STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968218	**02/22/2018**
NAME OF PROVIDER OR SUPPLIER **VETA'S WE CARE ASSISTED LIVING FACILITIES**	STREET ADDRESS, CITY, STATE, ZIP CODE **510 SEBASTIAN CROSSING BLVD** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure with Limited Nursing Services (LNS) survey was conducted on , , 2018 at Veta's We Care Assisted Living Facilities, License #12154. The facility had deficiencies identified at the time of the visit.

Note: The LNS portion of this survey was conducted on a different date. Please refer to the separate report for the findings.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interviews, the facility failed to ensure that a satisfactory fire inspection from the local fire authorities was maintained.

The findings included:

On at 3:27 PM, the fire inspector for this facility stated during interview that the facility had not been in compliance with documentation of fire drills and expired extinguishers during the inspection conducted on , which resulted in an unsatisfactory fire inspection report. An additional visit to the facility by the inspector was made on . The facility provided the inspector with evacuation times of "a little over six (6) minutes". The inspector stated that since the facility does not have a sprinkler system, they must be able to evacuate all four (4) residents within three (3) minutes. The evacuation capability evaluation is referenced in 69A-40.029, Florida Statutes. The facility does not have a satisfactory inspection report from the local fire authorities at this time.

During interview with the Administrator on at 3:40 PM, she acknowledged the aforementioned findings. She stated that she intends to have a sprinkler system installed. She also stated that she was not able to evacuate all four (4) residents at this time since Resident #4 required the assistance of two (2) staff to evacuate him, and this facility provides only one (1) staff member at various times.

During interview with Resident #4's hospice nurse on at 3:59 PM, she stated that this resident is dying and was not expected to live for more than two (2) days. She stated his was "imminent" and that he could expire at any time.

The facility failed to ensure that a satisfactory fire inspection was obtained annually from the local fire authorities. The facility provided no additional documentation for review.

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Class III

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on observation and interviews, the facility failed to ensure that 1 out of 1 sampled residents (Resident #4) had sufficient staff to provide assistance to evacuate in the event of a fire.

The findings included:

On at 11:00 AM, Resident #4 was observed lying in bed asleep. When spoken to, the resident did not respond. At this time, the Administrator stated that the resident was "dying".

On at 3:27 PM, the fire inspector for this facility stated during interview that the facility had not been in compliance with documentation of fire drills and expired extinguishers during the inspection conducted on . An additional visit to the facility was made on , with the facility providing the inspector with evacuation times of "a little over six (6) minutes". The inspector stated that since the facility does not have a sprinkler system, they must be able to evacuate all four (4) residents within three (3) minutes. The evacuation capability evaluation is reference in 69A-40.029, Florida Statutes. The facility does not have a satisfactory inspection report from the local fire authorities at this time.

During interview with the Administrator on at 3:40 PM, she acknowledged that Resident #4 requires two (2) people to assist him out of bed, and that she does not have another staff member besides herself most of the time during the day at the facility. She confirmed that she would not be able to evacuate Resident #4 without assistance in the event of a fire.

During interview with Resident #4's hospice nurse on at 3:59 PM, she stated that the resident is dying and was not expected to live for more than two (2) days. She stated his was "imminent" and that he could expire at any time.

Based on these findings, the facility failed to ensure that at least two (2) staff were present at all times for the possible need for Resident #4 to be evacuated in the event of a fire.

Class III

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

Based on record review and an interview, the facility failed to ensure the MOR (Medication Observation

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SUMMARY STATEMENT OF DEFICIENCIES
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Record) was accurately recorded for 3 out of 4 sampled residents (Residents #1, #2 and #4).

The findings included:

During review of the , 2018 MOR's, the following pre-signed medications were identified:

1) Resident #1
a. 8:00 PM dose on for .

2) Resident #2
a. 1:00 PM doses on for and Super Food .
a. 5:00 PM doses on for , , E400, and Super Food .

3) Resident #4
a. 8:00 PM doses on for , and Clotrim.
b. 5:00 PM doses on for .
b. 9:00 PM dose on for .

During interview with Staff A on at 10:00 AM, she stated she had completed administering morning medication to all four (4) residents. She stated that the residents had not received their afternoon or evening medication, but she had documented that they had by intialing the MORs before giving them their medication.

Class III

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

Based on record review and a staff interview, the facility failed to ensure 2 out of 2 sampled employees (Staff A and B) had submitted an annual negative ( ) statement by a health care provider.

The findings included:

a) During record review for Staff A, date of hire , a signed statement by a health care provider, dated within the previous year, verifying this employee was free from could not be found.

b) During record review for Staff B, date of hire , a signed statement by a health care provider, dated within the previous year, verifying this employee was free from could not be found.

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A request was made to the Administrator for the documentation on [redacted] at 11:00 AM, but the Administrator was unable to locate this documentation at the time of survey. The facility provided no addtional documentation of the required statements for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B), who provides direct care to residents, had received the required in-service training within 30 days of employment .

The findings included:

Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on [redacted].

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Residents' Rights and [redacted], Neglect and [redacted] (1 hour)
3. Facility's [redacted] / [redacted] 's (1 hour)
4. Safe Food Handling (1 hour)
7. Facility's Elopement Policy and Procedure (no minimum time required)

The Administrator was interviewed at 11:00 AM on [redacted] and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training at this time.

Class III

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

Based on an interview, the facility failed to submit their Comprehensive Emergency Management Plan annually to the county emergency planning department for review and approval.

The findings included:

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On at 10:00 AM, the Administrator stated during interview that she had submitted her Comprehensive Emergency Management Plan to the county for approval on an unknown date. The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

On at 2:46 PM, a representative from the county emergency planning department stated that the facility had attempted to drop off their plan on 11/ , but that it had been returned immediately as it did not contain all components required for review by the county. At this time, there is no plan received from the facility for the county to review and approve.

Class III