STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968674	**05/15/2018**
NAME OF PROVIDER OR SUPPLIER **AMELIA'S HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7175 53RD ST** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2018 a complaint (CCR#2018006895) survey was conducted at Amelia's House. No deficiencies were identified related to the complaint. Unrelated deficiencies were identified during the visit.

(license #12566)

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and record review, the facility failed to properly store medications for 2 of 8 sampled residents (Resident 1 and 2) that require assistance with self-administration of medication.

Findings Included:

Observation on at 10:25 AM during tour revealed Resident #1 and #2 had unsecured medication in the plain sight, accessible to all residents in the facility. Resident #1 had prescription medication and over the counter medication on the dresser. Resident #2 had prescription medication ( ) located inside an unlocked refrigerator. (Photographic evidence was obtained).

In an interview on at 1:14 PM, Resident #2 stated he has lived at the facility for about 5 months and shares a Resident #1. Resident #2 states his (Resident #2) always has his medications out and not locked. Resident #2 stated he keeps his in the unlocked refrigerator in his .

In an interview on at 1:40 PM, the Administrator stated Resident #1 has been in the hospital since . Resident #1 does not conduct self-administration of medication. Administrator stated the facility was not aware Resident #1 had medications in the .

Record review of Resident #1's Health Assessment (AHCA form 1823) dated , noted Resident #2 required assistance with self-administration of medication.

Record review of Resident #2's Health Assessment (AHCA form 1823) dated , noted Resident #1 required assistance with self-administration of medication.

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Class III

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

Based on observation, interview and record review, the facility failed to obtain a physician's order for 1 of 8 sampled residents (Resident #2), indicating the resident could self-administer medication.

Findings Included:

Observation on at 10:25 am during tour revealed Resident #2 had prescription medication ( ) located inside an unlocked refrigerator in his . (photo obtained)

In an interview on at 10:25 AM, Resident #2 stated he has lived at the facility for about 5 months. Resident #2 stated he keeps his inside his refrigerator in his he administered his own .

In an interview on at 1:31 PM, Staff C stated that Resident #2 administered his own and she was "unsure why his refrigerator is not locked. The other residents that are dependent we keep it in the office refrigerator."

In an interview on at 1:41 PM, the Administrator observed Resident #2's inside the refrigerator in Resident #2's . The Administrator stated, "He knows it's supposed to be locked away, he probably got it and never returned it."

In a continued interview with the Administrator on at 2:50 PM, the Administrator stated normally the doctor signs the resident's medication observation record (MOR) indicating they can self-administer their . The Administrator reviewed the MOR for Resident #2 and stated, "I don't see it on Resident #2's, we have a new pharmacy and they probably missed it and we should have caught it".

Record review of Resident #2's Health Assessment (AHCA form 1823) dated , noted Resident #2 required assistance with self-administration of medication.

Class III

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure that over the counter medication was

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properly labeled with directions for use and resident name for 1 of 8 sampled residents (Resident #1).

Findings included:

Observation completed on at 1:37 PM of Resident 1's over the counter medications on the resident's nightstand with no label containing the resident's name and directions for use. (Photographic evidence was obtained).

On at 1:41 PM an interview was completed with the Administrator in which she stated, "He doesn't use our pharmacy and he drives. I keep telling him, nope. He knows it's supposed to be locked away. He probably got it and never returned it."

Record review of Resident #1's Health Assessment (AHCA form 1823) dated , noted the resident required assistance with self-administration of medication.

Class III

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

Based on interview and record review, the facility failed to have documentation of freedom from communicable and failed to have annual freedom from ( ) documentation for 1 (Staff A) of 3 Employees reviewed.

The findings include:

A review of Staff A's file revealed he was hired . The employee file did not have documentation of freedom from communicable or .

In an interview with Staff A and the Administrator on at 2:32 pm they both confirmed the missing documentation for and communicable . The Administrator stated, "I thought he had it when I hired him."

Class III

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

Based on interview and record review the facility failed to maintain minimum staffing levels required for facility census of 12 residents for two sampled work weeks. The facility also failed to maintain the written

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work schedule.

Findings included:

On a review of the employee work schedule revealed inaccuracies. The schedule indicated that the Administrator was working at the facility from 12 PM to 6 PM on and 10 AM to 4 PM on . The schedule also reflected Staff E worked at the facility from 12 PM to 6 PM on , , and .

On at 2:40 PM an interview was conducted with the Administrator. The Administrator stated she was out of town for the past week and left on and just got off the plane today ( ) and came directly to the facility. The Administrator also stated that Staff E has been out for 4-6 weeks for personal reasons.

A review of employee time sheets for the week of through revealed 182.75 staffing hours. The week of through revealed 196.5 staffing hours. The required staffing hours for a census of 6-15 is 212 hours.

Class III

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

Based on interview and record review, the facility failed to ensure that 1 out of 4 sampled staff (Staff A) received a minimum of 1 hour in-service training within 30 days of employment in resident rights; and recognizing and reporting , neglect, and , .

Findings included:

On a record review was conducted of the staffing schedule. Staff A was scheduled on Saturday through Sunday from 8:00 AM until 8:00 AM, and Monday and Tuesday 3:30 PM until 9:00 PM. Staff A was the only employee scheduled for several hours.

A record review was conducted of the employee file for Staff A. Staff A had no training certificates in his employee file.

On at 11:12 AM, an interview was conducted with the Administrator. The Administrator stated Staff A has completed the training courses, but has not brought in copies for the facility.

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On [redacted] at 4:15 PM, Staff A stated he had been employed at the facility since [redacted] 2017. Staff A stated he has completed the training courses, but had not brought in any copies for this facility.

Class III

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

Based on observation, interview and record review the facility failed to ensure the employee roster listed in the Background Screening Clearinghouse was updated within 10 days of employee status change for 3 of 6 sampled staff (Staff B, C and D)

Findings Included:

A Review of the Background Screening Clearinghouse on . . . . . revealed that Staff B, Staff C and Staff D did not appear on the Facility Employee Roster.

A review of the employee schedule revealed that Staff B was scheduled to work Monday through Friday 3 PM to 9 PM, Staff C was scheduled to work Monday through Friday 8 AM to 3:30 PM and Staff D was scheduled to work Monday through Friday 8 AM to 2 PM.

During the survey on . . . . . from 10:30 AM to 5:15 PM Staff C and Staff D were observed working at the facility.

During an interview on . . . . . at 4:23 PM the Administrator was asked about the missing staff on the employee roster. The Administrator stated, "I never heard about it, I don't know how to do it and it's new to me."

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on interview and record review, the facility failed to ensure 3 of 3 sampled employees (Staff A, Staff B, Staff C) signed an attestation of compliance certifying that each employee was free from disqualifying offenses related to background screening.

Findings Included:

On . . . . . at 4:37 PM an interview was completed with the Administrator in which she stated, "I never heard about it, I don't know how to do it and it's new to me." The administrator also stated Staff A, Staff B and Staff C did not have the signed attestation compliance forms in their files after reviewing each employee file. The administrator stated she was unaware about the attestation compliance form requirement.

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A record review of Staff A, Staff B and Staff C personnel file revealed no evidence that the required signed attestation of compliance forms were located in each personnel file.

Unclassified