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	AL11966346	R 02/13/2018
NAME OF PROVIDER OR SUPPLIER **WEST VISTA DEL LAGO, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1077 WATERSIDE CIRCLE** **FORT LAUDERDALE, FL 33327**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced revisit survey to the relicensure survey was conducted on at West Vista Del Lago, Inc, License #10057. The facility had uncorrected and new deficiencies identified at the time of the survey.
The following deficiencies are uncorrected deficiencies: A 079, A 081, A 082, A 0160, and CZ 815.
The following deficiencies are new deficiencies: A 032, A 078, A 084, A 090, A 0152, A 0161, and CZ 814.

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

Based on observation, interview and record review, the facility failed to meet the minimum requirements for 1of 3 sampled residents (Resident #2) who was identified by the physician as an elopement risk.

The findings included:

On during record review, it was revealed Resident #2 had a diagnosis of 's . On a clinical note of , the phyician documented a recommendation the resident needs constant supervision for risk of wandering, due to the dignosis. A review of the Resident Health Assessment (AHCA Form 1823), dated , confirmed the resident was identified as an elopement risk.

On during observation of the residents, it was observed that Resident #2 did not have a bracelet on with the minimum requirements of having the facility name and address. Further observation within the facility revealed there was no special precautions put in place to prevent an elopement from occurring.

On at 3:58 PM, an interview was conducted with the administrator regarding Resident #2 being an elopement risk. The Administrator stated she was unaware that the physician identified Resident #2 as an elopement risk stating, "She's not a wanderer". The administrator was advised that both the clinical notes and AHCA Form 1823 stated the resident is an elopement. The administrator provided no further documentation.

Class III

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

Based on record review and interview, the facility failed to ensure 2 of 3 sampled employees (Staff A and

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Staff B) had submitted a written statement from a health care provider documenting that the employee is free from ( ) on an annual basis, and failed to have a written statement from a health care provider documenting that the employees do not have any signs or symptoms of communicable within 30 days of hire.

The findings included:

1. During personnel record review on for Staff A, the administrator with date of hire of , a signed statement by a health care provider verifying this employee was free from ( ) annually could not be located.
During personnel record review for Staff B, with date of hire of , a signed statement by a health care provider verifying this employee was free from annually could not be located. A request was made to the administrator for the documentation. The administrator was unable to locate this documentation at the time of survey.

2. During personnel record review on for Staff A, date of hire , a signed health statement by a health care provider verifying this employee was free from all communicable could not be found.
During personnel record review for Staff B, date of hire , a signed health statement by a health care provider verifying this employee was free from all communicable could not be found. A request was made to the administrator at 2:47 PM for the documentation. The Administrator was unable to locate the requested documentation.

On at 2:47 PM, the administrator acknowledged the absence of the annual written negative and Communicable statement for Staff A and Staff B. The facility provided no additional documentation at the time of the survey.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on documentation review and interview, the facility failed to maintain a a written work schedule that reflects a 24 hour staffing pattern for any given time period, for the direct care staff.

The findings included:

1. An interview was conducted on at 1:30 PM with Staff A, the administrator. Staff A was asked

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to provide a copy of the written staffing schedule for the past 2 weeks. Staff A stated she did not have a written staff schedule. Staff A stated she did not have any staff members until one month ago and the staff are currently part time staff until she get more residents.

On at 12:12 PM, an interview was conducted with Staff B inquiring about her employment at the facility. Staff B stated she began working at the facility on , 2018 and was employed by Staff A. Staff B further stated she work five days a week usually from 7 AM - 1 PM.

Class III

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

Based on documentation review and interview, the facility failed to failed to ensure that 1 of 3 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:

On at 12:12 PM, an interview was conducted with Staff B inquiring about her employment at the facility. Staff B stated she began working at the facility on , 2018 and was employed by Staff A. Staff B further stated she work five days a week usually from 7 AM - 1 PM.

Review of Staff B's personnel record revealed her date of hire was . Further review revealed Staff B's file lacked documentation indicating the employee had completed the following in-service training: Resident Rights, Recognizing/ Reporting , Neglect and , , Control, ADL and Behavioral Needs, / Training, Elopement Response Training, Emergency Preparedness & Evacuation Training, Training, Initial Medication Training and Nutritional & Safe Food Handling.

On at 1:48 PM an interview was conducted with Staff A, the administrator, regarding Staff B's required in-service training, she stated the documents that were located in her file was all she had. The only document located inside of Staff B's file was a / First Aid card. No further documentation was provided at this time.

Class III

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

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Based on record review and an interview, the facility failed to ensure that 1 of 3 sampled staff (Staff B) had completed training in / within 30 days of employment.

The findings included:

The personnel file for Staff B was reviewed on for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review. Review of the personnel file and interview with Staff B revealed she was hired on .

