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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Relicensure with Limited Mental Health (LMH) survey was conducted on , , 2018 at Johanna's Assisted Living Inc., License #11332. The facility had deficiencies identified 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 an interview, the facility failed to ensure the health assessments (AHCA Form 1823) were complete for 1 out of 2 sampled residents (Resident #1).

The findings included:

The health assessment for Resident #1 dated did not indicate whether or not the resident had "a communicable , which could be transmitted to residents or staff" by a box marked "yes/no" on page 2, section C. 1.

AHCA Form 1823 information was not complete on the form for this resident. The omitted information may be obtained orally from the health care provider and documented on the assessment by facility staff, with the name of the provider, name of facility staff recording the information, and the date the information was provided. The assessment did not have the omitted information obtained and documented. Staff B was notified of this finding during interview on at 2:00 PM. The facility provided no additional information for review at this time.

Class

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

Based on observation, record review and interviews, the facility failed to ensure unlicensed staff followed statutory guidelines for assisting with self-administration of medication for 1 out of 1 sampled residents (Resident #1).

The findings included:

On , the , 2018 MOR (Medication Observation Record) for Resident #1 was reviewed. The MOR showed that the resident was receiving a "PRN" or "as needed" dose of ".5 mg (, medication) every morning at 8:00 AM from through . The MOR also documents that

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the resident has been taking , and every day at 8:00 AM from through .

On at 10:35 AM, Resident #1 stated during interview that she does not take any medication, and will not take any medication until she "sees a doctor".

Staff A and B stated during interview on at 11:00 AM that the resident refuses all of her medication (3 prescribed medications). Staff A stated that she crushes all 3 pills and mixes them into the resident's food every day, so that the resident does not know that she is taking it. This includes the "PRN/as needed" dose of . Staff B states that this is what the facility staff have to do to get the resident to take the medication. During an interview with the resident's representative on at 4:00 PM, she stated that she was aware that the unlicensed staff at the facility were putting the resident's medication in her food without the resident's knowledge.

During a discussion with Staff A at 1:00 PM on , she stated she did not know the "PRN/as needed" medication ( ) could not be given to the resident unless the resident asked for the medication, and was cognizant of the reason for its use.

The resident's health assessment (AHCA Form 1823), dated , shows the resident requires "assistance with self-administration of medication". The assessment did not document , for Resident #1.

Florida Statutes, 429.256, notes that unlicensed staff are able to assist with "self-administration of medication". This assistance does not include the following:

a) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident; and

b) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

Therefore, the "as needed" medication for Resident #1, provided by Staff A (unlicensed staff member), was not given to the resident following regulatory guidelines. Additionally, the unlicensed staff putting the medication into the resident's food without the resident's knowledge was not within regulatory guidelines. These findings were discussed with the Assistant Administrator on at 2:00 PM.

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Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 6 out of 6 sampled residents (Residents #1-#6) who required assistance with self-administration of medication.

The findings included:

During review of the , 2018 MOR's at 9:00 AM on , the following omissions and errors were identified:

1) Resident #1
a. 8:00 AM doses for through were not initialed as given for , and .
b. "PRN" or "as needed" .5 mg was documented as given every day from through with no time noted for when the resident requested the medication.

2) Resident #2
a. 8:00 AM doses for through were not initialed as given for C, , , D3, , Nasal Spray, , , and Injection.
b. 5:00 PM doses for through were not initialed as given for , , and Injection.
c. 8:00 PM doses for through were not initialed as given for Injection, , Spray and .

3) Resident #3
a. 8:00 AM doses for through were not initialed as given for , , and .
b. 2:00 PM doses for through were not initialed as given for , .
c. 5:00 PM doses for through were not initialed as given for .
d. 8:00 PM doses for through were not initialed as given for , , , and .

4) Resident #4

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a. 8:00 AM doses for ... through ..... were not initialed as given for ,
..., ... D3, ..., ..., ..., ...
b. 8:00 PM doses for through were not initialed as given for .

5) Resident #5
a. 8:00 AM doses for ..... through ..... were not initialed as given for ..., ...
HCTZ and Carbido-Levo.
b. 2:00 PM doses for ..... through ..... were not initialed as given for Carbido-Levo.
c. 5:00 PM doses for through were not initialed as given for Mirilax.
d. 8:00 PM doses for ..... through ..... were not initialed as given for ..... and
.

