STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966403	**07/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATTS GUARDIAN CARE INC.	**7217 EUDINE DRIVE NORTH JACKSONVILLE, FL 32210**

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

0000 - Initial Comments

A complaint investigation (CCR #2018003478,) was conducted at Watts Guardian Home (License #10622) on . . . . . Deficiencies were identified.

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

Based on resident interview, clinical record review and staff interview the facility failed to ensure a health assessment (form1823) had been completed either 60 days prior to admission or 30 days after for 1 resident (#3) out of 3 sampled residents.

The findings include:

During an interview with Resident #3 on at 3:30 pm, he stated he had lived at this facility since . , . , 2018.

Review of the health assessment form dated . . revealed the form was two years old. No other health assessment was found in the Resident's file.

During an interview with Employee A on at 5:05 pm, she stated that she knew that the health assessment was not current. She stated that the administrator knew it as well and was working to get a new one for him through the Veteran's Administration who provided his health care.

During a telephone interview with the administrator on at 10:16 am, she stated that she was aware that Resident #3's health assessment was dated . . . . . She thought when he moved in that it was a mistake and should have read 2018 as the year. She stated Resident #3 will take the form to his doctor the next time he goes and get it updated.

Photographic Evidence Obtained

Class III

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

Based on resident interviews, staff interview, facility document review and observations the facility failed to follow the menu developed and reviewed by a registered dietician to ensure the meals meet the nutritional standards established in Statute. The facility failed to maintain a substitution log of the menu

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SUMMARY STATEMENT OF DEFICIENCIES
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for 6 months.

The findings include:

During an interview with Resident #2 on at 3:40 pm, he stated he gets enough to eat. He stated, "We get too much really."

During an interview with Employee A on at 3:50 pm, she took the menu down off the wall. She read it and then stated she does not follow the menu. She was not sure which week she should be following. She does not measure the food according to the menu and she does not keep a substitution log. She stated she was preparing pork chops with gravy, left over chicken from Sunday's meal, dressing made from bread, canned mixed vegetable, jellied cranberry sauce and a dinner roll. She was observed to be preparing the meal from 3:45 pm until it was served at 4:25 pm.

Review of the menu for week one Monday evening meal read: Baked codfish, Au gratin potatoes, spinach, slice of bread/dinner roll, ½ cup canned/1 piece fresh fruit, low fat milk, beverages, condiments. Review of the menus revealed no meal with pork chops as the protein option. The meal for Sunday was beef pot roast, not chicken, rice and steamed cabbage.

The evening meal was observed from 4:25 pm until 5:00 pm. It consisted of pork chops, dressing, gravy, mixed vegetables from a can, jellied cranberry sauce, a crescent roll and left over pulled chicken. The beverage appeared to be a red-colored flavored drink. No milk was offered. No fruit was offered. The food was plated by Employee A and Resident #1 put the plates on the table.

The amount of food on the plates appeared to be more than the allotted amount on the menus approved by the dietician. Employee A did not use any specific utensils to measure the amount of food she was apportioning. The residents were called to come and eat. All resident ate at the dining except for Resident #5 who sat in a chair in the living a television tray table in front of her. All ate 80-100% of the food.

During a telephone interview with the administrator on at 10:16 am, she stated that she was aware that Employees A was not following the menus as planned by the dietician. She has asked her to write down what foods she does prepare. She was aware that there was no substitution log.

Photographic Evidence Obtained

Class III

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

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

Based on employee record review, staff schedule review and staff interview the facility failed to ensure two employees (A and B) were listed on the employee roster on the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse website.

The findings include:

An employee record review for Employees A and B was conducted on . Employee A's date of hire was . Employee B's date of hire was .

Review of the staff schedule for the month of 2018 revealed Employee B worked on Sundays from 8:30 am until 11:30 am. Employee A lived in the facility and was scheduled the rest of the time.

During an interview with Employee A, she stated she was hired on . She stated that Employee B had come in on Sundays during so that she could go to church. She was left alone with the residents from 8:30 am to 11:30 am.

A review of the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse website was reviewed for accurancy on at 11:00 am and no other names besides the administrator had been added.

During a telephone interview with the administrator on at 10:16 am she stated that she was aware that Employees A and B were not on the employee roster. She confirmed that Employee B had worked the Sundays of 2018 for a few hours so Employee A could go to church. She was aware that she had ten days to put them on the roster after they were hired. She had viewed the Agency for Healthcare Administration Care Provider Background Screening Clearinghouse website this morning and could see she was the only employee listed.

Photographic Evidence Obtained

Unclassified

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

Based on employee record review, staff schedule review, review of the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse website and staff interviews

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SUMMARY STATEMENT OF DEFICIENCIES
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the facility failed to ensure one employee (B) had a Level II background screening prior to working directly with the residents.

The findings include:

An employee record review for Employees B was conducted on . Employee B's date of hire was . Review of the employment application for Employee B indicated her last employment ended in .

Review of the staff schedule for the month of 2018 revealed Employee B worked on Sundays from 8:30 am until 11:30 am.

A review of the Agency for Healthcare Administration (AHCA) Care Provider Background Screening Clearinghouse website had no screening request for Employee B found on the website.

During an interview with Employee A, she confirmed that Employee B had come in on Sundays during so that she could go to church. She was left alone with the residents from 8:30 am to 11:30 am.

During a telephone interview with the administrator on at 10:16 am, she confirmed that Employee B had worked the Sundays of 2018 for a few hours so Employee A could go to church. She stated she had submitted a background screening for Employee B but did not see it on the website. She thought she had one from a prior employment that she could use. She was informed that the employment application for Employee B indicated her last employment ended in , which would be longer than 90 days from the date she hired her. She stated she understood that she needed to be re-screened.

Photographic Evidence Obtained

Unclassified