STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **WILD FLOWER INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **639 MICHIGAN BLVD. #1500** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018, a biennial re-licensure survey, in conjunction with a Revisit to 3/13/18 Complaint (CCR#2018000536), and a Complaint Investigation (CCR 2018003793) was conducted at Wild Flower Inn. Deficient practice was identified during the surveys.

(License #8223)

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 two (Resident #4 and #5) out of six residents had fully completed health assessments documented on AHCA Form 1823 by evidence of omitting whether the residents required any assistance with the administration of medications.

Findings included:

A record review completed on revealed there were no notation on AHCA Form 1823 on whether the residents required any assistance with the administration of medication for Resident #4 and Resident #5.

An interview was conducted with the Administrator on beginning at 2:29 PM. The Administrator reviewed the AHCA Form 1823 for Residents #4 and #5 and confirmed that the directive that residents required any assistance with the administration of medications was omitted.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interviews, and review of facility's activities schedule, the facility failed to provide an ongoing activities program that encouraged residents to participate in individual and group activities with the required number of weekly hours.

Findings Included:

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A review of the posted activities scheduled for revealed that from 9:00 AM to 10:00 AM, the activity was Chair Exercises and from 2:30 PM to 3:30 PM, the activity was Bingo.

Interviews were conducted with residents on beginning at 9:28 AM and they stated that there were no activities provided by the facility.

An observation on at 9:35 AM revealed there was no chair exercises taken place. There were two residents in the living television and the other residents were in their .

An observation on at 2:50 PM revealed there was no Bingo taking place.

An interview with the Administrator was conducted on beginning at 3:34 PM. The Administrator stated that the staff are responsible for doing activities with the residents and they confirmed that there were no activities on this date.

Class III

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

Based on observation, interview, and record review, the facility failed to assist residents with self-administered medications in accordance with procedures described in Section 429.256, Florida Statues, for two (Resident #2 and Resident #3) of two residents sampled.

Findings included:

A medication observation was conducted at 12:00 PM on for Resident #2. The Administrator walked over to the dining , popped the pill into the resident's hands, walked away, and signed the medication observation record (MOR) without observing whether the resident took their medication.

At 12:15 PM, the Administrator was asked how they could verify that Resident #2 took the pill if the Administrator's back was turned. The Administrator stated that the resident always takes their pills.

An interview was conducted with Resident #3 at 10:02 AM on . The resident stated that they didn't take one of their medications on the evening of and took a medication bubble pack out of their pocket. The package showed the medication , 15 MG dated , 08- Bedtime (photographic evidence obtained).

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A review of Resident #3's MOR showed initials indicating that the resident was assisted with self-administration of their , 15 MG on at 8 PM (photographic evidence obtained).

An interview was conducted with Staff A on 3:38 PM on concerning assisting Resident #3 with their medication on at 8 PM. Staff A stated that they went to Resident #3 on and gave the resident the medication. Staff A stated that they did not watch the resident swallow the medication.

Class III

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

Based on observation, interview, and record review, the facility failed to follow medications orders for one (Resident #2) of six residents sampled.
Findings included:

A review of Resident #2's Medication Observation Record (MOR) on revealed that 325mg tablet was ordered for 8 AM, 2 PM, and 8 PM.

An interview conducted with the Administrator on during the medication observation beginning at 12:10 PM revealed that Resident #2 did not like to take the 325mg tablet at 2 PM but they preferred to take it at 12 PM.

A medication observation conducted on beginning at 12:10 PM revealed that the Administrator assisted in self-administration of 325mg tablet for Resident #2 at 12 PM and not 2 PM as written.

On , after the medication observation, the Administrator was observed changing the time of the medication on the MOR in the presence of Agency staff to noon by placing a 1 in front of the 2 (photographic evidence obtained).

Class III

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

Based on record review and staff interview, the facility failed to ensure that two (Administrator and Staff B) of three personnel records reviewed had a statement completed by a health care provider, within 6 months prior to hire or within 30 days of hire, that they were free of a communicable (Communicable Statement). Additionally, the facility failed to provide proof of a negative

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examination, documented on an annual basis (Exam), for three (Administrator, Staff A, and Staff B) of three employee records reviewed.

