administration of medications as required for 1 of 3 sampled staff (C).

Findings:

Staff C's personnel record review revealed date of hire on . In addition, no documentation was found in the file that the initial 4 hours medication training was completed.

On at 5 PM, an interview with the Assistant Business Office Manager who confirmed the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR ORLANDO, FL 32825**	

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

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

Based on food safety training certificate review and interview, the food service manager, who was responsible for the facility's food service, did not have evidence to confirm a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

Findings:

The administrator provided two online food safety-training certificates for 1 hour each that was completed by a registered nurse as evidence of the 2-hour annual training for the food service manager.

On at 3 PM, the administrator said that a nurse conducted the training and that the person that was in charge of the kitchen did not obtain the annual 2-hour training that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

On at 3:30 PM, the food service manager provided her food manager certificate and the regulation regarding the annual training. She was informed at the time that she would need the annual 2 hours, there were no exemptions in the regulations for food managers not to obtain the annual 2-hour training.

Class III

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

Based on personnel record review and interview the facility failed to ensure staff had certificates for in-service training for 3 of 5 sampled staff (A, B and C).

Findings:

1. Personnel record review for staff A hired revealed an online training that was dated for elopement training.

2. Personnel record review for staff B hired revealed an online training that was dated for elopement training.

Further personnel record review revealed there was no documentation to confirm the staff had received the required in-service training regarding the facility's resident elopement response policies and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	01/16/2018
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

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

procedures and they were provided a copy of the facility's resident elopement response policies and procedures.

On at 4:30 PM, the administrator said both staff had received the training, but there was not a certificate for the training.
3. Staff C's personnel record review revealed hire date of and a copy of an online training for elopement response policies and procedures dated . This training was not specific to the facility's elopement policies & procedures.

On at 5 PM, an interview with the Assistant Business Office Manager who confirmed the finding.

Class III

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

Based on menu review and interview, the facility failed to have evidence of a dated menu that was reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards. 2. Did not keep the dated menus that were served on file for 6 months, 3. Did not have an adequate of amount of water sufficient for drinking and food preparation stored at all times in the event of an emergency for the 73 residents of the facility.

Findings:

Observation on at 12:45 PM of the emergency water available revealed there was only 147 gallons of water for the 73 residents. The dietary manager said at the time that she had just disposed of some of the water that was on hand because it had expired.

Review of the menus used by the facility revealed the dietitian signed them, but there was no date located on the menu to confirm they were reviewed annually.

On at 1 PM an interview was conducted with the dietary manager, she said that she did not keep dated menus. She said the facility used cycled menus and she did not keep dates. She was asked at the time if she was asked to provide what was served to the residents on a given day, would she have documentation to confirm what was actually served. She said she did not have the documentation.

On at 2 PM, the dietary manager returned with calendars with the past dates of the menus that

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR ORLANDO, FL 32825**	

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

she said was used by the facility and the menus were attached that she had created during the survey; she said this was what she would also use going forward.

The dietary manager said that the previous dietitian that did not date the menus no longer worked for the company and provided menus that were signed on by the current dietitian.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to ensure a personnel record (D) contained all the required documents.

Findings:

Personnel record review for staff D, the administrator, revealed it did not contain an employment application, as required.

On at 4:15 pm, the administrator confirmed the finding.

Class

0167 - Resident Contracts - 58A-5.025 FAC

Based on resident record review and interview, the facility failed to include in the resident contract agreement, a provision that residents must be assessed upon admission and every 3 years thereafter or after a significant change for 2 of 2 sampled residents (#1 & #3).

Findings:

1. Resident #3's record review revealed a contract agreement dated . The contract not include the provision required that an 1823 Health Assessment must be completed every 3 years or at a significant change.

On at 3 PM, the Administrator and the Assistant Business Office Manager confirmed the finding.

Review of the residency contract, dated on , for resident #1 revealed it did not contain a provision

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	01/16/2018
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

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

that residents must be assessed upon admission and every 3 years thereafter, or after a significant change, as required.

On at 4 pm, the administrator and assistant business office manager confirmed the findings.

Class

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record reviews and interview, the facility failed to obtain an order from a health care provider for a resident (#1) who received a Limited Nursing Service (LNS).

Findings:

Review of the facility's license revealed it contained an LNS designation.

On at 9:15 am, the director of nursing identified resident #1 and said she received LNS for a left leg brace and left arm compression sleeve.

Observations made of resident #1 on at 1:35 pm revealed she wore , which was LNS. She said she wore her continuously at 2 liters per minute via nasal cannula. She said the facility nurses applied and removed her cannula, they adjusted the liter flow, and they refilled her portable tanks.

Review of the record for resident #1 revealed there was not an order from a health care provider for the , as required.

During an interview with the Director of Nursing (DON) on at 2 pm, she confirmed the nursing staff assisted resident #1 with her and confirmed the record did not contain an order from a health care provider for the .

Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record reviews and interview, the facility failed to ensure nursing progress notes were maintained for a resident (#1) who received Limited Nursing Services (LNS.)

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR ORLANDO, FL 32825**	

SUMMARY STATEMENT OF DEFICIENCIES
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1. On at 9:15 am, the director of nursing identified resident #1 and said she received LNS for a left leg brace and left arm compression sleeve.

Record review for resident #1 revealed an order from a health care provider, dated on , to apply a left leg brace in the morning and remove at bedtime and to apply a left arm lymphedema sleeve in the morning and remove at bedtime.

Review of the 2017 Medication Administration Record (MAR) for resident #1 revealed entries for the leg brace and arm sleeve with boxes to allow the staff to initial when the order was followed. However, the boxes to indicate the brace and sleeve were removed on , , , , and contained a dash. The MAR did not contain documentation to indicate what the dash meant.

On at 1:45 pm, the director of nursing confirmed the findings and said she did not know what the dash on the MAR meant.

2. Observations made of resident #1 on at 1:35 pm revealed she wore , which was a LNS. She said she wore her continuously at 2 liters per minute via nasal cannula. She said the facility nurses applied and removed her cannula, they adjusted the liter flow, and they refilled her portable tanks.

The record for resident #1 did not contain progress notes for the , as required.

During an interview with the DON on at 2 pm, she confirmed the nursing staff assisted resident #1 with her and confirmed progress notes were not maintained.

Class

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

Based on the Background Screening (BGS) Clearinghouse website employee roster and interview, the facility failed to register with the clearinghouse and maintain the employment status of all employees within the clearinghouse within 10 business days as required for 1 of 5 sampled staff (D)pursuant to 435.12(2)(b-d), Florida Statutes.

Findings:

On at 5:35 PM, the BGS Clearinghouse website for the employee roster was reviewed and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968966	**01/16/2018**
NAME OF PROVIDER OR SUPPLIER **GENTRY PARK ORLANDO**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 CENTER POINT DR** **ORLANDO, FL 32825**	

SUMMARY STATEMENT OF DEFICIENCIES
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revealed staff D was not on the roster as required within 10 business days from date of hire.

On at 5:37 PM, an interview with the Administrator who confirmed the finding.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record reviews and interview, the facility failed to ensure a personnel record (E) contained a signed attestation of compliance with background screening requirements.

Findings:

Personnel record review for staff E, the director of nursing, revealed a hire date of .

The level 2 background screening results in the record indicated she was eligible on .

The personnel record for staff E contained an unsigned attestation of compliance with background screening requirements.

On at 3:45 pm, staff E confirmed the findings.

Unclassified