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	AL11964511	**01/26/2018**
NAME OF PROVIDER OR SUPPLIER **FRESH WATER AT HUDSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **14108 OLD DIXIE HIGHWAY** **HUDSON, FL 34667**	

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0000 - Initial Comments

Assisted Living Facility

On , a Biennial Relicensure Survey in conjunction with a complaint investigation, (CCR# 2017013547), was conducted at Fresh Water at Hudson, Assisted Living Facility. Deficient practice was identified during the survey.

(License # 9047)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interviews the facility failed to ensure that it provided an ongoing diversified activity program that reflected a minimum of 12 hours of weekly activities at least six day per week, offered and encouraged to residents residing in the facility to meet their needs, abilities, and interests.

Findings Included:

An observation conducted on at 10:00am revealed that the activity calendar posted in the dining activities every day of the week but did not include what time activities were offered nor how long the activities lasted (See Photographic Evidenc2).

A resident interview with Resident #3 conducted on at 10:00am, revealed that the facility does not provide for an ongoing diversified activity program as Resident #3 stated that, "we don't have any activities here."

During an observation conducted on at 10:08am a ball toss activity commenced in the living several residents and one staff participating. The ball toss activity was not occurring during walk through at 10:00am and concluded before 10:26am. No other activities were witnessed by the end of survey at 04:30pm.

A resident interview with Resident #2 conducted on at 10:30am, revealed that the facility does not provide for an ongoing diversified activity program as Resident #2 stated that, "there are no activities [here]."

A staff interview with Staff A conducted on at 02:25pm, revealed that the facility does not

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provide for an ongoing diversified activity program as Staff A stated that, "we try a lot of stuff...[but] it's hard to find residents who want to participate."

A staff interview with the Administrator conducted on at 03:19pm, revealed that the facility does not provide the Residents residing for an ongoing diversified activity program as the Administrator stated that, "activities are a little lacking."

A post-survey staff interview with Staff D conducted on at 05:45pm, revealed that activities do not occur during the evening/night shift. Staff D works 06:00pm - 06:00am.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to (1) provide elopement drills pursuant to Sections 429.41(1)(a)3 and 429.41(1)(l) F.S. and (2) assess one Resident (#6) of three sampled Residents for Elopement Risk.

Findings Included:

A review of facility elopement drills conducted on revealed the last elopement drill conducted on included only one employee in attendance. The previous elopement drill was conducted on with four employees in attendance.

A staff interview with the Administrator conducted on at 03:19pm, revealed that the elopement drills dated and were the only drills conducted and not all employeeson all shifts were in attendance.

Class III

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

Based on observation and interview, the facility failed to ensure that an unlicensed staff member, in the facility, provided assistance with self-administration of medication as required under 429.256 Florida Statutes by administering medications for 1 of 3 residents observed (Resident #9).

Findings Included:

During a medication observation on at 12:00pm in the dining the facility, Staff A, an

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unlicensed staff, was assisting Resident #9. Resident #9 was observed at a lunch table being spoon fed by Staff B, a resident aide, as the resident requires assistance with eating. Staff A identified Resident #9 and reviewed the resident's medication observation records (MOR). Resident #9 was to receive two medications, one an oral tablet and the other an oral capsule. Staff A located Resident #9's medications on the cart and compared the medications labels to the MOR. Staff A then went to the table where Resident #9 was sitting and told the resident about the medications that would be given. At the medication cart, Staff A then opened the containers of medications, and popped the medications out into a small cup. Back at Resident #9's lunch table, Staff A poured the medications on to a spoon and inserted the spoon, with medications on it, into the resident's mouth. Staff A watched as the resident swallowed the medications.

In an interview at 4:00pm on , the Administrator was asked what the facility's expectation of Med Techs assisting residents, who cannot feed themselves, with their medications. The Administrator stated that the Med Techs are expected to perform the assistance correctly and put their hand over the resident's hand and assist them by guiding the resident to self -administer their own medications.

