STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966240	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **ABIGAIL (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 SOUTH DELAWARE** **TAMPA, FL 33606**	

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

0000 - Initial Comments

Assisted Living Facility

A Change of Ownership survey was conducted on . . . . . at The Abigail (License #10498), an assisted living facility in Tampa, Florida. There were deficiencies identified at the time of 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 resident health assessment was complete and included the date of examination and the level of assistance required with medication for two (#7, and #8) of four residents who received 24-hour services at the Facility.

Findings included:

Review of Resident #7's health Assessment (AHCA Recommended Form 1823), dated indicated that Resident #7 needed assistance with self-administration of medication.

Review of Resident #8's health Assessment (AHCA Recommended Form 1823), dated . . . . indicated that Resident #7 needed assistance with self-administration of medication.

During observation of assistance with self-administration of medication, on . . . . . at 11:57 a.m., Resident #7 was not able to self-administer medication with assistance.

During family interview for Resident #8 at 01:45 p.m., and Resident #7 at 04:43 a.m., family members confirmed that staff administer medications for Resident #7 and Resident #8 by mixing with apple sauce and spoon feeding medication to the residents.

Class III

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

Based on observation, interview, and record review, the facility failed to ensure that only licensed staff administered medications to one of one sampled residents (Resident #7) requiring administration of medications. Specifically, unlicensed staff (Staff A) administered oral medications for one (#7) of one observed resident.

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Findings included:

During an observation of assistance with self-administration of medication with Staff A, on [redacted] at 11:57 a.m., Staff A administered medication dosage with apple sauce by spoon feeding Resident #7 the medication dosage, with no assistance provided by the Resident #7. Staff A confirmed that she was not licensed to administer medication, and that Resident #7 was not able to self-administer medication.

Class III

0075 - Use of Personnel; Emergency Care ( ) - 429.255(3-5) FS

Based on observation, record review, and interview, the facility, licensed for 17 or more, failed to have an automated external defibrillator ( ) on the premises.

Findings included:

Facility's license (#10498), effective from [redacted] to [redacted], established that the facility was licensed for 19 beds.

Facility tour conducted on [redacted] approximately 09:20 a.m., revealed no evidence of an . On [redacted] at 06:28 p.m., the Assistant administrator and Staff A confirmed that the Facility did not have an on the premise.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, interview, and record review, the facility failed to ensure that oversight was provided by a manager with the same qualifications as an administrator, to include Core training, for the Administrator and Assistant Administrator, who supervised a total of three licensed facilities.

Findings included:

Offsite preparation, on , revealed that the Administrator and the Assistant Administrator operated three total licensed facilities, and the Assistant Administrator required a level II background screening.

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During interview with Staff A on [redacted] at 12:46 a.m., she confirmed that she was the Manager for the Facility and confirmed that she did not complete Core training. Staff A confirmed that the last time the last time the Assistant administrator was at the Facility was on [redacted].

During interview with the Assistant Administrator, on [redacted] at 01:08 p.m., she confirmed that the Administrator and the Assistant Administrator managed three licensed facilities. She stated that the Administrator was out of town since [redacted]. The Assistant Administrator confirmed that Staff A was the Facility's Manager, and confirmed that Staff A did not complete the Core training or exam. The Assistant Administrator confirmed that she is aware that her background screening was expired, but was not aware that her Background screening was expired in [redacted], 2017.

Record review revealed no evidence that Staff A completed the Core training, or was appointed as the Facility Manager in writing.

Class III

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

Based on record review and interview, the facility failed to ensure that employees had evidence of a negative [redacted] examination completed annually for five (Administrator, Assistant Administrator and Staff A, Staff C, and Staff D) of five employees selected for record review.

Findings included:

Record review revealed that the last documented [redacted] examination for the Administrator was on [redacted]; and for Staff A was [redacted]. There was no evidence of a negative [redacted] examination that was completed on an annual basis for Staff C, Staff D and the Assistant Administrator.

During interview with the Assistant Administrator, and Staff A on [redacted] at 06:28 p.m., they searched records and confirmed that there were no more current [redacted] examinations for the Administrator and Staff A. The Assistant Administrator confirmed that there were no documentation on the premise for Staff C, Staff D and the Assistant Administrator.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

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Based on observation and interview, the facility failed to maintain a written work schedule that accurately reflected the direct care staffing pattern.

Findings included:

Facility tour conducted on [redacted], approximately at 09:20 a.m., revealed no evidence of a staffing schedule.

On [redacted] at 01:08 p.m., the Assistant Administrator stated that the facility does not maintain a direct care staffing schedule, and confirmed that schedules are normally created be Staff A or the Assistant Administrator.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that one of one unlicensed staff (Staff A)observed assisting with self-administration of medications completed the required updated training, provided by a registered nurse or licensed pharmacist.

Findings included:

On [redacted] at 11:57 p.m., Staff A, the Facility Manager, was observed administering medication for Resident #7.

Record of selected Medication Observation Records (MORs), on [redacted], for Resident #7, Resident #8 and Resident #9 revealed that Staff A signed the MORs as having provided medication assistance for the residents.

