| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967320** | **04/19/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PEACE HAVEN ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1090 DOUGLAS STREET SE**<br>**PALM BAY, FL 32909** | |

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

**0000 - Initial Comments**

Relicensure survey was conducted on . Peace Haven Assisted Living, License #1131, had deficiencies found at the time of the visit.

**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 in the resident's state of health and any contact with the resident's healthcare provider for 1 of 2 residents who had weight loss (4).

Findings:

Resident #4 record revealed a health assessment report, dated , that listed diagnoses of Parkinson's , and memory loss/ . The review revealed an admission weight of 162 pounds (lb.). The weight record as follows: , 2017=140 lb., , 2017 = 145 lb. and 2017= 143 lb. The review did not reveal any evidence the healthcare provider was notified of the resident's weight loss.

On at 2 PM, the administrator said the resident's healthcare provider was aware of the weight loss but she did not write a note.

Class III

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

Based on observations and interview, the facility failed to store prescription medication for self-administration or administration which were properly labeled and dispensed in accordance with Chapters 465 and 499, Florida Statute and 64B16-28.108, Florida Administrative Code, for 1 of 2 sampled residents (#5).

Findings:

On at 8:45 AM, resident #5 was identified as a on .

On at 11 AM, a blue -dispensing pen with a manufacturer's label "Trebisha 100 Units -degludec " but the resident's did not have a pharmacy or a healthcare provider's label.

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On at 11:30 AM, the administrator said the resident's wife took the box with the prescription because she was going to re-order the medication.

Class III

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

Based on record review and interview, the facility failed ensure 2 of 2 staff obtained a healthcare provider statement yearly statement to indicate freedom from ( ) (A & B).

Findings:

Caregiver A's personnel record revealed a negative for statement dated . There was no evidence to confirm she obtained a healthcare provider's statement to indicate freedom from , yearly, which was due .

Staff B, the owner/administrator and caregiver's personnel record revealed a negative for statement dated . There was no evidence to confirm she obtained a healthcare provider's statement to indicate from yearly, which was due and .

In an interview with the administrator on at 2 PM, she offered no comment.

Class III

**0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC**

Based on personnel record review and interview, the administrator failed to have evidence to confirm completion of 12 hours of continuing education in topics related to assisted living facilities every 2 years (B) .

Findings:

Staff B's, the administrator, personnel record revealed she attended 9 hours of containing education related to Assisted Living. The review did not reveal any evidence to confirm she attended a total of 12 hours as required. She provided an /neglect in-service training, which she had previously received in the CORE training.

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On at 2 PM, the administrator said she thought she had taken 12 hours but did not.

Class III

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

Based on record review and interview, the facility failed to ensure a staff member who had completed courses in First Aid and ( ) and held a currently valid card documenting completion of such courses, was in the facility at all times when residents were present.

Findings:

During the facility entrance on at 8:45 AM, staff A said the administrator had just stepped out of the facility and she was alone with the residents. The administrator arrived shortly thereafter. At 10:30 AM, staff A left with resident # 5 to a doctor's appointment. She returned at 2 PM. Staff B remained to care for the residents.

Staff A's personnel record revealed her and First Aid certification expired on . Staff B's personnel record revealed her and First Aid certification expired on .

On at 2 PM, the administrator said both staff A and staff B needed to take a class.

Class III

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

Based on observation, record review and interview, the facility did not ensure 2 of 2 unlicensed staff, 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 (A & B).

Findings:

Caregiver A's personnel record revealed she assisted with self-administration of medications. A certificate dated indicated attended a 2-hour class on providing assistance with self-administration of medications in an assisted living facility (ALF). The review did not reveal any evidence to confirm the staff attended a 2 hour in- service regarding safe medication practices in an ALF facility every year thereafter, which was due , and .

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Staff B, the administrator/owner and a caregiver's personnel record revealed she assisted with self-administration of medications. A certificate dated indicated she attended a 2-hour class on providing assistance with self-administration of medications in an ALF. The review revealed no evidence to confirm the staff attended a 2 hour in- service regarding safe medication practices in an ALF every year thereafter, due and .

On at 2 PM, the administrator offered no comment.

Class III

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

Based on record review and interview, the facility failed to ensure that regular and therapeutic menus were served, with substitutions noted before or when the meal was served, kept on file in the facility for 6 months, and that a 3-day supply of non-perishable food that included water was on hand at all times.

Findings:

1. On at 8:45 AM, staff A said the census was 5 residents.

On at 11:45 AM, the posted menu was dated for the week in use, and roast turkey, string beans, mixed salad, stuffing and ice cream was to be served. Observations of the lunch served at 12:15 PM noted stewed turkey, string beans, mashed potatoes, sliced tomatoes and ice cream were served.

2. The facility menus did not reveal any substitutions noted or kept in a separate log. The menu and substitutions were not available.

3. Observations of the facility's emergency food supply noted the facility had 7 gallons of water. Based on the facility census, 15 gallons of water were needed.

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 contained all the required components that included a completed demographic sheet and an informed consent form (5).

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Findings:

Resident #5's record 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 licensed staff. The record contained a blank demographics sheet.

On at 2 PM, the administrator offered no comment.

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' contracts contained a refund policy that conformed to 429.24(3) Florida Statute (5).

Findings:

Resident #5's record revealed a contract dated . The contract did not contain a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.

On at 2 PM, the administrator offered no comment.

Class III

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

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

Findings:

Review of the facility's emergency plan binder revealed a letter dated from the Brevard office of Emergency Management that indicated the facility's CEMP had been approved.

The administrator stated on at 1 PM that the CEMP was last submitted and approved in 2012.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on record review and interview, the facility failed to ensure 1 of 2 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 (A).

Findings:

Staff A's personnel record review for staff A revealed she was hired in 2008. The BGS result, dated , indicated she was eligible to work. The result was older than 5 years, therefore, a new screening was needed on . The facility did not have any evidence to confirm the staff was eligible to work with the elderly and frail population.

The Agency for Health Care Adminstration's BGS website indicated on at 12:22 PM that staff A needed a new screening.

The administrator said on 2 PM that she did not realized staff A's BGS was outdated and she needed to be re-screened.

Unclassified