STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	**02/22/2018**
NAME OF PROVIDER OR SUPPLIER **NOMEL'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **332 BISCAYNE LANE** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

On , an unannounced relicensure survey was conducted at Nomel's ALF Inc., license #11834.
The facility had deficiencies at the time of the visit.
This survey was conducted in conjunction with complaint inspection, CCR#2017014922.

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

Based on interviews and record review, the facility failed to provide documentation showing the resident or their representative received written information related to informed consent for 1 of 2 sampled Residents (Resident #1).

The findings included:

Resident #1 was admitted to the facility on . Review of his resident contract, conducted at 11:32 AM with Staff B present, revealed an "informed consent to assistance with medication by unlicensed personnel". The form was dated but was not signed by the resident or his representative. Specifically, if the resident needs assistance with self- administration of medications, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney in fact. The consent was not signed.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class

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

Based on interviews and closed record review, the facility failed to maintain a written record of a significant change in condition for 1 of 2 sampled Residents (Resident #2).

The findings included:

Review of Resident #2's records conducted at 11:07 AM with Staff B present, revealed the following:

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1. He was admitted to the facility on [redacted] from a skilled nursing facility.

2. His [redacted] AHCA Form 1823 (health assessment) documented his diagnoses included [redacted].

3. On [redacted], he experienced [redacted] and was transferred to a hospital, as he required a higher level of care.

4. He never returned to the facility.

5. There was no evidence facility staff documented this significant change in condition.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on [redacted] at 5:05 PM.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on interviews and record review, the facility failed to maintain documentation of the required high school diploma or GED for the Administrator, Staff A.

The findings included:

Personnel file review of the administrator's file, conducted on [redacted] at 3:07 PM with Staff B present, revealed there was no documentation or evidence showing the administrator, a caregiver and Medication Technician (MT), received either a high school diploma or GED.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on [redacted] at 5:05 PM.

Class III

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

Based on interviews and record review, the facility failed to ensure staff submitted the required written statement showing they had no signs or symptoms of [redacted] for 2 of 2 sampled Staff (Staff A and Staff B).

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The findings included:

Personnel file review conducted . . . . . at 3:12 PM with Staff B present, revealed the following concerns:

1. Staff A, the facility administrator, caregiver and Medication Technician (MT), was hired when the facility opened . . . . . . The most recent health statement, dated . . . . . , showed she had no signs or symptoms of . There was no evidence of a more recent health statement.

2. Staff B, a caregiver and MT, was estimated to be hired on . The most recent health statement showing she had no signs or symptoms of . . . . . was dated . . . . . There was no evidence of a more recent health statement.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on . . . . . at 5:05 PM.

Class III

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

Based on interviews and record review, the facility failed to ensure unlicensed staff received the required training in assisting residents with self-administration of medications for 1 of 2 sampled Staff (Staff B).

The findings included:

Personnel file review of Staff B's file was conducted . . . . . at 3:16 PM with Staff B present. The file revealed the following concern.

Staff B, a caregiver and Medication Technician, was estimated to have been hired on . . . . . Review of her personnel file revealed the most recent training in assisting residents with self-administration of medications, conducted by a Registered Nurse or licensed Pharmacist, were conducted on . . and . . . . . There was no documentation available showing she received the required two hours of training during 2016 and 2017.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on . . . . . at 5:05 PM.

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Class III

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

Based on observations, interviews and record review, the facility failed to ensure emergency foods available for resident use, were sufficient; and half of the food stored was expired.

The findings included:

Review of the facility's supply of non-perishable conducted . . . . . at 10:32 AM with Staff B present, revealed the following concern.

Inspection of the food revealed the food was hand-labeled with dates of 2015 and 2016. Further reviewed revealed that half of the food available had expired in 2015, 2016 and 2017, rendering them unsafe to consume.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on . . . . . at 5:05 PM.

Class III

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

Based on interviews and closed record review, the facility failed to maintain the required admission and discharge log for 1 of 4 sampled Residents (Resident #2), who was not entered on the facility's admission and discharge log.

