STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **A TOUCH OF CLASS ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **537 SW WHITMORE DRIVE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on . . . at A Touch of Class Adult Care, License #11837. The facility had deficiencies at the time of the visit.

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

Based on record review and interviews, the facility failed to allow for visitation with any person of resident's choice at any time between the hours of 9:00 AM and 9 PM at a minimum, and for unrestricted private telephone communication, for 5 of 5 residents currently residing in the facility.

The findings included:

On , during review of resident contracts, the facility's visitation policy was found within the residents' contracts. This policy contains the following limitations:

Visiting Hours
Please call for appointment to visit
Sundays - Saturdays
Mornings 9:30 AM - 11:45 AM
Afternoons 1:30 PM - 3:45 PM
Evenings 6:00 PM - 8:00 PM

Visiting at meal time by appointments only
Meal Times
Breakfast 7:30 AM to 8:30 AM
Lunch 12:30 PM to 1:30 PM
Dinner 4 PM to 6 PM

Phone calls
Mon-Fri 10 AM - 6 PM
Sat & Sun 10 AM - 5 PM

Each of the copies containing the visitation and phone call policy was signed by either the resident or responsible party.

During interview with the Administrator on . . at 3:45 PM, she stated these rules are discussed with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	04/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A TOUCH OF CLASS ADULT CARE	**537 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984**

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

the family members and the family agrees to the restrictions. The Administrator added that the meal time visitation restrictions are put in place because of the residents who require assistance, and often when there are visitors during meal times, it disrupts the meal and a couple of the residents may refuse to eat. State Regulation regarding Resident Rights for visitation and phone calls was discussed with the Administrator.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and staff interview, unlicensed staff (Staff D) was providing medication administration to 1 of 5 residents whose medical record was reviewed (Resident #5).

The findings included:

During the medical record review for Resident #5, it was documented on the Resident's current Health Assessment, dated , that Resident #5 has a diagnosis of Type 2. A Review of Resident #5's MOR shows Resident #5 is currently taking oral medication to control his glucose levels.

A Daily Glucose Monitoring Log for Resident #5 was found within the Resident's medical record. Glucose was being checked each morning before Breakfast, and occasionally before lunch and dinner. No physician order for the monitoring of glucose was found within the resident's medical record.

During interview with the Administrator on at 3:45 PM, she stated that she was the one who performed the glucose test on Resident #5. The Administrator confirmed that she was not a licensed nurse. The Administrator was informed that unlicensed staff were not to perform glucose monitoring, as this task is considered medication administration and must be completed by a licensed nurse, per current state regulation.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 3 of 4 staff reviewed had completed courses in First Aid and offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health (Staff A, B, and D). A Staff member who

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **A TOUCH OF CLASS ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **537 SW WHITMORE DRIVE** **PORT SAINT LUCIE, FL 34984**	

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

holds a currently valid First Aid and certification card was not in the facility at all times.

The findings included:

On , during employee record review for Staff A, B, and D, it was discovered that these employees had completed online courses in First Aid and from a provider which was not among one of the approved providers specified in state regulation, thus they did not hold a currently valid certification card. No staff member holding a valid certification card was in the facility during the 7 AM -7 PM shift on .

The Administrator confirmed on at 3:50 PM that most all the facility's employees had taken the online First Aid and courses to meet the First Aid and Training requirements.. She stated she was not aware the online courses were not approved courses and would not meet the training requirement. The Administrator acknowledged that staff would need to complete First Aid and Training with an approved provider.

Class III

.

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

Based on resident record review and staff interview, the facility failed to maintain a weight record initiated upon admission and updated semi-annually for 1 of 2 residents whose records were reviewed and who receive assistance with activities of daily living (Resident #2).

The findings included:

On , a review of Resident #2's weights showed only weights recorded for the initial weight upon admission and weights obtained for 2018. Resident #2 was admitted to the facility on . There were no weights found for , 2015, 2015, , 2016, 2016, , 2017, or 2017.
Based on review of Resident #2's current Health Assessment, dated , this Resident requires assistance with activities of daily living.

On at 3:00 PM, the Administrator was asked for documentation for the missing weights. No

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	04/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A TOUCH OF CLASS ADULT CARE	**537 SW WHITMORE DRIVE PORT SAINT LUCIE, FL 34984**

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

documentation was provided at this time..n at 11:09 AM, a call was placed to the Administrator to again request documentation of weights for Resident #2.On , a fax was received with only monthly weights for 2018.

Class

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

Based on record review and staff interview, the facility failed to provide documentation of Emergency Management Plan (EMP) submission and approval by the local emergency management agency.

The findings include:

On , a request was made for the approval letter from the local emergency management agency for the facility's EMP. On this date, a copy of the letter was not provided. On , a call was placed to the Administrator to request a copy of the EMP approval letter, along with the date the EMP was submitted for review, to be faxed to the surveyor for review.On , a fax was received from the Administrator with the following notation: "Plan was submitted. I have been communicating with the office, I think I may receive my approval this week or early next week."
No documentation was provided to show date of EMP submission or evidence of communication with the local emergency management agency.

Class III

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

Based on the Agency's Clearinghouse review and staff interview, the facility failed to register with the Clearinghouse and maintain the employment status of all facility employees within the clearinghouse within 10 business days of initial hire or change in status for 4 of 4 employees reviewed (Staff A, B, C, and D).

The findings include:

During review of the facility's employee roster contained within the Agency's Clearinghouse, it was discovered there were no employees listed on the roster. Therefore, it was determined that the failed had not registered Staff A, B, C and D in the Clearinghouse.

During an interview conducted with the Administrator on at approximately 3:50 PM, she

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967855	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **A TOUCH OF CLASS ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **537 SW WHITMORE DRIVE** **PORT SAINT LUCIE, FL 34984**	

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

acknowledged none of the facility employees had been entered into the employee roster as of the date of this survey.

Unclassified