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	AL11968854	**03/13/2018**
NAME OF PROVIDER OR SUPPLIER **LEGACY AT HIGHWOODS PRESERVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **18600 HIGHWOODS PRESERVE PARKWAY TAMPA, FL 33647**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

ASSISTED LIVING FACILITY

On , 2018, a biennial relicensure survey was conducted at Legacy at Highwoods Preserve Assisted Living Facility. Deficent pracitce was identified during the survey.

(License# 12715)

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

Based on observation, record review and interview the facility failed to ensure that unlicensed staff assisted with self-administration of medication for 2 Resident #13 & Resident #14) of 3 sampled residents in accordance with procedures outlined in 429.256 FS. The unlicensed staff failed to give Resident #13 and #14 their medications according to the schedule ordered by their health care provider.

Findings included:

The surveyor conducted a medication pass observation on starting at 10:10 am with Staff D for Resident #13. Staff D provided assistance with the self-administration of the following medications: , 1 spray in each nostril, QVAR 40 mcg inhale 1 puff daily, Polyethylene , Powder mix 17 gram into 8 oz of water take by mouth, , DR 20 my capsule take by mouth once daily, 1 gm tablet take by mouth once daily, ER 10 MEQ take 1 tablet daily.

During the medication pass on at 10:10 am for Resident #13 the surveyor read the medication observation record (MOR) and observed that the above medications were listed on the MOR to be given at 9:00 am except , nasal spray was to be given at 8:30 am.

The surveyor conducted a medication pass observation on starting at 10:40 am with Staff D for Resident # 14. Staff D provided assistance with the self-administration of the following medications: Fish Oil 1000mg cap take one daily, 0.4 cap take once daily.

During the medication pass on at 10:40 am for Resident #14 the surveyor read the medication observation record (MOR) and observed that the above medications were listed on the MOR to be given at 9:00 am.

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In an interview with Staff D at 10:50 am on she confirmed that the medications were being given late, that they were to be given within an hour before or after the time listed on the MOR. She stated that the residents did not like to get up early to take medications.

During an interview with the Administrator and the Wellness Director on at 3:41 pm it was acknowledged and confirmed that residents were not receiving their scheduled medications within the two hour window.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review and interview, the facility failed to ensure that prescribed medications were filled or refilled in a timely manner for 2 (Residents #13 and #14) of 3 sampled for medications.

Findings Included:

During a med pass observation for Resident #13 conducted on at 10:10 with employee (D) it was observed on the medication observation record (MOR) that five out of eleven medications for this resident were not available. 325 mg take 1 tablet 2 times a day; D 50,000 units capsule by mouth every week; 81 mg tablet take 1 tablet by mouth one a day; 100 mg capsule take 1 capsule by mouth twice a day; 40 mg tablet take 1 tablet by mouth once a day.

Review of the MOR for conducted on at 2:00 pm for Resident #13 the following was revealed: unavailable for 3 (three) days; D unavailable for 1 (one) week; unavailable for 3 (three) days; unavailable for 3 (three) days; unavailable for 2 (two) days.

An interview with employee (D) on at 10:35 am confirmed that the medications had not been delivered by the pharmacy and were unavailable to Resident #13.

During a med pass observation for Resident #14 conducted on at 10:40 with employee (D) it was observed on the MOR that one out of three medications for this resident was not available. HCl 50 mg tabs take 1 and half tabs by mouth daily was unavailable.

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Review of the MOR for [redacted] conducted on [redacted] at 2:00 pm for Resident #14 the following was revealed that HCl unavailable for 11 days.

An interview with employee (D) on at 10:55 am confirmed that the medication had not been delivered by the pharmacy and was unavailable to Resident #14.

During an interview with the Administrator and the Wellness Director on [redacted] at 3:41 pm it was confirmed that the facility did not have a policy and procedure for the filling/refilling for resident's medications. The facility is on cycle refill with the pharmacy that refills a resident's prescription 3 days before it runs out. If a resident is new they might not be on cycle refill so if the resident runs out the pharmacy wouldn't know to send more.

Class III

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

Based on record review and interview, the facility failed to ensure all staff (3 of 3 reviewed) providing resident care services in a facility with 67 residents have annual documentation of freedom from [redacted].

Findings included:

Per employee record reviews conducted at the facility on , 3 of the 3 facility employee records contained no evidence of annual documentation of freedom from [redacted], as follows:

Per [redacted] record review, Staff A's last [redacted] testing (negative) was conducted on [redacted].

Per [redacted] record review, Staff B's last [redacted] testing (negative) was conducted on [redacted].

