STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	**05/16/2018**
NAME OF PROVIDER OR SUPPLIER **ROBINSONS RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **11921 CARUSO DRIVE** **PANAMA CITY, FL 32404**	

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

0000 - Initial Comments

An unannounced change of ownership (CHOW) licensure survey, to include limited mental health, was conducted at Robinsons Residential Care (license #7166) assisted living facility on . . . . & . . . . . Deficient practice was identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and staff interview, the facility failed to honor resident rights by failing to provide housekeeping and maintenance services to ensure a safe and decent living environment in 2 of 5 resident . . . . . (. . . #1 and #5), the dining area, one . . . . , and facility hallways.

The findings include:

A tour of the facility was conducted on . . . beginning at approximately 9:40 AM. . . # contained two dressers in disrepair and # contained two dressers in disrepair. The dressers had drawers that would not open and missing or broken drawers.
The white hallway and dining throughout the facility had a thick build-up of dust and dirt.
The dining area contained a round table with rough edges and missing border and seven pink colored chairs with visibly soiled, discolored areas and torn upholstery.
The # had holes in the two closet doors within the . (Photographic evidence was obtained)

An interview was conducted with the Administrator on . . . at 10:00 AM. She stated previously she asked the owner to replace items and he stated it was not in the facility budget. She now plans to replace or repair the items.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review, staff interview and facility policy review, the facility failed to report an incident of resident to resident . . . . to the Department of Children and Families or . . . . hotline for 1 of 1 sampled incidents of involving residents #11 and #12.

The findings include:

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Review of resident #11's record revealed on . . . . . at approximately 6:00 pm employee A called the Administrator and stated resident #11 punched resident #12 in the face and resident #12 out on the smoking porch beside the coke machine and hit her head. Employee A stated resident #11 reported resident #12 was aggravating him and picking on him. Employee A stated she called the ambulance and the police department. At approximately 6:35 pm, the administrator spoke with a deputy from the Bay County jail, who stated they were going to resident #11 for assaulting resident #12.

An interview was conducted with the Administrator on at approximately 11:40 AM. She stated she did not report the incident of resident to resident . . . . . to the . . . . . hotline. The administrator stated she thought only allegations of staff to residents had to be reported to the hotline .

The facility policy was reviewed. The policy stated it would be the responsibility of anyone who witnessed or knew of any verbal or , , ... by a staff member to notify the administrator or administrator's delegate, who would notify the hotline and suspend employee during investigation. It also stated an adverse incident report will be filed, and that anyone who witnessed or knew of , , . . . by resident on resident would notify administration and law enforcement. The policy did not address the requirement to report all . . . . . to the . . . . . hotline.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and staff interview, the facility failed to ensure all direct care staff received 6 hours of limited mental health training within 6 months of hire for 1 of 3 sampled direct care staff. (employee D)

The findings include:

Review of employee D's (direct care staff) record revealed a hire date of . The record contained no evidence of limited mental health training.

An interview was conducted with the Administrator on . . . . . at 3:11 PM. She stated employee D had not received limited mental health training and she would have her complete the training that night.

Class III

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

Based on record review and staff interview, the facility failed to update the employee roster in the Background Screening Clearinghouse within 10 business days of hire for 2 of 6 sampled employees. (employees A and F)

The findings include:

Review of employee A's record revealed a hire date of and a level 2 background screen clearinghouse eligible dated .
Review of employee F's record revealed a hire date of and a level 2 background screen clearinghouse eligible dated and retained prints expiring on .

Review of the Background Screening Roster for the facility revealed employees A and F were not added to the roster as of .

An interview was conducted with the Administrator on at 10:45 AM. She stated she had not added employees A and F to the roster, and was not aware the roster had to be updated within 10 days of hiring an employee.

Unclassified