STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969022	**05/14/2018**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2250 S SEMORAN BLVD ORLANDO, FL 32822**	

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

0000 - Initial Comments

The re-licensure survey was conducted on Assisted Living Facility, License #12850 had deficiencies at the time of the 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 a health assessment (form 1823) was accurate for 1 of 2 sampled residents (#2.)

Findings:

Review of the record for resident #2 revealed an 1823 that was not dated by the health care provider. The date field was left blank.

On at 3:35 PM, the director of nursing, Staff D, confirmed the findings.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review, Medication Observation (MOR) review and interview, the facility failed to ensure that physician orders were followed when assisting with self-administration of medication for 1 of 2 sampled resident (#2).

Findings:

Review of the record for resident #2 found an order dated for / , one tablet every 6 hours as needed (PRN) for pain.

Review of the MOR for , 2018 revealed doses were given on 5/5, 5/8 and , 2018. The back of the MOR included the same 3 dates with the reasons and results documented. The date of the order on the MOR was and matched the prescription found in the resident's record.

Review of the sheet revealed doses marked as given on 5/5, 5/8, 5/9, and , 2018. The dose on 9 was not documented on the MOR.

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Review of the MOR for , 2018 revealed doses were given on and . The back of the MOR included the same 3 dates with the reasons and results documented. The date of the order documented on the , MOR was handwritten as .

A count sheet revealed doses marked as given on 4/5, and , 2018. The dose on , 5 was not documented on the MOR.

Review of the MOR for 2018 found the order for , / , from was marked as discontinued on . Another page of the MOR had a handwritten entry for " , " with a date of . One dose was documented as being given on .

A count sheet was not available for 2018.

Review of the MOR for , 2018 revealed doses were given on and , 2018. The back of the MOR included the same 2 dates with the reasons and results documented. The back also included a dose being given on at 5:30PM that was not signed off on the front. The date of the order was typed on the MOR as .

A count sheet was not available for , 2018.

On at 3:35 PM Staff D, the director of nursing, confirmed there was no order for the , dose that was given on . She confirmed she was unable to locate any other orders for this resident. She did not have an explanation as to what happened to the doses noted on the count sheet as being given on or , but not noted on either side of the MOR.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 3 of 6 sampled staff had documentation indicating freedom from communicable , 1 of 6 staff did not have documentation indicating freedom from ( ), and 1 of 6 staff did not have a job description (C, E & F).

Findings:

1. Review of the record for Staff F, the administrator, hired , did not reveal any documentation that she was free from communicable .

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On at 3:55PM Staff F stated some of her records were in the corporate office and she was unable to retrieve them.

2. Personnel record review for staff A, hired on revealed no evidence to confirm she provided a healthcare provider statement that indicated freedom from communicable . The review revealed a test result dated that indicated freedom from .
3. Nursing director E's personnel record revealed a hire date of . The record did not contain a job description, as required.

4. Caregiver C's personnel record revealed a hire date of . The record contained a written statement from a health care provider, dated , documenting freedom from communicable . However, the record did not contain documented evidence of a negative exam during 2017.

On at 4 pm, the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 3 of 5 sampled staff (A, E & F) received the required in-service training within 30 days of hire.

Findings:

1. Nursing director E's personnel record revealed a hire date of . The record did not contain documentation to indicate she received the required in-service training within 30 days of employment that covered the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

2. Review of the record for Staff F, the administrator, hired , did not reveal documentation that she had received training in the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation, or the facility's resident elopement response policies and procedures within thirty (30) days of employment.

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On at 3:55PM Staff F confirmed the findings.

3. Personnel record review for staff A hired on and was a caregiver revealed no evidence to confirm she attended/received an hour in-service training regarding the facility's elopement policy and procedures and safe food handling practices. A certificate dated indicated she attended an Internet in-service training regarding "Disaster Preparedness for Senior Care Facilities", however there was no evidence the in-service was based on the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations.

