STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968663	**04/23/2018**
NAME OF PROVIDER OR SUPPLIER **SEASONS BELLEAIR**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 PONCE DE LEON DRIVE** **BELLEAIR, FL 33756**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Seasons Belleair, Assisted Living Facility (License #12532), had deficiencies at the time of this visit.

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

Based on record review and interview, the facility failed to ensure that 3 of 3 residents reviewed (in facility with 64 in-house residents) have undergone face-to-face medical examinations completed by a licensed health care provider and recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, within 60 calendar days prior to admission to the facility or within 30 calendar days after the resident's admission to the facility.

Findings included:
Resident record reviews conducted at the facility on beginning at 10:45am revealed the following:

Resident #1 was admitted to the facility on . Resident #1's file contained two Resident Health Assessments (AHCA Form 1823): one dated and one dated . There was no indication of a medical examination having been provided by a health care provider within 60 calendar days prior to Resident #1's admission to the facility or within 30 calendar days after Resident #1's admission to the facility.

Resident #2's record stated Resident #2 was admitted to the facility on . Resident #2's file contained two Resident Health Assessments (AHCA Form 1823): one dated and one dated with note stating readmission from hospital (admitted) to a different Seasons Largo facility. Resident #2's record included hospice certification with a diagnosis of 's; the Resident Health Assessment updated stated only diagnoses of " , , sinustachy." The Resident Health Assessment indicated that Resident #2 needs help with medications - the type of assistance needed (administration or assistance with self-administration) was not completed. In addition to omissions and inconsistencies, there was no indication of a medical examination having been provided by a health care provider within 60 calendar days prior to Resident #2's admission to the facility or within 30 calendar days after Resident #2's admission to the facility.

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident #3 was admitted to the facility on . . . . Resident #3's file contained one Resident Health Assessment (AHCA Form 1823) dated . . . . . There was no indication of a medical examination having been provided by a health care provider within 60 calendar days prior to Resident #3's admission to the facility or within 30 calendar days after Resident #3's admission to the facility.

The Nursing Supervisor stated on . . . . . at 12:30pm: "Original 1823s may be in central storage. They're trying to find them. This is a problem."

The Administrator stated on at 1:00pm that he confirmed with the nurse Supervisor that initial health assessments (1823s) are in storage offsite. The Administrator acknowledged on . . . . . at 4:00pm that Residents' initial Resident Health Assessments (AHCA Form 1823) must be maintained in resident files at the facility.

Class III

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

Based on records review and interview, the facility failed to ensure that staff did not have any signs or symptoms of . . . . . or communicable . . . . . for 2 of 4 staff members records reviewed (Administrator and Staff B).

Findings Included:

A review of the Administrator's records on revealed that there was no freedom of communicable . . . . . statement in the record. Paperwork for a . . . . . (. .) test, conducted on . . . , was found in the record and the record indicated the results were read on . . . , however the results were not written in the record. The Administrator had been working in the facility since . . . and had been employed for more than 30 days.

A review of Staff B's records on . . . . . revealed that there was no statement in the record that Staff B was free of signs and symptoms of . . or communicable . . . . . Staff B had been working in the facility since . . . , and had been employed for more than 30 days.

In an interview with the Administrator at 3:30pm on regarding the missing documentation, the Administrator indicated that they did not have the documentation in the facility.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on records review and interview, the facility failed to ensure that all staff, including the Administrator, received in-service training on elopement response policies within 30 days of employment for 3 of 4 records reviewed (the Administrator and Staff B and C). The facility failed to ensure that staff, who prepare or serve food, receive training in safe food handling practices within 30 days of employment for 2 of 3 records reviewed (Staff B and C). The facility failed to ensure that a staff member, who provides direct care to residents and is not a Certified Nursing Assistant (CNA), received training on providing assistance with activities of daily living within 30 days of employment for 1 of 3 records reviewed (Staff C). The facility failed to ensure that a staff member, who provides direct care to residents, received training on reporting major and adverse incidents within 30 days for 1 of 3 staff records reviewed (Staff C).

Findings Included:

A review of the Administrator's records on revealed that there was no indication that the Administrator had received in-service training on the facility's elopement response policies. The Administrator had been working in the facility since and had been employed for more than 30 days.

A review of Staff B's records on revealed that there was no indication that Staff B had received in-service training on the facility's elopement response policies or nutrition and safe food handling. Staff B had been working in the facility since , and had been employed for more than 30 days and was on the direct care staffing schedule.

A review of Staff C's records on revealed that there was no indication that Staff C had received in-service training on the facility's elopement response policies, incident reporting, training on providing assistance with activities of daily living or nutrition and safe food handling. Staff C had been working in the facility since , did not have a CNA license on file and was on the direct care staffing schedule.

In an interview with the Administrator at 3:30pm on regarding the missing documentation, the Administrator indicated that they did not have the documentation in the facility.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on records review and interview, the facility failed to demonstrate that a staff member who has completed courses in First Aid and , , ( ) would be in the facility at all times for 4 of 4 records reviewed (the Administrator and Staff A, B and C).

Findings Included:

During a records review on of the Administrator and Staff A, Staff B and Staff C's records, it was revealed that only 1 of the 4, Staff A, had current training. None of the 4 records reviewed showed that they had First Aid training.

In an interview with the Nursing Supervisor at 3:40pm on , the Nursing Supervisor stated that the facility was planning to implement and First Aid training for staff members in the near future.

Class III

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

Based on records review and interview, the facility failed to ensure that direct care staff receive training on within 30 days of employment for 2 of 3 records reviewed (Staff B and C).

Findings Included:

A review of Staff B's record on revealed that there was no indication that Staff B had received training within 30 days of employment on . Staff B began employment with the facility on and was listed on the direct care staffing schedule.

A review of Staff C's record on revealed that there was no indication that Staff C had received training within 30 days of employment on . Staff C began employment with the facility on and was listed on the direct care staffing schedule.

In an interview with the Administrator at 3:30pm on regarding the missing documentation, the Administrator indicated that they did not have the documentation in the facility.

Class III

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

Based on record review and interview, the facility (with 64 in-house residents) failed to review its

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Emergency Management Plan on an annual basis and submit substantive changes to the local emergency agency for review and approval.

Findings included:

Record review conducted at the facility on . . . . . revealed a Certified Emergency Management Plan (CEMP) completed by a former Administrator submitted & approved , valid through . There was no updated annual Plan for 2017 and no updated annual Plan for 2018.

The Administrator stated on . . . . . at 2:30pm that the facility was not allowed to renew . . . . . 2017 due to adding an exit door, that the previous plan ha a door labeled exit door, but the door is not currently used as exit door. The Administrator stated that the facility was "unable to renew County Emergency Management Plan due to door changed to exit that needs to be approved." Per the administrator, the CEMP was not submitted.

The Administrator stated on . . . . . at 3:00pm: "The Contractor submitted new plans to the City... for approval; once approved, will set up re-inspection of door to clear." The Administrator stated he does not have an updated CEMP, "is working on it now, needs to update the Plan."

Record review on . . . . . revealed no new, current CEMP.

Class III