STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969024	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **GUIDING LIGHT SENIOR LIVING 2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1073 HUNT ST NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health was conducted on . . . . . Guiding Light Senior Living #2 license # 12848 had deficiencies found at time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure a face-to-face medical examination was conducted for 1 of 2 sampled residents (#2) who experienced a significant change, also an interdisciplinary care plan was developed.

Findings:

Resident record review for resident # 2 revealed a health assessment report dated and was admitted to hospice on . . . . . The review revealed no evidence to confirm that a revised (new) health assessment was obtained when she was admitted to hospice on 2018, which was a significant change. Continued review revealed no evidence to confirm that an interdisciplinary care plan, which specified the services provided by hospice and those, provided by the facility, was developed and implemented by a licensed hospice in consultation with the facility.

In an interview with the administrator on . . . . . at 2:30 PM who said, the interdisciplinary plan was not available.

Class III

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

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, or other changes that resulted in the provision of additional services.

Findings:

During the facility tour on . . . . . at 8:45 AM, staff A identified resident # 2 as being under hospice care.

Resident record review for resident # 2 revealed a health assessment report dated . . . . . and admitted to hospice on . The review revealed no evidence to confirm that the healthcare provider was

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notified of a significant change that required the resident to be admitted to hospice.

In an interview with the administrator on at 2 PM, who said there really was not a significant change, he was just admitted to hospice.

Class III

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

Based on record review and interview the facility failed to ensure 2 of 4 staff (A and D) obtained a healthcare provider statement documenting freedom from communicable ( ).

Findings:

1. Personnel record review for staff A, the co-owner and caregiver revealed no evidence to confirm he obtained a healthcare provider statement documenting freedom from communicable ( ).

2. Personnel record review for staff D, hired on and caregiver revealed no evidence to confirm she obtained a healthcare provider statement documenting freedom from communicable ( ).

In an interview with the manager on at 2:30 PM, who said she did not have the documentation available.

Class III

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

Based on observations and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

Observations during the entrance on at 845 AM noted staff A was the sole caregiver. At 9:30 AM, the manager, staff C, arrived to care for the residents and assist with the survey process.

Review of the staff schedule revealed it was a calendar and listed names but not hours assigned to

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work. Staff A was not on the schedule for , nor was the manager.

The manager said on at 11AM staff A would return to work later. There was a schedule change because a staff called out.

Staff schedules that reflected the facility's 24-hour staffing pattern for the weeks 4/8 to and to were not available.

Class III

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

Based on observations and interviews the facility did not provide or arrange for 1 of 4 sampled staff (D) to receive the mandated in-services training.

Findings:

Personnel record review for staff D, hired on , a caregiver revealed no evidence to confirm she attended/received a hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents and 3 hours of in-service training regarding 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. There was no evidence she was a Home Health Aide (HHA), certified Nursing Attendant (CNA or a nurse, therefore except from this training.

In an interview with the manager on at 2:30 PM, who said she did not have the documentation available.

Class III

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

Based on observations and interviews the facility did not provide or arrange for 1 of 4 sampled staff (D) to attend /received one-time education course on and .

Findings:

Personnel record review for staff D, hired on and was a caregiver revealed no evidence to confirm she attend /received one-time education course on and .

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In an interview with the manager on . . . . . at 2:30 PM, who said she did not have the training certificate.

Class III

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

Based on observations, record review and interview the facility did not ensure 1 unlicensed staff (A) in a sample of 4 who assisted residents with self-administration successfully completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

Personnel record review for staff A, a caregiver who assisted with self-administration of medications. Continued review revealed a certificate dated . . . . . that indicated she attended a 4-hour class on providing assistance with self-administration of medications in an assisted living. The review revealed no evidence to confirm the staff attended a 2 hour in- service regarding safe medication practices in an assisted every year thereafter.

In an interview with the manager on . . . at 2:30 PM, who said she did not have the training certificate.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interviews and record review the facility failed to ensure the person in charge of food services completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

Findings:

Personnel record review for the owner/administrator revealed no evidence to confirm she completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

In an interview with the administrator on . . . . . at 2 PM who stated she did not have a certificate of training and she was not sure of who was in charge of food services. She needed to take a course.

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Class III

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

Based on record review and interview, the facility failed to ensure 1. regular and therapeutic menus as served, with substitutions noted before or when the meal was served and kept on file in the facility for 6 months, 2. the annual review was documented in the facility files and include the original signature of the reviewer and 3. A 3-day supply of nonperishable food that included water was on hand at all times.

Findings:

When asked to provide the menus with substitutions for the last 6 months , the manager provided menus for the following weeks to 12/2 , 12/3 to 12/9 to . She said on at 1 PM that the menu and substitutions were not available. The menus provided were copies and were last reviewed on . However, the menus with the original signature of the reviewer were not available. The manager said on at 1 PM that the original menus were not available.

In an interview with the administrator on at 1:30 PM said, she did not have an emergency food supply that included water. It was used last hurricane and she needed to replace it.

Class III

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

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#3) reviewed contained all the required components that included a completed health assessment report, weights and informed consent form.

Findings:

Resident record review for resident #3 revealed an informed consent form regarding assistance with medications from unlicensed staff dated ; however, the form did not indicate whether the unlicensed staff who provided the assistance would be or not be supervised by a licensed staff . The health assessment report 1823 dated did not indicate the type of assistance the resident needed with medications or his dietary needs. Assistance was needed with all activities of daily living.

The review revealed a weight was obtained on . There was no evidence the weight was taken

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again 6 months thereafter.

In an interview with the administrator on at 2:30 PM who said the resident received assistance with medications because he was .

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to ensure 1 of 2 sampled residents' (2) contracts contained a refund policy that conformed to Section 429.24(3), F.S.

Findings:

Resident record review for resident #3 revealed a contract dated . The review revealed the contract did not contain a provision that if the facility intend to put a claim against a refund due, the facility must notify the resident or responsible party of such claim and give them 14 days' notice to respond to such claim.

In an interview with the manager on at 2:30 PM who said she overlooked the information.

Class III

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

Based on interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management for approval yearly.

Findings:

In an interview with the administrator on at 1 PM, who said she did not have a letter of approval from the local emergency management office; the plan needed to be submitted.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 2 of 4 staff (A and D)

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completed the Limited Mental Health (LMH) training within 6 months of hire.

Findings:

1. Personnel record review for staff A, the co-owner and caregiver revealed no evidence she attended the required 6-hour training regarding in working with individuals with mental health diagnoses.

2. Personnel record review for staff D hired and was a caregiver, revealed no evidence she attended the required 6-hour training regarding in working with individuals with mental health diagnoses.

In an interview with the manager on at 2:30 PM, who said the staff did not have the training.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on facility record review and interview the facility failed to ensure 1 of 4 staff (C), who was in a role that required a background screening (BGS) did not have any disqualifying offenses and allowed the staff to continue to work without a screening.

Findings:

Personnel record review for staff F revealed a BGS result dated , (due).
There was no evidence in the personnel record to confirm the staff was eligible to work with the elderly and frail population.

The Agency BGS web site indicated on at 12 PM PM that she was eligible as of .

In an interview with the administrator on at 2:30 PM , who said she thought the staff had a new BGS but did not retrieve it.

Unclassified