Class III

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

Based on record review and interview the facility failed to provide or arrange a minimum one-hour required in-service training regarding Emergency Preparedness and Resident Rights for one Staff (B) of four sampled Staff.

Findings Included:

An employee record for Staff B conducted on discovered that Staff B did not have certificates of completion for required one-hour minimum in-service training in both Emergency Preparedness Training and Resident Rights Training.

During a staff interview with the Administrator conducted on at 03:19pm, the Administrator acknowledged and confirmed that Staff B was missing certificates indicating completion of both Emergency Preparedness Training and Resident Rights Training.
Class III

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

Based on employee record reviews and interview, the facility failed to ensure that two Staff (B and C) had completed the one-time required /Acquired Deficiency

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(/) training within thirty day of employment.

Findings Included:

An employee record review for Staff B conducted on revealed that Staff B did not have a one-time required / training on file. Staff B hired on .

An employee record review for Staff C conducted on revealed that Staff C did have certificate for completing a one-time required / training on file with no date. Staff C was hired on .

During a staff interview with the Administrator conducted on at 03:19pm, the Administrator acknowledged and confirmed the missing / training for Staff B and no date on the certificate for Staff C. Administrator did not provide any further documentation of / training completion of Staffs B and C.

Class III

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

Based on record reviews and interview the facility failed to ensure that the facility had Staff with a current valid card for completion of an approved , , ( ) course in facility at all times.

Findings Included:

An employee record review for the Administrator conducted on revealed that the Administrator's card expired . The Administrator's date of hire is .

An employee record review for Staff A conducted on revealed that Staff A's card expired . Staff A's date of hire is .

An employee record review for Staff C conducted on revealed that Staff C's card expired . Staff C's date of hire is .

During an interview with the Administrator conducted on the Administrator acknowledged and confirmed the expired cards and stated that it is, "all paperwork and can be fixed" and, "we have the training coming up in ." The facility employs seven staff.

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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 failed to provide Residents residing in the facility nutritionally adequate meals, food substitutions with comparable nutritional value, and failed to encourage all residents to eat in the dining .

Findings Included:

A focused interview conducted with Resident #4 on at 09:08am, revealed that the facility did not follow the Registered Dietician's menu plan as Resident #4 stated that breakfast "was pancakes."

An employee interview conducted Staff on at 10:00am, revealed that the facility was using the "Cycle 1" on the day of survey.

A review of the Cycle 1 menu conducted on revealed that scrambled eggs, toast, Oatmeal, and milk were due to be served at breakfast. The menu indicated lunch meal was due to be fried fish, corn, Cole Slaw, roll, and banana (See Photographic Evidence3).

A resident interview conducted with Resident #3 on at 10:00 am, revealed that there is no variety with the facility's snacks. Resident #3 stated that the cookies served as snacks "is tiresome."

A resident interview conducted with Resident #2 on at 10:30am, revealed that, "the meat is not good meat."

A lunch meal observation conducted in the main dining at 11:32am noted fourteen resident in the dining lunch meal. When staff questioned as to who was missing, Staff A and B stated, Resident #1 because, "We don't push her because she is only 35."
Observed Resident #5 receiving feeding assistance from staff B eating pureed food. Lunch meal was observed to be heated frozen fish and fish sticks, tator-tots, french-fries, and baked beans. Food appeared drab and unattractive. Food substituted does not represent an equivalent nutritive value as no vegetables were served at this lunch meal. Staff A did not wash/sanitize her hands or wear gloves while serving food. Staff A did not wash or sanitize hands between serving food and beginning medication pass.

A review of the substitution log conducted on revealed that no substitutions noted on the

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substitution log for either breakfast or lunch meal on the day of survey (See Photographic Evidence4).

A review of the Administrator's employee record conducted on revealed that the Administrator did not complete a required annual two-hour continuing education training as the Food Service Designee. The last documented two-hour continuing education training in the Administrator's employee record dated .

