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	AL11968714	04/18/2018
NAME OF PROVIDER OR SUPPLIER **TONI MARY HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1662 SW ALVATON AVENUE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on [redacted] at Toni Mary Home ALF, License # 12845. The facility had deficiencies at the time of the visit.

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

Based on interview and record review it was determined the facility failed to ensure each resident's health assessment was accurately completed related to whether the individual will require any assistance with the self administration of medication for 1 of 2 sampled resident records reviewed (Resident #1).

The findings include:

During interview and review of Resident #1's health assessment conducted with the Administrator, on [redacted] beginning at approximately 10:15 AM, she acknowledged page 1 under Nursing Service Requirement section that medication administration is noted and daily nursing care is also noted. The Administrator also acknowledged that the health assessment section related to the level of assistance required for medications is not completed/filled out. She acknowledged the facility does not have daily nursing services and does not have a nurse to provide medication administration. The Administrator stated she had not noticed this documentation before this time.

Class III

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

Based on observation and interview it was determined the facility failed to post the telephone number for lodging complaints against a facility or facility staff in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted] Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida [redacted] Hotline, 1(800)96- [redacted] or 1(800)962-2873.

Based on observation and interview it was determined the facility failed to ensure each resident has access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to staff failure to practice appropriate hand hygiene techniques during medication observation for 4 of 4 residents that receive assistance with medications (Resident #1, Resident #2, Resident #3, and Resident #4).

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The findings include:

1) During tour of the facility conducted with the Administrator, on beginning at approximately 9:25 AM, she was asked where the required telephone numbers (i.e. the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873 are posted. The Administrator stated she was not aware those numbers needed to be posted.

2) During medication observation conducted with Staff A, on beginning at approximately 7:50 AM through 8:20 AM, Staff A wore a blue vinyl glove on her right hand and did not wash or sanitize her hands while providing assistance with medications for Resident #1; Resident #2; Resident #3; and Resident #4. She was observed to touch each of these four resident's hands and clothing during this observation. Staff A could not provide an explanation as to why she did not wash/sanitize her hands between residents (as is standard practice when providing assistance with medications).

Class III

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

Based on observation and interview it was determined the facility failed to ensure staff the provide assistance with the self administration of medications did so in accordance with procedures described in Section 429.256, F.S. and this rule, specifically related to reading each medication label to each resident for 4 of 4 sampled residents observed for medications (Resident #1; Resident #2; Resident #3; and Resident #4).

The findings include:

During medication observation conducted with Staff A, on beginning at approximately 7:50 AM through 8:20 AM, Staff A did not read the medication labels to the following residents:

1) Resident #1 who received the following medications:
a. 100mg
b. 75mcg
c. 50mg
d. 0.5mg

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2) Resident #2 who received the following medications:
a. XR 14mg
b. 25mg 1/2 tab
c. Maxide-25
d. 5mg
e. D3 2000u
f. HM Pain relief 650mg

3) Resident #3 who received the following medications:
a. (,) low dose 81mg
b. 300mg
c. 290mcg
d. 40mg
e. , 20mg
f. Carb/Cholecal 500mg/200u

4) Resident #4 who received the following medications:
a. 5mg
b. (,) 325mg
c. 1mg
d. HCTZ 12.5mg
e. , 20mg
f. 500mg
g. , 25mg

During subsequent interview conducted with the Administrator, on beginning at approximately 8:50 AM, she acknowledged Staff A should have read the medication labels to the above noted residents.

Class III

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

Based on observation and interview it was determined the facility failed to maintain centrally stored medications in a locked/secured area at all times.

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The findings include:

Upon arrival to the facility, on at approximately 7:50 AM, there were 3 residents seated at the dining eating their breakfast. Staff B was assisting 2 other residents with getting ready for the day and then joining the other residents at the dining . Staff A was preparing and serving breakfast. There were 4 resident's "bingo" medication cards containing each of these 4 residents medications for the day sitting out on the kitchen counter, unsecured. Staff A was asked why these resident's medications were left out on the counter unattended and accessible to the residents of this facility. She stated she was going to give the residents their medications after breakfast.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medications are filled or refilled in a timely manner for 2 of 4 sampled residents (Resident #2 and Resident #3).

Based on observation, interview, and record review it was determined the facility failed to provide assistance with the self-administration of medications per physician's order for 2 of 4 sampled residents (Resident #1 and Resident #3).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medications, on beginning at approximately 7:50 AM, the following concerns were identified:

a. Resident #2's medication label on the weekly bubble pack card (that contained all AM medications for the day in one "bubble") the 600-200mg unit to be provided with meals was not located in the daily bubble packs for this week. This medication was initialed as provided by Staff A on .

b. Resident #3's medication label on the weekly bubble pack card (that contained all AM medications for the day in one "bubble") 14mg every AM was not located in the daily bubble packs for this week. This medication was initialed as provided by Staff A on .

During subsequent interview and record review conducted with the Administrator, on

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beginning at approximately 8:40 AM, she acknowledged Resident #2's bubble pack did not contain and that Staff A had initialed this medication as having been provided. The Administrator also acknowledged Resident #3's bubble pack did not contain and that Staff A had initialed this medication as having been provided. She was asked how long these medications were not being provided to these sampled residents. She stated she did not know how long this had been occurring and that the facility was having some difficulty with the pharmacy that they utilize.