Per [redacted] record review, Staff C's last [redacted] testing (negative) was conducted on [redacted].

Per interview conducted with the Business Office Manager on [redacted] at 3:00pm, the Business Office Manager acknowledged that employee records do not indicate the staff having had the required annual [redacted] testing.

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Class III

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

Based on record review and interview, the facility failed to ensure that all staff who provides direct care to residents (in facility with 67 residents) receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents; receives a copy of the facility's resident elopement response policies and procedures and in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, and demonstrates an understanding and competency in the implementation of the elopement response policies and procedures; a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation; a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents; a minimum of 1 hour in-service training within 30 days of employment that covers Resident Rights in an Assisted Living Facility and Recognizing and Reporting resident , neglect, and , .

Findings included:

Per record reviews conducted at the facility on , Staff A was hired as a Certified Nursing Assistant (CNA)/Med Tech on ; Staff B was hired as a Certified Nursing Assistant (CNA)/Med Tech on ; Staff C, originally hired on , was hired as a Resident Aide/Med Tech on . Per review of employee files, there was no documentation of required staff in-service training as follows:

2 of 3 (Staff A & B) records reviewed contained no documentation of completion of a minimum of 1 hour in-service training in Control that is required prior to providing personal care to residents and no evidence of completion of training. Staff B's file contained a Relias Learning (computer) certificate dated : "Bloodborne Essentials .50hr <1/2 hour>." Staff A's file contained no Control and no training certificates.

2 of 3 (Staff A & B) records reviewed contained no documentation of training in the facility's Elopement policy & procedures. Staff B's file contained a drill/staff meeting dated - length of time and agenda not provided, not a training certificate. Staff A's file also contained no Elopement policy & procedures training certificate.

3 of 3 (Staff A & B & C) records reviewed contained no documentation of completion of training in facility

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emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

2 of 3 (Staff A & C) records reviewed contained no documentation of a minimum of 1 hour in-service training in reporting major incidents & adverse incidents. Staff C's record contained a LifeWell Senior Living certificate of completion dated with no length of training time indicated. Staff A's file contained no Incident Reporting training certificate.

3 of 3 (Staff A & B & C) records reviewed contained no documentation of training in Resident Rights in an Assisted Living Facility, and 2 of 3 (Staff A & B) records reviewed contained no documentation of training in Recognizing and Reporting resident , neglect, and .

Per interview conducted with the Business Office Manager on at 3:00pm, the Business Office Manager (as of) acknowledged that employee records do not indicate staff having had the required trainings.
Per interview with the facility Administrator on at 4:00pm, the facility's Corporation requires staff to complete trainings via computer training and "maybe the training forms didn't print and get put in employee files."

Class III

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

Based on record review and interview, the facility failed to ensure that (1 of 4 reviewed) staff who provides residents assistance with self-administration of medications (in a facility with 67 residents) has successfully completed annual 2-hour updates on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Findings included:

Per employee record reviews conducted at the facility on , Staff B was hired as a Certified Nursing Assistant (CNA)/Med Tech on and provides residents assistance with self-administration of medications in both the Assisted Living and Memory Care Unit at the facility on both 1st & 2nd shifts. Staff B had no documentation of a two hour annual training in assistance with self-administration of medication.

Per interview with the facility Administrator on at 4:00pm, the Administrator stated she didn't

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know why Staff B didn't have the medication update training in her file.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on interview and record review conducted at the facility on , the facility failed to ensure that all facility staff who provide direct care to residents (17 at time of visit) with and Related (ADRD) obtain 4 hours of initial training (ADRD Level I training) within 3 months of employment and an additional 4 hours of training within 9 months of employment (Level II training).

Findings included:

Per interview with the Business Office Manager and Health & Wellness Director on at 10:45am, Staff A provides resident care in both the Assisted Living and Memory Care Unit (for residents with and Related) at the facility on both 1st & 2nd shifts.

Per employee record reviews conducted at the facility on , Staff A was hired as a Certified Nursing Assistant (CNA)/Med Tech on and works in both the Assisted Living and Memory Care Unit.
Per review of Staff A's employee record, there was no documentation of required 's and Related (ADRD) Level I training due within 3 months of employment and no Level II training due within 9 months of employment.