An interview was conducted with Staff A, the administrator, at 1:48 PM on . The administrator acknowledged that the documentation was not present and available for review. The facility provided no additional documentation at this time.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, it was determined the facility failed to ensure that each unlicensed person who provides assistance with the self-administration of medications met the training requirement of an initial 4 hours of training and an annual 2 hours of training for 1 of 3 sampled staff that provides assistance with self-administration of medications (Staff B).

The findings included:

Review of the personnel file for Staff B revealed there was no evidence or documentation of the required initial and annual trainings for the assistance with self-administration of medications.
During interview and personnel record review conducted with the administrator on beginning at approximately 1:40 PM, she was provided the opportunity to locate the required initial and annual trainings for the following staff:

a. Staff B is an unlicensed staff, with a date of hire of . Staff B provides assistance with self-administration of medication, as confirmed by the administrator and Staff B. There was evidence or document of the initial 4 hour training on file and no evidence of the 2-hour update training on file.

The administrator acknowledged the findings and provided no further documentation.

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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedure regarding ( ), for 1 of 3 sampled staff records reviewed (Staff B).

The findings included:

A personnel record review conducted on revealed that Staff B with a hire date of . The file lacked documentation indicating the completion of the 1 hour of training in the facility's policy and procedure regarding within 30 days of employment.

During an interview conducted on at 2:30 PM with the Administrator, she reviewed the file and confirmed the findings. She stated Staff B did not get her the training certificate. No further explanation was provided.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined the facility failed to provide a safe living environment free of hazards to 2 of 3 sampled residents, Residents #1 and Resident #2.

The findings included:

During the initial tour of , where Resident #1 and #2 reside, revealed the glass mirror closet door was cracked and broken in three places inside the the residents.

An interview was conducted with the administrator on at 3:46 PM regarding the findings. The Administrator said she would have the closet door replaced.

Class III

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

Based on interview and record review, the facility fail to submit an annual emergency management plan for review and approval. The facility also failed to maintain an up-to-date admission and discharge log

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listing the names of all residents and each resident's: date of admission and the facility or place from which the resident was admitted, for 2 of 3 sampled residents (Residents #1 and #3).

The findings included:

1. During record review of the facility documents, the administrator presented a Comprehensive Emergency Management plan (CEMP) that was approved in , 2015. The Administrator was asked to provide a current Emergency Management Plan. During an interview on at 4:05 PM, the administrator stated she and hit the back of her head and she don't remember to do a lot of things anymore. No further documentation was provided at the time of the survey.

2. During interview and review of the facility's admission and discharge log conducted with Staff A, the administrator, on beginning at approximately 3:45 PM, she was asked how many residents currently live at this facility. She replied, "Three (3)". She was asked why the admission and discharge log only noted one current resident (Resident #2). Staff A could not provide an explanation. No further documentation was provided at this time.

Class

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

Based on record review and an interview, the facility failed to maintain documentation of a Level II criminal background screening for 1 of 3 sampled staff (Staff C); and failed to maintain a written work schedule and staff time sheets that reflect the facility's 24 hour staffing pattern for most current 6 month period.

The findings included:

1. On at 3:40 PM, documentation of a Level II criminal background screening for Staff B was requested from the Administrator. She stated she had not obtained a copy of the screening for this staff member. Review of the criminal background Clearinghouse website revealed no Background Screening was requested or presented to the agency. There was no evidence or documentation of this screening made available for review at the time of the survey.

The facility provided no additional documentation of the work schedule or background screening for Staff B for review at this time.

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2. On at 3:39 PM, the written work schedule was requested from the Administrator. She stated she had not documented a schedule showing the 24-hour pattern of staff working at the facility or of staff time sheets. There was no staffing schedule available for review.

Class III

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

Based on interview and record review, it was determined the facility failed to maintain an up-to-date background screening clearinghouse roster for 2 of 2 sampled staff (Staff A and Staff B).

The findings included:

During review of the facility's background screening Clearinghouse roster conducted with the administrator on at 3:06 PM, she confirmed the findings of Staff A and Staff B currently work as direct care staff. She also confirmed the employee roster was not updated to reflect Staff A & B as current staff.

Review of the agency Clearinghouse website revealed no evidence or documentation of the roster at the time of the survey. The roster had no names.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation, interview, and record review it was determined the facility failed to obtain a level 2 background screening for any person seeking employment with the licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients/residents or have access to resident's personal property, or living areas for 1 of 2 sampled staff and family member residing inside of the home over .

Upon entrance into the facility on at 11:36 AM, Staff B answered the door. She was informed of the purpose of the inspection. Staff B advised the Administrator is currently at a doctors appointment and currently she is currently an employee that provide care to the residents. Staff A further stated she has been employed with the facility since , 2018. Staff A also advised that the Administrator Grandson resides within the facility and is over .

During record of the facilities background screening it was revealed that neither Staff B or the family

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member had a background screening.

At at 4:18 PM the Administrator was advised of the findings. The Administrator admitted that neither family member nor staff member was sent to complete a background check.

Unclassified