2) During observation of Staff A providing assistance with the self administration of medications, on beginning at approximately 7:50 AM, the following concerns were identified:

a. The label and the current medication order, dated) noted Resident #1 is to receive 75mcg in the AM on an empty stomach daily. This resident had finished her breakfast prior to receiving this medication from Staff A.

b. The label and the current order noted Resident #3 is to receive 290mcg on an empty stomach in the AM daily. This resident had finisher her breakfast prior to receiving this medication from Staff A.

During subsequent interview and record review conducted with the Administrator, on beginning at approximately 8:40 AM, she acknowledged Resident #1 and Resident #3 had consumed their breakfast prior to receiving their prescribed medications that indicate they should be provided on an empty stomach.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each newly hired staff member submitted a written statement from a health care provider (within 30 days of employment) that the individual does not have any signs or symptoms of communicable for 2 of 3 sampled staff (Staff A and Staff B).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 1:00 PM, she acknowledged the following newly hired staff members did not have a written statement from a health care provider (within 30 days of employment) that the individuals

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did not have any signs or symptoms of communicable :

1) Staff A: date of hire noted as (direct care staff)
2) Staff B: date of hire noted as (direct care staff)

Class III

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

Based on interview and record review it was determined the facility failed to ensure each staff member who provides direct care to residents (non-licensed & non-certified) received a minimum of 1 hour of inservice training in control, including universal precautions, and facility sanitation procedures before providing care to residents for 2 of 3 sampled staff (Staff A and Staff B).

Based on interview and record review it was determined the facility failed to ensure each staff member who provides direct care to residents (non-licensed & non-certified) received the required minimum trainings in ADLs; Incident Reporting; Resident Rights; , Neglect, and , Reporting; and Safe Food Handling Practices within 30 days of employment for 1 of 3 sampled staff (Staff B).

The findings include:

1) During interview and record review conducted with the Administrator, on beginning at approximately 1:00 PM, she acknowledged the following:

a. Staff A: date of hire noted as ; received 1 hour of control training on ; and she provided care to the residents of this facility prior to receiving this required training

b. Staff B: date of hire noted as ; received 2 hours of control training on from another facility; and has been providing care to the residents of this facility

2) During interview and record review conducted with the Administrator, on beginning at approximately 1:00 PM, she acknowledged the following:

a. Staff B: date of hire noted as ; received the following trainings (from another facility) approximately 9 months prior to employment at this facility - ADLs ( ), Incident Reporting ( ), Resident Rights ( ), ( ), and Safe Food Handling Practices ( )

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Class III

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

Based on interview and record review it was determined the facility failed to ensure that all employees completed a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment for 1 of 3 sampled staff (Staff B).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 1:00 PM, she acknowledged Staff B (date of hire noted as) did not have and training within 30 days of employment. This individual (non-licensed and non-certified direct care staff member) had training on which was 10 months prior to employment at this facility.

Class III

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

Based on interview and record review it was determined the facility failed to ensure a sufficient 3-day supply of nonperishable food, specifically protein items, was on hand at all times for a current census of 5 residents (Resident #1, Resident #2, Resident #3, Resident #4, and Resident #5).

The findings include:

During interview, observation, and record review conducted with the Administrator, on beginning at approximately 11:00 AM, the Disaster Menu and Disaster Food Supply List that was developed by the Registered Dietitian on was reviewed. The following protein items are noted on this documentation for a census of 6 and 2 staff (for a period of 3 days):

a) canned ham: 24 oz
b) canned meat pasta (ravioli): 64 oz
c) corned beef: 24 oz
d) Vienna sausages: 24 oz

During observation of the nonperishable food items in the facility, the Administrator acknowledged she

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only had 12 oz canned ham on site at this time (from this Disaster Menu and Disaster Food Supply List). She stated she was aware she needed to go shopping for the other noted items.

Class III

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

Based on interview and record review it was determined the facility failed to maintain the signed Attestation referenced in subsection 59A-35.090(2), F.A.C. in each employee's personnel file that is maintained by the facility for 3 of 3 sampled staff (Staff A, Staff B, and Staff C).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 1:00 PM, she provided a binder with the current employee records. She was asked if this binder contained each employee's entire personnel record. She confirmed that it did and that Staff A and Staff B had recently been hired at the beginning of 2018. The binder did not contain the required Attestation of Compliance with Background Screening Requirements for the following staff/employees:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as
3) Staff C: date of hire noted as

At the time of this review and interview, the Administrator acknowledged that the required Attestation form was not on file for the staff noted above.

Unclassified

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

Based on interview and record review it was determined the facility failed to ensure that each person subject to screening must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse; and initial employment status must be reported within 10 days for 3 of 3 sampled staff/employees (Staff A, Staff B, and Staff C).

The findings include:

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During interview and personnel record review conducted with the Administrator, on beginning at approximately 1:00 PM, she was shown a copy of this facility's clearinghouse roster, dated , and it did not note any employees names. Therefore, the current staff noted below had not been registered with the clearinghouse roster:

1) Staff A: date of hire noted as
2) Staff B: date of hire noted as
3) Staff C: date of hire noted as

The Administrator could not provide an explanation as to why the employees were not noted as registered with the clearinghouse roster. She stated they have background screenings (please see Z815 for additional details related to background screenings).

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on interview and record review it was determined the facility failed to ensure each staff member had an eligible level 2 background screening for 1 of 3 sampled staff (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 1:00 PM, she was provided the opportunity to locate an eligible level 2 background screening for Staff A (date of hire noted as). The Administrator acknowledged the only documentation she had on file for Staff A, dated , reflected "Agency Review Required." The Administrator acknowledged she did not have an eligible level 2 background screening for Staff A on file.

Unclassified.