STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968235	04/17/2018
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3260 N HARBOR CITY BLVD** **MELBOURNE, FL 32935**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Relicensure survey with Limited Nursing Services (LNS) was conducted on . . . . Discovery Village at Melbourne, License #12122, had deficiencies found 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 interview, the facility failed to honor the rights of the rights of 2 of 5 sampled residents (#1), and did not investigate thoroughly allegations of inappropriate touching and restricted visiting hours, per Resident's Rights included in the resident contract of 2 of 2 sampled residents (#1 & 2).

Findings:

1. On . . . at 10:20 AM, resident #1 said there was a male resident who "patted" her on the shoulders, back and upper side of hips. Sometimes he would knock on the door of her apartment and come in. She felt uncomfortable, especially if she was undressing. One day she had enough patting and told a staff about him. She said she no longer has contact with him. He was moved to another unit. Some people came and spoke to her about it, so everything was OK now.

The resident's daughter came to visit the resident on . . . . at 10:30 AM. She said the administrator sent someone to talk to her mom about the patting. She said the male staff still works in the facility but has no contact with her mom, there was nothing to it, and "everything is fine now".

The facility documentation was as follows:
. . . . - Staff said they did not feel comfortable with staff F.
. . . . . - Spoke with nurses and residents about staff F. Interviewed staff F. Spoke with all memory care residents and one assisted living resident. (Resident #1) said that staff F touched her but was not inappropriate or . . . . . Conclusion: Staff patted resident on the "rear" as a non-verbal cue that she was done and could stand up. Staff F to be coached in redirecting the residents, not patting. Did not find any . . . . or inappropriate behaviors, intentions or thoughts.

On . . . . at 3 PM, the administrator stated he interviewed staff and residents but did not get any written statements from anyone. Staff F was not scheduled to work during the investigation, but that was not documented as well.

Staff F's personnel record did not reveal any evidence to confirm he was counseled about the incidents.

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2. Individual resident record review for residents #1 and #2 revealed the Resident's Rights included in the resident agreement that residents were allowed to have visitors until 7 PM. However, at a minimum, the facility is required to allow visitors until 9 PM.

On at 3:27 PM, the Lifestyle Senior Counselor confirmed the finding and said it was an error, as residents could have visitors until 9 PM.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) was updated for 1 of 5 sampled residents who required assistance with self-administered medications (#2).

Findings:

Review of a health assessment form 1823, dated , revealed resident #2 required assistance with self-administered medications. Resident #2's , 2018 and 2018 MORs revealed her 1 PM dose of was not signed as given on , , and .

On at 4:05 PM, the nursing director confirmed the findings and said she was unable to provide an explanation.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 3 of 6 personnel record contained a healthcare provider statement that indicated freedom from communicable including ( ) (C, E & F), and that freedom from was documented on an annual basis (C).

Findings:

1. On at 10 AM, the director of nursing identified staff E as the facility's registered nurse (RN) who was an Advanced Registered Nurse Practitioner (ARNP) responsible for conducting nursing

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assessments.

RN E's personnel record did not contain any evidence to confirm she provided the facility a statement from a healthcare provider that indicated freedom of communicable , including .

Resident #3's record revealed RN E conducted nursing assessment for the months of , , and , 2018.

An opportunity was given to the Business Office Manager/Human Resources manager to locate the healthcare provider statement. In an interview with the Business Office Manager/Human Resources manager on at 3 PM who stated she was not sure of the date of hire for RN E. She was listed as a vendor and she did not have any additional documentation.

2. Caregiver F's personnel record revealed a hire date of . Certified Nursing Assistant (CNA) C's personnel record revealed a hire date of . Both personnel records did not contain documentation to indicate caregiver F and CNA C submitted a written statement from a health care provider documenting freedom from signs and symptoms of communicable .

3. CNA C's personnel file did not contain documented evidence of a negative examination on an annual basis.

On at 4 p.m., the business office manager confirmed the findings.

Class III

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

Based on interview and personnel record review, the facility did not provide or arrange for 4 of 6 sampled staff to receive the mandated in-services training (A, B, E & F).

Findings:

1. Caregiver A's personnel record revealed a hire date of but did not contain any evidence to confirm she received a 1-hour in-service training regarding control, including universal precautions. There was no evidence she was a Home Health Aide (HHA) or a Certified Nursing Assistant (CNA), therefore exempt from the training. There was no evidence to confirm she received a 1-hour in-service training regarding Resident Rights in an assisted living facility (ALF) and recognizing

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/neglect and .

