STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **ACADEMY ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 SOLTMAN AVENUE** **FORT PIERCE, FL 34950**	

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

0000 - Initial Comments

An unannounced standard relicensure survey was conducted on . . . . . at Academy Assisted Living Facility, License # 7824. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review it was determined the facility failed to ensure each resident received a face-to-face medical examination that is recorded on an 1823 form when there is a significant change, specifically related to initiation of hospice services for 1 of 2 sampled residents (Resident #6).

The findings include:

During interview and review of Resident #6's record conducted with the Administrator, on beginning at approximately 12:30 PM, she was provided the opportunity to locate a current 1823 form since the initiation of hospice services on . Resident #6's last 1823 form (health assessment) was dated (1 year ago). The Administrator stated she was not aware the initiation of hospice services is considered a significant change that would require a new 1823 form.

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 provide appropriate health care consistent with established and recognized standards within the community, specifically related to failure to wash or sanitize hands when providing assistance with the self administration of medications for 5 of 5 residents (Residents #8, #4, #3, #9, and #10).

The findings include:

During observation of Staff A providing assistance with the self administration of medications for Residents #8; #4; #3; #9; and #10, on . . . . . beginning at approximately 8:35 AM, Staff A was observed to move the large bottle of hand sanitizer next to where she was standing to provide medications to these residents. Staff A was not observed to wash her hands or utilized the hand sanitizer during this observation from 8:35 AM - 9:40 AM.

During interview conducted with the Administrator and Staff A, on beginning at approximately

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10:20 AM, they were informed Staff A was not observed to wash or sanitize her hands at any time during medication observation. Staff A stated I had my hand sanitizer. This surveyor replied, "You had the hand sanitizer but did not utilize it." Staff A stated she was just nervous.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure unlicensed staff providing assistance with the self administration of medication did so pursuant to the training requirements of Rule 58A-5.0191, F.A.C., and this rule and in accordance with the procedures described in Section 429.256, F.S. and this rule for 5 of 5 sampled residents (Residents #8; #4; #3; #9; and #10).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medications for Residents #8; #4; #3; #9; and #10, on beginning at approximately 8:35 AM, Staff A was not observed to read the medication labels to any of the residents she provided assistance with their medications from 8:35 AM - 9:40 AM.

2) During observation and interview conducted with Staff A, on beginning at approximately 8:50 AM, she provided the following medications to Resident #3:

a. 3.125mg (twice daily) at 6:00 AM & 6:00 PM
b. 20mg daily on empty stomach at 7:30 AM

Staff A was asked why the was not provided at 6:00 AM. She stated because this resident is not up at that time. She was asked why the (to be provided on an empty stomach at 7:30 AM) was given after this resident had consumed 75% of her breakfast. Staff A stated she did not realize this medication is to be given on an empty stomach (even though the label and the Medication Observation Record indicated this).

3) During observation and interview conducted with Staff A, on beginning at approximately 9:10 AM, she was asked why Resident #9 was provided 20mg (X3 = 60mg) at 9:10 AM instead of 6:00 AM per label and Medication Observation Record. She stated it is because he is not up at that time.

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4) During observation and interview conducted with Staff A, on beginning at approximately 9:30 AM, she was observed to provide Resident #10 with Tears (1 drop in each eye) without washing or sanitizing her hands or utilizing gloves.

During subsequent interview conducted with the Administrator and Staff A, on beginning at approximately 10:20 AM, the above noted concerns were discussed. Staff A stated I even had gloves in my pocket, I just got nervous. The timeliness of the medications and medications to be taken on an empty stomach was reviewed. The Administrator stated she would contact these resident's physicians for further clarification.

Class III

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

Based on interview and record review it was determined the facility failed to ensure that each medication that is prescribed as PRN (as needed) that the physician noted the circumstances under which it would be appropriate for the resident to request the medication and any limitation must be specified (for example: as needed for pain, not to exceed 4 tablets per day) for 3 of 6 sampled residents (Resident #3; Resident #4; and Resident #9).

Based on interview and record review it was determined the facility failed to ensure that each medication is filled or refilled in a timely manner for 2 of 4 sampled residents (Resident #3 and Resident #4).

The findings include:

1) During medication observation, interview, and record review conducted with Staff A, on beginning at approximately 8:50 AM, Staff A provided Resident #3 with the medications that were prepackaged in plastic bags from the pharmacy. The , 2018 MOR (Medication Observation Record) indicated Resident #3 was to be provided with DOK 100mg at 8:00 AM. Staff A acknowledged this medication was not in the prepackaged bags from the pharmacy. She initialed that she had provided this medication on at 8:00 AM.

2) During medication observation, interview, and record review conducted with Staff A, on beginning at approximately 8:40 AM, Staff A provided Resident #4 with the medications that were prepackaged in plastic bags from the pharmacy. The , 2018 MOR indicated Resident #4 was to be provided with Thera at 8:00 AM. Staff A acknowledged this medication was not in the

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prepackaged bags from the pharmacy. She initialed that she had provided this medication on [redacted] at 8:00 AM.

During interview and record review conducted with the Administrator and Staff A, on [redacted] beginning at approximately 10:20 AM, they were asked how long Resident #3 was without DOK and Resident #4 was without Thera[redacted]. Neither could provide an explanation.

3) During interview and record review conducted with the Administrator and Staff A, on [redacted] beginning at approximately 10:20 AM, they were asked why the following PRN (as needed) medications did not have parameters for use noted:

a. Resident #3:
i) MAPAP 500mg take 2 tablets by mouth every 6 hours as needed for ____.
ii) [redacted] 0.4mg take 1 tablet by mouth/under tongue as needed for ____.

b. Resident #4:
i) [redacted] 2mg take 1 capsule by mouth every day as needed for ____.

c. Resident #9:
i) [redacted] 50mg take 1/2 tablet (25mg) by mouth twice daily as needed for ____.

The Administrator and Staff A stated they did not realize parameters were required for PRN (as needed) medications.

Class III

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

Based on interview and record review, it was determined the facility failed to ensure it maintained documentation of a minimum of 2 hours of annual continuing education training on providing assistance with the self-administration of medication and safe medication practices in an assisted living facility for 1 of 3 sampled staff that provide assistance with the self administration of medication (Staff B).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate the 2 hour medication

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training updates for Staff B (date of hire noted as). All that was located in her file was her initial 5 hour training (dated) and her 3 hour update (dated). The Administrator was provided the opportunity to locate the annual medication update trainings for and was unable to locate any medication trainings for that time frame.

Class III

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

Based on interview and record review it was determined the facility failed to submit their comprehensive emergency management plan to the local emergency management agency in a timely manner.

The findings include:

During interview and record review with the Administrator, on at approximately 12:40 PM, she acknowledged the facility failed to submit their CEMP (Comprehensive Emergency Management Plan) on an annual basis. The last approval letter provided by the Administrator was dated . She acknowledged there have been administrative staffing changes for this facility.

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 a signed Attestation referenced in subsection 59A-35.090(2), F.A.C. in each employee's personnel files that is maintained by the provider for 4 of 4 sampled staff (Staff A, Staff B, Staff C, and Staff D).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate a signed Attestation of Compliance with Background Screening Requirements for the following staff:

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

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The Administrator was not able to locate this required documentation for the above noted staff. She stated she was not aware of this form or the need to have it on file for each staff member.

Unclassified