Findings Included:

A record review of the Administrator's personnel record showed a date of hire of . There was no documentation concerning a Communicable Statement or Exam.

A record review of Staff B's personnel record showed that they were hired on . There was no documentation of a Communicable Statement or Exam.

A review of Staff A's record showed they were hired on and there was no proof of an annual Exam.

During an interview with the Administrator on at 2:47 PM, they acknowledged the lack of Communicable Statements for the Administrator and Staff B, and the lack of Exams for the Administrator, Staff A and Staff B. The Administrator stated that, "No it's not in there, I'll schedule an appointment."

Class III

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

Based on record review and interview, the facility failed to ensure that all staff who provide direct care to residents received in-service training within 30 days of employment that covered one hour of Emergency Preparedness and Evacuation Training and one hour of Elopement Response Training for one (Administrator) of three employees reviewed.

Findings included:

A review of the Administrator's personnel record conducted on showed that they were hired on . The Administrator's file did not contain documentation of completing 1 hour of Emergency

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Preparedness and Evacuation Training and 1 hour of Elopement Response Training.

During a staff interview with the Administrator on at 2:45 PM, they acknowledged the lack of proof of training in their file. The Administrator stated that, "It's not in there."

Class III

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

Based on record review and interview, the facility failed to ensure that all staff that provide direct care to residents received in-service training, within 30 days of employment, that covered one hour of / (/ Training) for one (Administrator) of three employee records reviewed.

Findings included:

A review of the Administrators personnel record conducted on showed that they were hired on . The Administrator's file did not contain documentation of completing the 1 hour of / Training.

During an interview with the Administrator on at 2:45 PM, they acknowledged the lack of proof of / Training in their file. The Administrator stated that, "It's not in there."

Class III

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

Based on record review and interview, the facility failed to ensure that all staff who provide direct care to residents received in-service training, within 30 days of employment, that covered one hour of Policy and Procedure Training (Training) for one (Administrator) of three employee records reviewed.

Findings included:

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A review of the Administrator's personnel record conducted on showed that they were hired on . The Administrator's file did not contain documentation of completing 1 hour of Training.

During an interview with the Administrator on at 2:45 PM, they acknowledged the lack of proof of training in their file. The Administrator stated that, "It's not in there."

Class III

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

Based on observation and interview, the facility failed to maintain a safe living environment, free of hazards, with mechanical systems maintained in good working order.

Findings included:

During a facility tour conducted on at 9:24 AM, there was a strong smell throughout the facility. The living a large stain on the carpet. In there was a large amount of dust on the ceiling fan, the floor in the walk in closet had water damage, the a brown substance in the shower and the toilet handle was broken (photographic evidence obtained). The bi-fold doors in the laundry off the hinges and stacked to the side. The wallpaper in the dining peeling and there was a large amount of dust on the ceiling vent. The bath to was missing the toilet tank cover. The the courtyard entrance had a ceiling vent that was not working and a brown substance in the shower (photographic evidence obtained).

During an interview with the Administrator conducted on at 3:41 PM, the Administrator acknowledged and confirmed that all the items observed during the tour needed to be addressed. The Administrator stated that, "Of course we need to look at many things."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the facility failed to provide proof that a residential contract was executed by the resident before or at the time of admission for two (Resident #3 and Resident #5) of three resident records sampled.
Findings included:

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A review of resident records conducted on ..... showed that Resident #3 was admitted to the facility on and Resident #5 was admitted on .... A review of the two residential contracts showed that neither contract was signed by the residents or the Administrator.

An interview was conducted with the Administrator on ..... at 2:37 PM concerning Resident #3's and Resident #4's residential contracts. The Administrator confirmed that the contracts for Residents' #3 and #5 were not signed by the resident or the administrator.

Class III

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

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of termination of employment, for one (Staff C) of four employee records sampled.

Findings Included:

A review of the Employee Roster on ..... revealed that Staff C was listed as a current employee. A review of the , 2018 staff schedule on ..... revealed that Staff C was not listed on the schedule as working.

On ..... at 10:50 AM, an interview was conducted with the Administrator. The Administrator stated that they were aware that the Employee Roster was not up-to-date. They stated that Staff C stopped working in 2017 and they were not sure of the exact date.

Unclassified