STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968527	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **SWEET ALICE'S PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2317 W25TH STREET** **JACKSONVILLE, FL 32209**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

On , 2018 a biennial licensure survey was conducted at Sweet Alice's Assisted Living Facility (License #12521). Deficient practice was identified during the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview the facility failed to obtain a Health Assessment form (1823) within 60 days of admission or 30 days after admission for 1 of 4 sampled residents (Resident #4).

The findings include:

The clinical record for Resident #4 was reviewed on , showing an admission date of . The 1823 form for Resident #4 was dated .

During an interview with the Administrator on at 2:30 pm, he stated he was unaware that the health assessment for Resident #4 had been completed more than 60 days prior to his admission. He confirmed he had not gotten a new 1823 since the assessment done on .

Class III

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

Based on resident interview, record review, staff interview and observation the facility failed to include a Residents' Bill of Rights in the admission packet for 4 out of 4 sampled residents. The facility failed to develop a policy and procedure for the coordination of the delivery of third party services.

The findings include:

During an interview with Resident #3 on at 9:35 am he was asked if he understood his rights as a resident of an assisted living facility. He was not able to his rights or how to exercise his rights. No copy of the Residents' Bill of Rights was observed in his .

During a tour of the facility at 9:40 am, 10:55 am and 6:50 pm, no personal copy of the Residents' Bill of Rights was observed in the residents' .

A review of the admission packet for each of the four residents in census revealed no copy of the

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Residents' Bill of Rights. Facility records also did not contain policies and procedures for the delivery of third party services.

During an interview with the administrator on at 2:30 pm he stated that he did not give the residents a copy of the Resident's Bill of Rights, but it is posted in the facility. He did not know it was to be included in the admission documents. He stated he did not have a policy and procedure for the delivery of third party services. He did not know he needed one.

During an interview with Employee B at 6:45 pm on , she stated that she did not think the residents had received a copy of the Residents' Bill of Rights. She had never seen a copy in the residents' she was cleaning or picking up laundry, etc. There are third party providers that come to the facility. They do verbally communicate to her the status of the residents with whom they are working. She thought they document in the clinical file, but she was not sure.

Class III

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

Based on record review, observation and staff interview, the facility failed to contact the provider to obtain revised instructions for use for a medication that was labeled "as needed" for one resident (#2) out of one sample resident for medication pass.

The findings include:

An observation of Employee B (a medication technician) assisting with medications was completed on at 7:00 pm. Employee B prepared the 50 mg for Resident #2. The label on the medication card and the Medication Observation Record (MOR) read: Take one tablet by mouth once daily at bedtime as needed. The MOR did not contain any other instructions for the unlicensed personnel.

Observed Employee B assist Resident #2 with self-administration of the 50 mg at 7:00 pm. The resident took the medication with water. Employee B signed off the MOR to indicate the medication was given. Observation of the MOR for 2018 indicated that the resident had received the medication every evening at 8:00 pm.

During an interview with Employee B on at 7:05 pm, she stated that she gives Resident #2 the medication every evening at 8:00 pm. In an attempt to review the physician's order to determine

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parameters, she stated she did not have the physician's order but knew the medication should be given every evening at bedtime.

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 1 of 2 sampled employees (the Administrator) had annual documentation of a negative examination.

The findings include:

A review of the Administrator's personnel file was conducted on . There was no evidence to show that Employees A had annual documentation of a negative examination.

The last documented test was dated . The result was negative.

During an interview with the Administrator on at 11:30 am he stated he did not have an updated test in the last year. He knew he needed to have one.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on employee record review and staff interview the facility failed to ensure the administrator had core training and testing repeated after failing to meet the minimum requirements for continuing education.

The findings include:

A review of the employee record for the administrator revealed no proof to 12 hours of continuing education in topics related to assisted living facilities every two years. The last inservices on record was completed on . There was no evidence in the record he took core training and testing after failing to have 12 hours of continuing education.

During an interview with the administrator on at 2:30 pm, he stated that he did not have 12

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hours of continuing educations hours in topics related to assisted living facilities. He stated he was going to take the training's this week. He stated he knew he needed the hours.