The findings included:

Resident file review conducted . . at 11:07 AM with Staff B present, revealed the following:

1. He was admitted to the facility on . . from a skilled nursing facility.

2. He was discharged on to a hospital as he required a higher level of care.

3. Review of the facility's admission/discharge log contained no information related to this admission and discharge.

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In a telephone interview was conducted on at 11:07 AM with Staff C, the Administrator's designated relief person. Staff C stated it was an oversight on the facility's part. At 11:20 AM, she confirmed there were no other admissions or discharges omitted from the facility's admission/discharge log.

Class III

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

Based on interviews and record review, the facility failed to maintain the required documentation of a current background screening on file for 1 of 2 sampled Staff (A).

The findings included:

Personnel file review conducted on at 3:55 PM with Staff B present revealed the following concern.

The records for Staff A, the facility's Administrator, revealed documentation of background screening eligible on . There were no other documents showing a more recent date.

Review of the Background Screening Clearinghouse conducted at that time revealed Staff A was currently eligible on .

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class

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

Based on interviews and record review, the facility failed to obtain and ensure a resident's weight was recorded semi-annually for 1 of 2 sampled residents (Resident #1).

The findings included:

Resident record review conducted at 11:43 AM with Staff B present, revealed the following concern.

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Resident #1 was admitted to the facility on . The only recorded weight was documented on his AHCA Form 1823 (medical health assessment) on . The form also documented he required assistance with ambulation, bathing, dressing, and toileting. Further review of his records revealed no documentation showing facility staff obtained and recorded his weight since , more than two years earlier.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class III

0168 - Resident Refund Policy - 429.24(3)(a) FS

Based on interviews and record review, the facility failed to provide resident contracts with required provisions for 2 of 2 sampled Residents (Residents #1 and Resident #2). The provisions for refunds were not in compliance with assisted living facility rules and regulations.

The findings included:

Review of resident contracts conducted on at 11:47 AM with Staff B present, revealed provisions for refunds were inadequate as follows:

1. Resident #1 was admitted to the facility on . Review of his resident contract revealed the following language related to refunds to residents: On page 4, Item 4, Refund Policy disclosed, "It is the policy of Nomel's ALF that if contract between resident and facility is terminated, resident or responsible party will be notified in writing of claim made against there refund. Resident will have 14 days to respond. Also, on page 4, section E, item 3 disclosed, "If for any reason Resident is no longer appropriate for the Facility the Facility shall provide 45 days advance notice to the Resident and/or Guarantor or Guardian or Resident's Representative. If the Resident chooses to leave, the Resident must provide adequate notice (preferably 30 days) to the Facility and the Facility will refund any advance payment for services not provided, within fourteen (14) days."

2. Resident #2 was admitted to the facility on . Review of his resident contract revealed the same language as indicated in example 1 above.

Further review of both resident contracts revealed no required language such as "... the resident or

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responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date ...".

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Class III

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

Based on interviews and record review, the facility failed to provide documentation showing the required approval of their Comprehensive Emergency Management Plan (CEMP).

The findings included:

Review of facility CEMP (Comprehensive Emergency Management Plan) records was conducted on at 10:15 AM with Staff B present. She was asked for documentation showing the facility's CEMP was approved by local authorities in the past year. She presented a form related to their generator addendum / plan. She did not have proof of annual county approval available for review.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM. There was no additional documentation provided of a submitted or approved CEMP.

Class III

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

Based on interviews and record review, the facility failed to maintain the required Employee Roster in the Background Screening Clearinghouse for 3 of 3 sampled Staff (Staff A, B and C).

The findings included:

Review of personnel records conducted on at 3:55 PM, with Staff B present, revealed the following:

1. Staff A, the Administrator, Caregiver and Medication Technician (MT), was hired effective the date the facility's license was issued on .

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2. Staff B, a Caregiver and MT, was estimated to have been hired on .

3. Staff C, the Administrator's designated relief person, was estimated to have been hired in 2011.

Review of the facility's record contained in the Background Screening Clearinghouse conducted at that time revealed none of the facility's three employees (or any other prior staff) were listed on the Employee Roster.

This was discussed with Staff B at the time of review. This was also discussed and acknowledged during a telephone interview with Staff C on at 5:05 PM.

Unclassified