STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967743	**03/22/2018**
NAME OF PROVIDER OR SUPPLIER **NEW LIFE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 WYOMING AVE** **FORT PIERCE, FL 34982**	

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

0000 - Initial Comments

An unannounced Re-Licensure with Limited Mental Health (LMH) survey was conducted on , 2018 at New Life Assisted Living Inc. (License #11797). The facility had deficiencies identified at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and an interview, the facility failed to ensure the health assessment (AHCA Form 1823) was accurate for 1 out of 2 sampled residents (Resident #2).

The findings included:

The health assessment for Resident #2 dated indicated that the resident did not require assistance with her medications. The "no" answer was marked for this inquiry on page 4 of the health assessment (AHCA Form 1823).

AHCA Form 1823 information was not accurate on the form for this resident. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessment did not have the erroneous information corrected and documented. The Administrator confirmed this finding during interview on at 11:00 AM. The facility provided no additional documentation for review at this time.

Class

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,

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dated within the previous year, verifying this employee was free from could not be found.

A request was made to the Administrator for the documentation on 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

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 1 out of 2 sampled staff (Staff A).

The findings included:

Review of the personnel file for Staff A who works as a live in caregiver revealed no current training with a valid card in First Aid. Staff A was observed in sole charge of 1 resident on at 10:00 AM.

The Administrator confirmed during interview at 11:00 AM on that the documentation of training in First Aid was not present and available for review for Staff A who is left in sole charge of residents. The facility provided no additional documentation of the required training for review at this time.

Class III

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

Based on record review and interviews, the facility failed to ensure certificates of completed training with all required components were on file for 1 out of 2 sampled staff (Staff A).

The findings included:

On at 11:00 AM, the personnel file for Staff A was reviewed with the Administrator. She stated that the employee had completed training in all required in-services within 30 days of hire. However, the following certificates of training could not be located:

1. Staff A-Date of Hire

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a) Control (1 hour)
b) Activities of Daily Living and Resident Behaviors (date of training and 3 hours required)

These findings were acknowledged by the Administrator during interview at 11:00 AM on . The facility provided no additional documentation of the required training certificates for review at this time.

Class

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

Based on record review and an interview, the facility failed to ensure a copy of written informed consent to have unlicensed staff assist the resident with the self-administration of medication was kept on file for 1 out of 2 sampled residents (Resident #3); and, failed to maintain documentation of the resident's weight recorded semi-annually for 1 out of 2 sampled residents (Resident #3).

The findings included:

a) On at 11:00 AM, the record for Resident #3 was reviewed for written consent to receive assistance with self-administration of medication from unlicensed personnel. Written consent for this resident was not available for review.

b) On at 11:00 AM, the record for Resident #3 was reviewed for the resident's weight recorded semi-annually. The last weight was recorded on . The previous weight recorded was dated . Documentation of the resident's weight in 2017 could not be located.

The Administrator acknowledged these findings during interview at this time. The facility provided no additional documentation for review.

Class

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

Based on interviews, the facility failed to submit their Comprehensive Emergency Management Plan (CEMP) annually to the county emergency planning department for review and approval.

The findings included:

On at 11:00 AM, the Administrator stated during interview that she thought the facility's CEMP

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had been submitted to the county for approval, but she was not sure. She was unable to show any documentation of an approved CEMP or annual submission of the plan.

On at 2:12 PM, a representative from the county emergency planning department stated that the facility's last approved plan was dated . The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The department representative stated they had not received a plan for approval for this facility since the last approved plan dated . The facility provided no additional documentation for review.

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interviews, the facility failed to ensure a copy of each mental health resident's community living support plan and the , agreement with the mental health care services provider was obtained within thirty (30) days of admission for 1 out of 1 sampled Limited Mental Health (LMH) residents (Resident #2).

The findings included:

On , Resident #2's record was reviewed. There was no documentation of a community living support plan (CLSP) and the , agreement ( ) with the mental health care services provider found in the resident's file.

During an interview with the Administrator on at 11:00 AM, she was unable to provide a copy of the CLSP/ . The resident's caseworker stated during an interview at 11:15 AM that she would fax a copy of the plan and agreement to the facility.

The facility provided no additional information for review at this time.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A), who provides direct care to residents, had received the required initial training in working with individuals with mental health diagnoses within six (6) months of employment.

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The findings included:

Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of a minimum of six (6) hours of training in working with individuals with mental health diagnoses dated within six (6) months of employment. Staff A was hired on .

The Administrator was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. This training is required for staff of an Assisted Living Facility (ALF) with a Limited Mental Health (LMH) specialty license. This facility currently has an LMH license. The facility provided no additional documentation of the required training for this staff member at this time.

Class III