STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943056	**02/14/2018**
NAME OF PROVIDER OR SUPPLIER **LAKESIDE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **676 UNION STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

An Abbreviated relicensure with Limited Nursing Services (LNS) survey conducted on . . . . . at Lakeside Manor ALF. Deficient practice was identfied during the survey.

(License#: 8358)

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

Based on observations, record review, and interviews, the facility failed to provide an ongoing scheduled activities program, through consultation with residents, providing for diversified individual and group activities in keeping with residents' needs, abilities, and interests for five Residents (#2, #3, #4, #5, and #6) of six sampled residents.

Findings Included:

A tour of the facility conducted on . . . . at 09:40am revealed the facility did not have a posted activity calendar.

During an interview with Resident #2 conducted on at 11:40am Resident #2 stated the facility does not provide an ongoing scheduled activities program. Resident #2 stated that, they do not do many activities ...it's mainly watching TV.

During an interview with Resident #5 conducted on at 12:25pm Resident #5 stated the facility does not provide an ongoing scheduled activities program. Resident #5 stated that, "I watch TV, there aren't many options."

During an interview with Resident #4 conducted on at 12:40pm Resident #4 stated the facility does not provide an ongoing scheduled activities program. Resident #4 stated that, they don't have any activities, "there's not enough to do here, and I'm bored."

An interview with Staff A conducted on at 12:50pm revealed the facility does not provide an ongoing scheduled activities program. Staff A stated that, 'we have lots of activities that they could do. They could play games, cards, color. They sit and watch TV. They seem to like their TV. A lot (referring to residents) won't come and then we only end up with two people. Resident #7 (currently in rehab and

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not in the facility) will set up activities like coloring or decorations and get everyone to help."

An interview with Resident #3 conducted on at 12:52pm revealed the facility does not provide an ongoing scheduled activities program. Resident #3 stated that, there are not many activities.

An interview with Resident #6 conducted on at 01:15pm revealed the facility does not provide an ongoing scheduled activities program. Resident #6 stated that, "no they don't offer any activities."

During an interview with the Administrator conducted on at 02:07pm the Administrator stated the facility does not provide an ongoing scheduled activities program. The Administrator stated that, Resident #7 usually set up the activities and gets resident to participate. The Administrator stated that Resident #7 took the activity calendar down to decorate the board but then she went to the hospital. No activities observed during survey.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to (1) provide a safe and hazard-free living environment by not following Universal Precautions (a set of precautions to prevent the transmission of Bourne).

Findings Included:

During a medication pass, observation with Resident #4 conducted on at 11:30am revealed that the facility does not use Universal Precautions to prevent the spread of Bourne Staff A handed Resident #4 accu-check supplies and . Staff A was not wearing gloves while providing assistance with glucose testing. No barrier was provided for testing on a common table in common area. Staff A placed the accu-checks back in its storage bag and placed the bag in the central storage medication cart. Neither Staff A nor Resident #4 cleaned or sanitized the accu-check machine. Staff A did not wash or sanitize hands after assisting with accu-check testing.

An observation of Resident #1 conducted on at 11:34am revealed that Resident #1 sitting at the table where Resident #4 performed an accu-check test at 11:30am. The table was not washed properly after testing. No provision of a barrier to prevent contamination.

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During an interview with Staff A conducted on at 12:50pm Staff A confirmed that Staff A assists Resident #4 most days at the same table in common area. Staff A stated that she does not provide a barrier between accu-check and supplies and the table. Staff A stated that she does not wear gloves when assisting with glucose testing. Staff A stated that tables are washed down after meals.

Class III

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

Based on observation and interviews the facility failed to store medications in a locked cabinet, locked cart, or other locked storage receptacle for two Residents (#4 and #7) of two sampled Residents who need centrally stored medication.

Findings Included:

During an interview with Staff A conducted on at 10:15am revealed that the facility centrally stores Resident #4's in the main facility refrigerator.

During an interview with Staff A conducted on at 10:15am revealed that the facility centrally stores Resident #7's in the main facility refrigerator.

During an observation of the main facility refrigerator conducted on at 10:15am revealed that Resident #4 stored on the bottom shelf of the refrigerator door and not in a locked box or locked container. found unsecured in the refrigerator Resident #4's including: (five pens), (four pens), and Lantus (four pens).

During an observation of the main facility refrigerator conducted on at 10:15am revealed that Resident #7 stored on the bottom shelf of the refrigerator door and not in a locked box or locked container. found unsecured in the refrigerator Resident #7's including: (three pens) and Novalog (eighteen pens).