2. On at 10 AM, the director of nursing identified staff E as the facility's Registered Nurse (RN), who was an Advanced Registered Nurse Practitioner (ARNP) responsible for conducting nursing assessments. RN E's personnel record did not contain a date of hire, and did not contain any evidence to confirm she received a 1-hour in-service training regarding Resident Rights in an ALF and recognizing /neglect and .

Resident #3's record revealed RN E conducted nursing assessment for the months of , and 2018.

An opportunity was given to the Business Office Manager/Human Resources manager to locate completed certificates of training. On at 3 PM, she stated she was not sure of the date of hire because the facility listed RN E as a vendor. She was unable to locate the training certificates.

3. Staff B's personnel record revealed a hire date of , and contained a 30 minute training for resident rights. However, there was no documentation to confirm she have received an in-service training regarding recognizing and reporting resident , neglect, and .

On at 3:15 PM, the business office manager said staff B did not have the training.

4. Caregiver F's personnel record revealed a hire date of . It did not contain any documented evidence to indicate caregiver F received the required in-service trainings that covered facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and the facility's resident elopement response policies and procedures.

On at 4 p.m., the business office manager confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 6 sampled staff had obtained the one-time education course on and within 30 days of employment (B).

Findings:

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Staff B's personnel record revealed a hire date of but did not contain documentation to confirm she received a one-time education course on / / (/).

On at 3:15 PM, the business office manager said staff B did not have the training.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 2 of 5 unlicensed staff in a sample of 6 who provided assistance with the resident's medications received the initial 4-hour training on providing assistance with self-administered medications in an assisted living facility (B & F).

Findings:

1. Caregiver F's personnel record revealed a hire date of in the capacity of a caregiver and "medication tech" (technician). The record contained a 6-hour medication training certificate that was dated on . However, the training was received from an online provider which did not allow for demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises, as required.

On at 4 p.m., the business office manager confirmed the finding.

2. On at 11:45 AM, staff B said she assisted with the self-administration of medication. Staff B's personnel record did not contain documentation to confirm she had obtained the initial 4-hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

On at 3:15 PM, the business office manager said she could not locate the training certificate.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility did not have evidence that 2 of 6 sampled staff who had regular contact with persons with 's and Related (ADRD) obtained " and Related Level I and II Training" (A & E), and did not ensure

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1 of 6 staff received 4 hours of continuing education annually (F).

Findings:

1. Caregiver A's personnel record revealed a hire date of , and had contact with residents with ADRD. The record did not contain evidence to confirm she received " and Related Level I" training.

2. Advanced Registered Nurse Practitioner (ARNP) RN E's personnel record, date of hire unknown, did not reveal any evidence to confirm she received " and Related Level I" training.

An opportunity was given to the Business Office Manager/Human Resources manager to locate completed certificates of training. On at 3 PM, she stated she was not sure of the date of hire for RN E, because she was listed as a vendor and she did not have any additional documentation.

3. Caregiver F's personnel record revealed a hire date of . The record contained certificates of completion, dated on , for level 1 and 2 training. The record did not contain documented evidence to indicate caregiver F participated in a minimum of 4 contact hours of continuing education annually.

On at 4 PM, the business office manager confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to have documented evidence that 1 of 6 received at least one hour of training in the facility's policies and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment (F).

Findings:

Caregiver F's personnel record for revealed a hire date of . The record did not contain documented evidence to indicate staff F received at least 1 hour of training in the facility's policies and procedures regarding .

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On . . . . . at 4 p.m., the business office manager confirmed the finding.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 1 of 6 sampled staff (D).

Findings:

Personnel record review for staff D, the administrator, hired . . . , found a document indicating a possible training in 's and Related , Level I. At the top of the page in bold font read, "Please note this certificate of completion does not meet documentation requirement for the State of Florida."

On at 4 PM, the human resources manager stated that was the only document she had. At 4:30 PM, the administrator confirmed that he did not have another certificate for the training.

Class III

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

Based on menu review and interview, the facility did not have evidence that all regular and therapeutic menus were reviewed by a licensed or registered dietician, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietician, or a licensed nutritionist annually.

Findings:

Review of the menus used by the facility revealed they were not dated with the date of review and the original signature of the dietitian.