Per interview with the facility Administrator on at 4:00pm, the facility's Corporation requires staff to complete trainings via computer training. The Administrator stated that Staff A must have had the training and the certificate is just missing from the file.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all direct resident care staff (in facility with 67 residents) receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

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Findings included:

Per record reviews conducted at the facility on , Staff A was hired as a Certified Nursing Assistant (CNA)/Med Tech on ; Staff B was hired as a Certified Nursing Assistant (CNA)/Med Tech on ; Staff C, originally hired on , was hired as a Resident Aide/Med Tech on .

Per review of employee files, 3 of 3 (Staff A, B, & C) records reviewed contained no documentation of one hour of training in the facility's policies and procedures regarding ( ). Staff C's record contained a LifeWell Senior Living certificate of completion dated with no length of training time indicated. Staff A's & Staff B's files contained no indication of training in the facility's policies and procedures.

Per interview conducted with the Business Office Manager on at 3:00pm, the Business Office Manager (as of) acknowledged that employee records do not indicate staff having had the required training.

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Class III

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

Based on observation and interview, the facility failed to maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. " Readily available " means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.

Findings included:

During the entrance conference on at 9:35 am with the wellness director, facility records including resident records were requested for the biennial re-licensure survey. The wellness director on at 9:37 am stated the records were in an electronic format and they were stored on the "Cloud". She stated the only one who knew how to access the records was the administrator and she was not there right now but she was on the way..

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The administrator arrived at 10:20 am on [redacted] and stated she was the only person who could access the "Cloud" for the stored records. She stated she would get the records for us but it would take some time because the printer was slow and she was also busy with other issues.

Resident records were finally produced after multiple requests throughout the day. The facility did not produce the records upon request as required by 58A-5.024(1) FAC.

Class III

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

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 4 of 10 employees reviewed in a facility with 67 in-house residents.

Findings included:

Per interview with the Business Office Manager on at 10:00am, Staff C works 3rd shift in the Memory Care Unit (MCU) as a Resident Aide/Med Tech, was MCU Coordinator, left on maternity leave, and returned as a Resident Aide/Med Tech. Per review of the facility's employee roster on the AHCA Background Screening Clearinghouse, Staff C is listed as "Other Licensed Health Care Professional" with an employment start date of ; Staff C's status was not updated to reflect actual position or change of position with new hire date.

Per interview with Staff G on at 1:15pm, Staff G stated she has worked at the facility for 3 weeks. Staff G was observed providing direct resident care services at the facility on . Per record review, Staff G started employment on . As of review, Staff G is not listed on the facility's employee roster on the AHCA Background Screening Clearinghouse.

Per review of the facility's employee roster on the AHCA Background Screening Clearinghouse, Staff I is listed as "Other Licensed Health Care Professional" with an employment start date of . Per interview with the Business Office Manager on at 3:10pm, Staff I was the former Business Office Manager, not a Licensed Health Care Professional, and left employment 2017. As of review, Staff I is still listed as a facility employee.

Per review of the facility's employee roster on the AHCA Background Screening Clearinghouse, Staff J is listed as "Other Licensed Health Care Professional" with an employment start date of . Per interview with the Business Office Manager on at 3:05pm, Staff J "is no longer here, left ." As of review, Staff G is still listed as a facility employee.

Unclassed

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

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Based on record review and interview, the facility failed to ensure that 3 of 7 employees (in facility with 67 residents) due for 5-year background rescreening completed level 2 background rescreening every 5 years as a condition of continuing employment.

Findings included:

Per employee record review, Staff B was hired as a Certified Nursing Assistant (CNA)/Medication Tech on based on Background Screening conducted on . Per review of the facility's Employee Roster on the AHCA Background Screening site, "A New Screening is Required." As of review, Staff B has not completed level 2 background rescreening every 5 years as required.

Per interview with the Business Office Manager on at 3:10pm, Staff H works as a Housekeeper in both the Assisted Living (AL) & Memory Care Unit (MCU), works the entire first floor, and has access to all resident . Per review of the facility's Employee Roster on the facility's AHCA Background Screening site, "A New Screening is Required." Per record review, Staff H was hired on based on Background Screening conducted on . As of review, Staff B has not completed level 2 background rescreening every 5 years as required.

Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff J was hired on based on Background Screening conducted on ; "A New Screening is Required." As of review, Staff J had not completed level 2 background rescreening due by , every 5 years as required. Per interview with the Business Office Manager on at 3:05pm, Staff J left employment on .

On at 3:20pm, Surveyor informed the Business Office Manager that Staff B and Staff H must be rescreened and found eligible for employment before returning to work with residents. On at 4:15pm, Surveyors informed the Administrator that Staff B and Staff H must be rescreened and found eligible for employment before returning to work with residents.

Unclassed