Class III

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

Based on personnel file review and staff interview the facility failed to ensure all employees who worked directly with the residents and who might be working alone in the facility maintain their certification in First Aid and ( ) for two of two sampled employees (Administrator and Employee B).

The findings include:

A review of the personnel file for Employee A revealed no evidence of a current certification for First Aid and . The last certification received expired on (photographic evidence obtained).

Review of the personnel file for the Administrator revealed no evidence of a current certification for First Aid and . The last certification received expired on (photographic evidence obtained).

During an interview with Employee B, she stated she knew that she needed to have the training again. She confirmed that she stays at the facility around the clock and if she needs time off the administrator covers for her. There are no other employees at this facility at the time of the survey.

During an interview with the Administrator on at 2:30 pm, he stated he knew his First Aid and training had expired. He knew either himself or Employee B had to have a valid certificate to be in the facility with the residents. He knew he could not be alone in the facility without having had the training and a current certification.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on employee record review and staff interview the facility failed to ensure the administrator or food service designee had 2 hours of continuing education annually.

The findings include:

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A review of the employee record for the administrator revealed no proof of continuing education for food service annually.

During an interview with the administrator on at 2:30 pm he stated he did not have any training in the last year for food service. He stated he is the food service designee and he knew he needed it.

Class III

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

Based on observations, resident interviews, staff interviews and facility document review, the facility failed to maintain a safe and sanitary living environment for two of the four residents (#2 and #3) of the facility.

The findings include:

Resident #3 stated in an interview at 9:15 am on that there were problems with the physical environment of the facility. He stated he wished the staff would make the necessary repairs.

During the initial tour of the facility on from 9:30 am until 10:00 am, it was observed that the door to the Residents #2 and #3 was in disrepair. The doorframe was split from the top to the bottom. The door was hanging off the hinges. It was propped up against the wall. An exposed nail was observed at the top of the doorframe. The shower and toilet were not clean and stained. The walls of the the toilet and under the grab bar were cracked, exposing the wall behind. The tile on the floor was cracked. The was not draining and water was standing in it. Resident #3's bed box spring was in disrepair and was observed to be sagging down, nearly touching the floor. The wall of the a dried on brown liquid stain. The baseboards were covered with a film of dust (photographic evidence obtained).

During an interview with Employee B on at 10:10 am, she stated that she was aware of the in Resident #2's and #3's . She stated that she has told the administrator about it but he has not fixed it yet. She did not know why. She stated she cleans the facility when she has time between all of her other duties. She is hoping that the administrator will hire another staff member so some of these duties can be done on a regular basis.

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During an interview with the administrator on at 2:30 pm, he stated he has a new boxspring for Resident#3's bed. He just has not had time to replace it yet. He was aware of the in Resident #2's and #3's . He was not aware of the sink being stopped up or the cracks in the walls. He stated the property owner did not want him to fix the door until she could have the termite company she contracted with come to the facility and give her an estimate for the repairs. He stated that she wanted to work it out with them first. He was not sure how long the door had been in disrepair.

Class III

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

Based on record review and staff interview the facility failed to maintain an up-to-date admission and discharge log.

The findings include:

During a review of the facility records, the admission and discharge log was requested for review. Employee B stated that she did not have an admission and discharge log.

During an interview with the administrator on at 2:30 pm, he stated the facility does not have an admission and discharge log. He knew that the facility was supposed to have one and stated that he would develop one.

Class III

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

Based on record review and staff interview the facility failed to ensure the resident contract contained a refund policy and a 30-day notice of a rate increase for 2 of 2 contracts reviewed (Resident #1 and #2).

The findings include:

A review of the contracts was completed for Residents #1 and #2 on . The contracts did not contain a refund policy and a 30-day notice of a rate increase.

During an interview with the administrator on at 2:30 pm, he stated that he had recently removed some of the sections of the resident contract because it was so large and he wanted to simplify it. He did not realize that the contract did not contain a refund policy or a 30-day notice of a rate

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increase.

Class III