STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968607	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **GOD ANSWERS PRAYERS-EMMANUEL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13470 SE 101 TER,** **BELLEVIEW, FL 34420**	

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

0000 - Initial Comments

On , , 2018 a biennial relicensure survey was conducted at God Answers Prayers Assisted Living (License #: 12482). Deficient practice was identified during the survey.

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

Based on observation and interview the facility failed to ensure all medications were stored in a secure area free of dampness and abnormal temperatures.

Findings:

On at 9:45 AM, three eye medications that included eye drops and Malcate 0.5% , eye application) prescribed to Resident #1 were observed stored in an unsecured refrigerator in a pass through office area of the facility. The doors of the pass through office area were observed to be open. The refrigerator was observed to be unlocked and to contain a variety of food and beverage items that included cartons of eggs, sugar free gelatin, a frozen meal, plastic and Styrofoam containers of food, salad dressing, cranberry juice and aloe vera aloe drink.

During interview on beginning at 9:45 AM, the facility Administrator acknowledged that three eye medications (that included eye drops and Malcate 0.5% , eye application) prescribed to Resident #1 were stored in an unsecured refrigerator along with a variety of foods and beverages in a pass through office area of the facility.

PHOTOGRAPHIC EVIDENCE OBTAINED

Class III

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

Based on interview and record review the facility failed to ensure that employee personnel files contained evidence that 2 employees (Employee B, Employee C) of 3 sampled employees had not completed in-service training as required.

Findings:

Record review of Employee B's personnel and training records revealed the following:

Date of Hire:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968607	**01/22/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOD ANSWERS PRAYERS-EMMANUEL INC	**13470 SE 101 TER, BELLEVIEW, FL 34420**

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

Assistance with Activities of Daily Living / Resident Behavior and Needs: Documented Completion Date:

Resident Rights: Documented Completion Date:
/Neglect/ , : Documented Completion Date:
Safe Food Handling Practices: Documented Completion Date:

Record review of Employee C's personnel and training records revealed the following:

Date of Hire:

Resident Rights: Documented Completion Date:
Safe Food Handling Practices: Documented Completion Date:
Facility Emergency Procedures: Documented Completion Date:

PHOTOGRAPHIC EVIDENCE OBTAINED

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview and record review the facility failed to ensure 1 resident's (Resident #1) of 2 sampled residents' clinical records reviewed contained a weight record initiated on admission and documented semi annually and contained documentation of all services (hospice) required to be provided.

Findings:

During interview on at or about 12:45 PM, the facility Administrator stated that Resident #1 began receiving hospice services on .

Record review of Resident #1's Resident Health Assessment for Assisted Living Facilities (dated) failed to reveal documentation that Resident #1 received hospice services. Resident #1's Resident Health Assessment for Assisted Living Facilities lacked documentation of any Nursing/treatment/ , , requirements or special precautions.

During interview on at 12:50 PM, the facility Administrator acknowledged that Resident #1's Resident Health Assessment for Assisted Living Facilities failed to include documentation that Resident #1 was receiving hospice services.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968607	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **GOD ANSWERS PRAYERS-EMMANUEL INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13470 SE 101 TER,** **BELLEVIEW, FL 34420**	

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

Record review of Resident #1's Resident Health Assessment for Assisted Living Facilities (dated) revealed documentation Resident #1 required assistance preparing meals, shopping, making phone calls, handling personal affairs and handling financial affairs.

Record review of Resident #1's clinical record revealed a Resident Weight Record Form. There were no entries on the Resident Weight Record Form documenting Resident #1's initial and semi-annual weights.

During interview on at 12:59 PM, the facility Administrator confirmed that there were no entries on the Resident Weight Record Form documenting Resident #1's initial and semi-annual weights and that the facility had no documentation of Resident #1's initial and semi-annual weights.

PHOTOGRAPHIC EVIDENCE OBTAINED

Class III