Class III

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

Based on record review and interview the facility failed to maintain an up-to-date Admission - Discharge Log for four discharged Residents (#13, #14, #15, and #16) of four sampled discharged Residents.

Findings Included:

A review of the Admission - Discharge Log conducted on discovered that discharged Resident #13 listed as an in-house Resident.

A review of the Admission - Discharge Log conducted on discovered that discharged Resident #14 listed as an in-house Resident.

A review of the Admission - Discharge Log conducted on discovered that discharged Resident #15 listed as an in-house Resident.

A review of the Admission - Discharge Log conducted on discovered that discharged Resident #16 listed as an in-house Resident.

A staff interview with the Administrator conducted on at 03:19pm, revealed that Residents #13, #14, #15, and #16 discharged from the facility and not in-house Residents. The Administrator acknowledged and confirmed that the Admission - Discharge Log not up-to-date and stated that, "we just didn't document."
Class III

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

Based on record reviews and interview the facility failed to ensure that employee records maintained containing all required documents for four Staff (Administrator, A, B, and C) of four sampled Staff.

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Findings Included:

An employee record review for the Administrator conducted on discovered that the Administrator's employee record did not contain a job description, and an Attestation of Compliance accompanying the Level II Background Screening. The last documented negative test dated , is greater than the annual requirement. The last documented required two-hour continuing education for Food Service Designee dated is greater than the annual requirement.

An employee record review for Staff A conducted on discovered that Staff A's employee record did not contain an application with references or evidence of annual freedom from . The last documented negative chest X-ray ( ) was dated .

An employee record review for Staff B conducted on discovered that Staff B's employee record did not contain references, a job description, an Attestation of Compliance accompanying the Level II Background Screening.

An employee record review for Staff C conducted on discovered Staff C's employee record did not contain an Attestation of Compliance accompanying the Level II Background Screening. The last documented negative test dated is greater than the annual requirement.

During an interview conducted on at 03:19pm the Administrator acknowledged and confirmed the missing documentation from employee records and stated that it is, "all paperwork and can be fixed."

Class III

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

Based on records review and interview, the facility failed to provide required information in the resident records of 2 of 2 resident records reviewed (#1 and #6).

Findings Included:

A records review of Resident #1's record revealed that the resident has been in the facility since of 2016. The review revealed that the only recorded weights the facility had for Resident #1 was on the resident's health assessments dated of 2016, the initial assessment, and in , of 2017. The facility failed to demonstrate that it had recorded weights for Resident #1 for of 2017 and ,

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of 2018, which would have met the semi-annual weight assessment requirement.

A records review of Resident #6's records revealed that resident was admitted to the facility on . The resident's most recent 1823 assessment was dated and was lacking the following information: height and weight of resident, medication list, elopement risk assessment, and the type of assistance needed for medications.

In an interview with the Administrator at 4:00pm, the Administrator stated that the facility had been remiss about gathering weight information on their residents for a while and that they needed to get better at that. The Administrator could not provide the information that was missing from Resident #6's record.

Class III

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

Based on record reviews and interview, the facility failed maintain an Attestation of Compliance accompanying Level 2 Background Screenings for three Staff (Administrator, B, and C) of four sampled Staff.

Findings Included:

An employee record review for the Administrator conducted on discovered no signed Attestation of Compliance accompanying the Level 2 Background Screening eligibility dated: . The Administrator has a hire date of .

An employee record review for Staff B conducted on discovered no signed Attestation of Compliance accompanying the Level 2 Background Screening eligibility dated: . Staff B has a hire date of .

An employee record review for Staff C conducted on discovered no signed Attestation of Compliance accompanying the Level 2 Background Screening eligibility dated: . Staff C has a hire date of .

During a staff interview with the Administrator conducted on at 03:19pm, the Administrator acknowledged and confirmed the missing signed Attestations of Compliance for self, Staff B, and Staff C and stated that, "I don't have them."

Unclassified