6) Resident #6
a. 8:00 AM doses for ..... through ..... were not initialed as given for ..... ,
, , Clopidrogel, B- , , , and .
b. 7:00 AM doses for ..... through ..... were not initialed as given for ... Flex Pen
Injection.
c. 5:00 PM doses for ..... through ..... were not initialed as given for ... .
d. 8:00 PM doses for through were not initialed as given for .
e. .. D 50,000 units, to be given weekly on Saturdays, was documented as given every day from through at 8:00 AM.
f. ..... inhaler, provided as needed (PRN), had not been initialed by staff as provided on ..... .
During interview with Resident #6 at 12:15 PM, she stated she had received this inhaler from Staff C on
..... .

Staff A stated during interview at 10:00 AM on ..... that she had "forgotten" to document the medications given to the residents on the dates that she worked.

The Assistant Administrator was notified of these findings during interview on at 2:00 PM. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 2 out of 6 sampled residents (Residents #2 and

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#6), had specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

The findings included:

1) On at 10:00 AM, the 2018 MOR for Resident #2 was reviewed and listed " , Sucrets Lozenges and to be given PRN (as needed)". There were no instructions listed for when the resident was to receive this medication and for what reason.

2) On at 10:00 AM, the 2018 MOR for Resident #6 was reviewed and listed "Voltaren , gel to affect area PRN". There were no instructions listed for where the resident was to receive this medication and for what reason. Additionally, " inhaler" was listed to be given "PRN" without instructions for what reason the resident was to request and receive this medication.

These findings were discussed with the Assistant Administrator at 2:00 PM on . The facility provided no additional documentation for review at this time.

Class III

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

Based on interviews and record review, the facility failed to ensure a qualified Manager was designated for the operation of the Administrator's third facility.

The findings included:

On at 11:00 AM, the Assistant Administrator stated during interview that she was the "Assistant Administrator" and not the "Manager" for this facility. She stated she did not have CORE training. When asked who the Manager was for this facility, she stated that she supervised all 3 facilities that the Administrator operated. The other three staff scheduled on the staffing schedule for 2018 were direct care personnel (Staff A and C) and the Administrator. There was no information found to show that a qualified Manager with required CORE training was employed at this facility.

During review of the Agency's database, it was revealed that the designated Administrator for this facility is also listed as the Administrator of 2 additional ALFs (Assisted Living Facilities). The facility provided no additional documentation for review at this time.

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

Based on record review and a staff interview, the facility failed to ensure 3 out of 3 sampled employees (Staff A, B and C) had submitted a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable , including ( ) within 30 days of hire.

The findings included:

a) During record review for Staff A, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable could not be found. A statement dated , showing that the staff member had a negative reaction to a test, was the only health clearance statement found.

b) During record review for Staff B, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found.

c) During record review for Staff C, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found.

A request was made to the Assistant Administrator for the documentation on at 12:30 PM, but she was unable to locate this documentation at the time of survey. The facility provided no additional documentation of the required statements for review.

Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled unlicensed staff members (Staff B and C) who provided assistance with self-administered medications had successfully completed a minimum of 4 hours initial training and 2 hours of annual continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

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a) The personnel file for Staff B was reviewed for documentation of a minimum of 4 hours initial training and 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training available for review for this staff member hired on .

b) The personnel file for Staff C was reviewed for documentation of 4 hours of initial training on providing assistance with self-administered medications and safe medication practices in an ALF. There was no documentation of this training for this unlicensed resident aide who provided assistance with self-administration of medication to residents. Staff C was hired on .

Review of the , 2018 MORs (Medication Observation Record) for Residents #1-#6 was conducted with Staff A at 1:00 PM on . She identified the initials of Staff B on the residents' MORs and stated that both staff B and C provided medication to residents. Staff B's initials were the same two letters as Staff A's initials. Staff C's initials could not be identified on the , 2018 MORs. However, Staff C works 24 hour shifts on Tuesdays and Wednesdays (as noted on the work schedule), and is the only staff member present with residents during the evening scheduled medication pass. Resident #6 stated during interview at 12:15 PM on that Staff C had provided her with her Albuterol inhaler on . Staff A was unable to explain why Staff C's initials were not documented on the MORs for Tuesday and Wednesday night medication passes for the month of , 2018. Staff B verified with Resident #6 at 1:30 PM on that Staff C had provided her medication on . The facility provided no additional documentation for review at the time of the survey.