Record review, conducted on [redacted], revealed that Staff A completed the Assistance with Self-Administration of medication training on [redacted]. There was no evidence that Staff A completed the follow-up two hour annual training.

On [redacted] at 06:28 p.m., the Assistant Administrator and Staff A confirmed that Staff A did not complete the required annual training.

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Class III

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

Based on observation, record review, and interview, the Facility failed to conspicuously post menu for residents, and failed to note meal substitutions before and when the meal was served.

Findings included:

Facility tour conducted on approximately 09:20 a.m., revealed no evidence of a posted meal menu.
Meal observation, on at 12:14 p.m. revealed that meal provided to the residents was inconsistent with the established meal menu. Review of the Facility substitution log revealed that the last documented entry was on .

On at 12:17 a.m. Staff A, the Manager, stated that the facility meal menu was stored in a kitchen drawer because it . The manager confirmed there was not a menu posted, and confirmed that the facility was currently on Cycle Two (Wednesday). The Manager also confirmed that residents were not informed of meal substitution, nor was it documented on the substitution log.

Class III

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

Based on interview and record review, the facility failed to maintain personnel records for one employee (Assistant Administrator), which contained, at a minimum, a copy of the employment application, with references furnished, and a record for one (Staff C) of five employees, which contained documentation of completed training requirements.

Finding included:

Record review, conducted on , revealed no evidence of any employment documentation for the Assistant Administrator. Record review also revealed that Staff C only had an application dated at the Facility.

During interview with the Assistant Administrator, on at 03:42 p.m., the Assistant Administrator and Staff A confirmed that the Assistant Administrator's record were not maintained at the Facility. The Assistant Administrator conformed that Staff C, who served as a resident care aide, only

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had an application dated and had no other required documentation.

Class III

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

Based on Record review and interview, the facility failed to ensure that resident's record had documentation of the appointment of a health care surrogate, health care proxy, guardian, or a Power of Attorney (POA) for two residents (Resident #7, and #4); failed to semi-annually record resident's weight for two residents (#7 and #8); and failed to maintain a written informed consent for unlicensed staff assisting with medication self-administration for four (#4, #7, #8 and #9) of four residents selected for record review.

Findings included:

Record review conducted on , revealed that Resident #4's contract, was signed and dated by a family member, dated . No documentation establishing a power of attorney for the person signing the contract was found during record review.

Record review conducted on , revealed that Resident #7's contract, was signed and dated by a family member, dated . No documentation establishing a power of attorney was found during record review. Record review also revealed that the last weight documented for Resident #7 was on . There was no weight documented on Resident #7's AHCA Form 1823, dated .

Record review for Resident #8, on , revealed that last weight documented for Resident #8 was on . AHCA Form 1823, with weight for Resident #8 was dated . No documentation establishing a power of attorney for Resident #8 was found during record review.

During family interview for Resident #8 at 01:45 p.m., and Resident #7 at 04:43 a.m., family members confirmed that they were the appointed powers of attorney for represented residents.

During interview with the Assistant Administrator, on at 06:28 p.m., she stated that an amendment with the 45 day notice and consent to unlicensed staff assisting with medication self-administration were sent to residents and families, but she forgot to place them in the resident records. Assistant Administrator and Staff C confirmed that all residents at the facility require assistance with medications.

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

Based on record review and interview the facility failed to maintain an updated employee roster in the Agency background-screening clearinghouse for two (Staff C and Staff E) of five employees selected for review.

Findings included:

During interview with Staff C, on [redacted] at 03:51p.m., she confirmed that she started working on [redacted] as a resident care aide.

During family interview for Resident #8 at 01:45 p.m., and Resident #7 at 04:43 p.m., family members identified Staff E as the individual who assisted them with the residents' medical status on behalf of the Administrator.

Review of the AHCA Background Screening Clearinghouse Agency website reveled an absence of Staff E's name, and Staff C's name on the roster for the provider.

On [redacted] at 06:28 p.m., the Assistant administrator and Staff A confirmed that Staff C and Staff E were not on the Facility's employee roster. The Assistant Administrator stated that Staff E was not an official employee, but did assist family members with issues that related to their medical information and status.

Unclassified

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

Based on record review and interview the facility failed to ensure that the Assistant Administrator renewed the required Level II background screening that expired in [redacted] of 2017, and failed to ensure that Staff E, who assisted families on behalf of the Administrator and had direct contact with residents, completed the required Level II background screening.

Findings included:

Review of the AHCA Background Screening Clearinghouse Agency website revealed that the Assistant Administrator's level II background screening was competed on [redacted] and a new screening was required.

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During interview with the Assistant Administrator on [redacted] at 01:08 p.m., she confirmed that she is aware that her background screening was expired, but was not aware that her Background screening was expired in [redacted], 2017.

During family interview for Resident #8 at 01:45 p.m., and Resident #7 at 04:43 a.m., family members identified Staff E as the individual who assisted them with the residents' medical status on behalf of the Administrator.

On [redacted] at 06:28 p.m., the Assistant Administrator stated that Staff E was not an official employee, but did assist family members and residents with issues that related to their medical information and status on behalf of the Administrator.

Unclassified