During a phone interview with the Administrator conducted on at 02:07pm the Administrator stated that the medications should have been in a locked box within the refrigerator.
Class III

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

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Based on record review and interview, the facility failed to provide minimum staffing levels for the facility's current census and failed to ensure at least one staff person had access to staff , resident and facility records.

Findings Included:

During an Entrance Conference with the Administrator conducted on at 09:15am , the Administrator confirmed she is out of town. The Administrator stated that she has been out of state since on an emergency. The Administrator stated that Staff A and Staff B split the twenty-four hour days so that someone is always there. The Administrator stated that there is a half hour overlap with both Staff A and Staff B present in the facility at the same time from 07:00am to 07:30am and 07:00pm to 07:30pm.

A review of the staff schedule conducted on revealed the staff schedule is not up-to-date (See Photographic Evidence2). The Administrator was listed as scheduled to be working in the facility.

During an interview with Staff A conducted on at 09:09am revealed that two employees split the twenty-four hour day. Staff A stated that she works from 07:30am to 07:00pm and that Staff B works from 07:00pm to 07:30am. There is only one employee in the facility during the twenty-hour day with the exception of a half-hour overlap each day accounting for seven hours. Twenty-four hours per day times seven days per week account for one hundred and sixty eight hours of direct care and added to the employee overlap hours, the total direct care hours provided to six residents is one hundred and seventy-five hours. The minimum staffing level requirement for six residents is two hundred and twelve hours.
The Administrator is listed on the staff schedule and is currently out of the State of Florida.

During an Entrance Conference with Staff A conducted on at 09:09am Staff A stated that the Administrator is out of town and all personnel files are locked in her office. Staff A stated that, I do not have a key.

The Administrator confirmed via phone at 9:15 AM, "I left in a hurry and didn't leave (Staff A) a key." The Administrator stated that all employee personnel records were locked in her office. Employee personnel records were not available for review in order to determine compliance.

Class III

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

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Based on observation and interview the facility failed to post the dining menu in a conspicuous place easily accessible to residents.

Findings Included:

During a tour of the facility conducted on . . . . . at 09:09am revealed that the facility did not have a dining menu posted in a conspicuous place easily accessible to residents.

During an interview with Staff A conducted on at 09:30am revealed that the facility does not have a menu posted in a conspicuous place easily accessible to residents. Staff A stated that there is a menu posted in the kitchen but no menu posted for the residents.

During a telephone interview with the Administrator conducted on at 02:07pm the Administrator stated that Resident #7 (who is currently in rehabilitation) took the menu down to decorate the board but then she went to the hospital. The Administrator stated that, Resident #7 usually sets up the activities for the residents and gets the residents to participate. The Administrator stated that Resident #7 took the activity calendar down to decorate the board but then she went to the hospital.
Class III

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

Based on record review and interview, the facility failed to (1) maintain an up-to-date admission and discharge log; (2) provide the County's Emergency Management Plan (CEMP) approval; (3) provide a grievance policy and procedure (P&P); and, (4) provide an elopement P&P and documented elopement drills

Findings Included:

A request for the resident admission and discharge log conducted on at 09:09am revealed that the Administrator is out of town and it is locked in her office. Staff A stated that, I do not have a key.

During a telephone, Entrance Conference with the Administrator conducted on . . . . . at 09:15am revealed that the Administrator is out of the State for an emergency. The Administrator stated that I left in a hurry and didn't leave Staff A, a key.

A request for the facility's CEMP, grievance P&P, elopement P&P, and documented elopement drills conducted on at 10:00am revealed that these documents are locked in the administrator's

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office. Staff A stated that, I do not have a key.

During a telephone, Exit Conference conducted on at 02:07 pm the Administrator acknowledged and confirmed that the following documents locked in her office: the resident admission and discharge log, the CEMP, the Grievance P&P, the elopement P&P, and the documented elopement drills.
Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based record review and interview, the failed to (1) provide employee personnel records for determining the qualifications of the employed Limited Nursing Services Nurse; and, (2) provide a Limited Nursing Services Nurse who must be available to provide such services as needed by residents.

Findings Included:

During an Entrance Conference with Staff A conducted on at 09:09am revealed that the Administrator is out of town and all employee files locked in the Administrator's office. Staff A stated that, I do not have a key.

During a telephone, Entrance Conference with the Administrator conducted on at 09:15am revealed that the Administrator is out of the State for an emergency. The Administrator stated that I left in a hurry and didn't leave Staff A, a key. The Administrator stated that all employee personnel records locked in my office. Employee personnel records not available for review in order to determine compliance with the qualifications of the Limited Nursing Services Nurse who is also the Administrator.
Class III