Class III

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

Based on record review and an interview, the facility failed to maintain a personnel file containing all required components for 1 out of 3 sampled staff (Staff B).

The findings included:

On at 11:00 AM, the personnel file for the Assistant Administrator (Staff B) was requested from her. She stated that her file was not available for review at the facility.

During personnel file review for Staff B, the following items were not available for review on :
a. Employment Application with references.
b. Documentation of compliance with all staff training and continuing education.

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The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that written informed consent for unlicensed staff to assist the resident with self-administration of medication was obtained and maintained on file for 1 out of 2 sampled residents (Resident #1); and, failed to maintain the recorded weights for 1 out of 2 sampled residents (Resident #3); and, failed to maintain [illegible] ( ) certification for 1 out of 1 sampled residents (Resident #3).

The findings included:

a) On [illegible] at 12:00 PM, the file for Resident #1 was reviewed and did not contain written informed consent for the resident to receive medication assistance from unlicensed staff. This consent was requested from the Assistant Administrator at 12:00 PM. There was no contract for services with this consent included or a separate consent form found in the resident's file.

b) On [illegible], Resident #3's record was reviewed. The recorded weights, to be done every 6 months, were not located in the resident's record.

c) On [illegible] at 10:15 AM, Resident #3 stated he received [illegible] payments. Review of the resident's record on this date revealed no certification of [illegible] payments by the Department of Children and Families.

These findings were discussed during interview with the Assistant Administrator on [illegible] at 2:00 PM. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure that the contract between the resident or the resident's representative and the facility was executed and maintained on file for 2 out of 2 sampled residents (Residents #1 and #3).

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The findings included:

On at 12:00 PM, the contracts for Residents #1 and #3 were requested from the Assistant Administrator.

1. There was no contract between the resident and the facility found in Resident #1's file.

2. Resident #3's record contained a partial contract that was missing the following information:
a. Whether or not the facility would hold a bed according to their "bed hold policy".
b. Services that would be provided by the facility, including Activities of Daily Living, Medication Assistance and a Special Diet.
c. Signatures of both the resident or the resident's represenative and a facility representative dated on or before admission.

These findings were discussed during interview with the Assistant Administrator on at 2:00 PM. The facility provided no additional documentation for review at this time.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interviews, the facility failed to maintain a Comprehensive Emergency Management Plan approved by the county.

The findings included:

On ...../18 at 11:00 AM, the Assistant Administrator stated during interview that she did not know if the facility had an approved Comprehensive Emergency Management Plan.

On ..... at 8:00 AM, a county representative stated that the plan that was submitted to the county required corrections. The last date that the facility was notified of the need for corrections to the plan was in a letter dated ..... A corrected plan had not been received and approved as of .....
The plan is approved by the county for one (1) year, with the requirement that the facility resubmit the plan at least annually. The facility provided no additional documentation for review at this time.

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L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and an interview, the facility failed to maintain a Community Living Support Plan (CLSP) and Agreement ( ) for 1 out of 1 sampled Limited Mental Health (LMH) residents (Resident #3); and, failed to clearly identify 1 out of 1 sampled residents (Resident #1) as an LMH resident on the admission and discharge log.

The findings included:

On at 11:00 AM, the file for Resident #3 was reviewed. The file did not contain a CLSP/ for this resident who receives , , , ( ) payments and is designated as a LMH resident. The CLSP is required to be updated annually.

A request was made to the Assistant Administrator for Resident #3's CLSP. She stated she did not know if the resident had a CLSP/ , and provided the contact phone number for the resident's caseworker.

Review of the admission and discharge log revealed no indication that Resident #3 was an LMH resident. This was discussed with the Assistant Administrator during interview at this time.

There was no CLSP/ located in the resident's file. Resident #3 was not clearly identified as an LMH resident on the facility's admission and discharge log. The facility provided no additional documentation for review at this time.

Class

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

Based on record review and an interview, the facility failed to ensure 1 out of 1 sampled staff (Staff B) had completed a minimum of 6 hours of training in Limited Mental Health (LMH) within 6 months of hire. This training is required for facilities that maintain a LMH specialty license.

The findings included:

On at 11:00 AM, the personnel files for current staff were requested from the Assistant Administrator (Staff B). She stated that her file was not available for review at this time, including all training certificates. Staff B's date of hire is . There was no documentation of a minimum of 6

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hours of training in LMH completed within 6 months of hire available for review for Staff B. The facility provided no additional documentation at this time.

Class III