On at 11:45 AM, the assistant dietary manager was asked to provide the menus with the original signature that were reviewed annually by the dietitian.

On . . at 2 PM, the director of nursing was requested to obtain menus.

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On at 4 PM, the dietary manager arrived and said she could not locate the menus. The facility requested the opportunity to provide the menus via email on .

The menus were not received by the agency.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide a safe living environment for 1 of 10 sampled residents (225).

Findings:

Observation on at 10 AM revealed the base boards below the window were missing in
#
On at 3 PM, the administrator confirmed the finding.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to ensure the personnel record for 1 of 5 sampled staff contained the mandated documentation that included a job description and a job application (E).

Findings:

On at 10 AM, the director of nursing identified staff E as the facility's Registered Nurse (RN), an Advanced Registered Nurse Practitioner (ARNP) responsible for conducting nursing assessments. She was hired by contract.

RN E's personnel record did not contain any evidence that she received a job description or that she filled out a job application and a contract.

On at 3 PM, the Business Office Manager/Human Resources manager stated she was not sure of the date of hire for RN E because she was listed as a vendor, and she did not have any additional documentation.

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Class III

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

Based on record review and interview, the facility failed to ensure that the residents' records for 2 of 5 sampled residents contained all the required documentation that included an informed consent regarding assistance with self- administration of medications (#1 & 2).

Findings:

1. Resident #2's record did not contain any documented evidence of a written informed consent regarding unlicensed staff assisting the resident with self-administered medications, and whether the unlicensed staff would or would not be overseen by a nurse, as required. On at 3:27 PM, the senior lifestyle counselor confirmed the finding.

2. On at 10:20 AM, Resident #1 stated that staff assisted her with her medications.

Resident #1's record did not reveal any evidence to confirm she or her representative received an informed consent regarding the assistance of self-administration of medications from unlicensed staff whether the unlicensed staff would or would not be overseen by a nurse.

On at 3:27 PM, the Senior Lifestyle Counselor confirmed the finding and said the form was omitted when the contracts were reviewed.

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:

On at 1 PM, the administrator said that the previous administrator did not submit the facility's CEMP in 2017 to the local emergency management for approval. The last letter of approval was dated

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Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview, the facility did not maintain complete nursing progress notes for 1 of 1 residents who received Limited Nursing Services (#1).

Findings:

During the facility entrance interview on at 9:30 AM resident #3 was identified as receiving LNS for the application and removal of compression stockings.

Resident #3's record revealed she received Limited Nursing Services for the application and removal of compression stockings. A healthcare provider's order dated indicated "compression stockings AM on/ off PM". The electronic notes were one sheet dated from to and indicated the date and time, the initials of the staff, and read "given". Entries dated at 12 AM, at 8 AM, at 8 AM, at 8 AM, at 8 PM, at 8 AM, at 8 AM read "late entry" given on time.

The nursing progress notes and progress report, did not contain the date, type, scope, amount, duration, and outcome of services rendered, the general status of the resident's health, any deviations, any contact with the resident's physician, and the signature and credential initials of the person rendering the service.

On at 3 PM, the director of nursing stated the facility had switched to the electronic medication record system and she thought it met the requirement.

Class III

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

Based on record review, review of the Agency's background screening website, and interview, the facility failed to maintain the results of a background screening in the personnel record for 1 of 6 caregivers who was in a role that required a background screening (C).

Findings:

Review of the personnel record for direct care staff C revealed a hire date of . The record did not

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contain results of a background screening, as required.

Review of the Agency's background screening website on at 3:30 p.m. revealed caregiver C had an eligible screening on .

On at 4 p.m., the business office manager confirmed the finding.

Unclassified

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

Based on facility record review and interview, the facility failed to ensure 1 of 6 staff 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 (E).

Findings:

O at 10 AM,the director of nursing identified staff E as the facility's registered nurse (RN) who was an Advanced Registered Nurse Practitioner (ARNP) responsible for conducting nursing assessments.

RN E's personnel record contained a BGS result dated . There was no evidence to confirm the staff was eligible to work with the elderly and frail population.

The Agency BGS web site indicated on at 3:07 PM that a new screening was required, due on .

Resident #3's record revealed RN E conducted nursing assessments for the months of , , and to , 2018.

An opportunity was given to the Business Office Manager/Human Resource manager to locate a current BGS. On at 3 PM, the Business Office Manager/Human Services manager stated RN E did not have a current BGS.

Unclassified