In an interview with the administrator at 4 PM, who said she did not have the documentation available.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on review of the facility's staffing schedule, personnel record reviews and interview, the facility failed to ensure a staff member who held a current valid First Aid card was in the facility at all times.

Findings:

Review of the facility's staffing schedule for , 2018 revealed that on and , caregivers I and J were the only staff scheduled to work from 11 pm until 7 am.

Caregivers I and J's personnel records and I did not contain documentation to indicate either caregiver held a valid first aid card.

On at 4:10 pm, the administrator confirmed the findings.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record reviews and interview, the facility failed to ensure a certificate of training contained the number of hours of the training program for 1 of 5 sampled staff (C.)

Findings:

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Caregiver C's personnel record revealed a hire date of . The record contained a certificate of training in nutrition and safe food handling that was dated . However, the certificate did not contain the number of hours of the training program, as required.

On at 3:10 pm, the administrator confirmed the findings.

Class

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

Based on observation, facility dietary record review and interview, the facility failed to ensure that dining menus were reviewed, signed and dated by a licensed dietician at least annually.

Findings:

Observation during a tour of the facility and dining at 9:45 AM revealed a menu for the day posted at the entrance of the dining . It listed only the foods available to residents on .

Review of the facility dietary records revealed a weekly menu signed by a license dietician, but there was no date available indicating when the menu was signed.

In an interview with the dietary manager on at 1:05PM, she confirmed she was unable to locate a dated menu.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on fire inspection report and interview, the facility failed to have a satisfactory fire inspection.

Findings:

Review of the fire inspection report dated revealed the fire Marshall noted there were fire and/or life safety hazards, which required the immediate attention. Each of the hazards indicated were in violation of the Orlando Fire prevention code. The re-inspection date was noted as .

On at 11:30 AM, the administrator confirmed the findings and stated all of the violations had been corrected and she was waiting to hear from the fire department for the re-inspection.

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Class III

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

Based on record review and interview the facility failed to ensure that 2 of 2 sampled resident records (2 & 3) reviewed contained all the required components that included an informed consent regarding assistance with self- administration of medications.

Findings:

Individual resident record review for residents #2 and #3, both who received assistance from unlicensed personnel. Continued review revealed no evidence to confirm a written informed consent regarding unlicensed staff assisting the resident with self-administered medications, would or would not be overseen by a nurse.

In an interview with the administrator at 4 PM, who said she did not have the documentation available.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on resident record review and interview, the facility failed to include a provision in the resident agreement contracts documenting that residents must have a health assessment by a licensed healthcare provider upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change for 2 of 2 sampled residents (#1 & 2).

Findings:

Review of the contract for resident #1 and resident #2 revealed their residency contracts, did not included a provision noting residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

In an interview on at 4:10 PM with the administrator, she confirmed the provision to update the health assessment was not in the contract.

Class

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

Based on observations, interview and the agency's background screening website, the facility did not initiate all Criminal history checks through the clearinghouse before employment.

Findings:

Review of the current staff schedule revealed staff B, C, D, G and H (caregivers) were listed and were employee for more than 10 days.

Review of the agency's background screening website on at 12 PM revealed they were not listed on the facility's background screening roster.

Further review of the agency's background screening website revealed staff B, C, D, G and H all had eligible background screening results.

On at 3 PM, the administrator confirmed the findings.

Unclassified

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

Based on personnel record reviews, review of the online Agency background screening website, and interview, the facility failed to ensure 1 of 5 staff (B) who required a background screening, had a new background screening conducted following a break in service of more than 90 days from a position that required screening.

Findings:

Caregiver B's personnel record contained a hire date of and an eligible background screening that was dated on . In addition, caregiver B's employment application indicated that she was employed as a housekeeper in another state from through . Therefore, she required a new background screening.

A review of the online Agency background-screening website on at 3:30 pm revealed caregiver B did not have a new background screening since .

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On at 4 pm, the administrator confirmed the findings.

Unclassified