STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	R 07/10/2018
NAME OF PROVIDER OR SUPPLIER **ELMCROFT OF CARROLLWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **2626 WEST BEARSS AVENUE** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to 04/30/18 Change of Ownership Survey in conjunction with a Revisit to 04/30/18 Complaint Survey (CCR#: 2018003328 and 2018002523) in conjunction with a Complaint Survey (CCR#: 2018005192) was conducted at Elmcroft of Carrollwood Assisted Living Facility on . . . . . Elmcroft of Carrollwood had deficiencies at the time of survey.

(License#: 9981)

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

Based on record review and interview, the Facility failed to obtain a completed Agency for Health Care Administration Health Assessment Form 1823 (AHCA 1823) for three Residents (#7, 8 and 15) of four sampled residents within sixty days before admission or thirty days after admission to the Facility.

Findings Included:

A review of Resident #7's AHCA 1823, conducted on , revealed that Resident #7's AHCA 1823 had a date of . . . . The Facility did not obtain a new AHCA 1823 for Resident #7 when a significant decline in condition warranted admission to Hospice services on . Resident #7's AHCA 1823 dated . . . . had the following missing required data:
- Hospice required nursing services was not listed on page one
- Page two was not available in Resident #7 record for review and therefore no required data on page two documented
- Section three on page five did not have any services that Resident #7 required listed or attached.

A review of Resident #8's AHCA 1823, conducted on , revealed that Resident #8's AHCA 1823 dated . . . . . did not contain the following required data:
- Resident #8 medications were not listed or attached
- Section three on page five did not have any services that Resident #8 required listed or attached
- Section three on page five was not available in Resident #8 record and no services Resident #15 required were listed or attached.

A review of Resident #15 AHCA 1823, conducted on . . , revealed that Resident #15 AHCA 1823

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did not have a date of the examination and did not contain the following required data:
- Resident #15 medication were not listed or attached
Resident #15 required a specialized diet (, Control) due to diagnosis of .

During an interview with the Assistant Director of Nursing conducted on at 12:00pm, the Assistant Director of Nursing acknowledged and confirmed the missing required data from Resident #7 and #15 AHCA 1823s. A further interview at 04:15pm, the Assistant Director of Nursing acknowledged and confirmed Resident #8's 1823 did not have all required data.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Facility failed to:
1. Obtain a face-to-face medical examination by a health care provider after a significant change in condition (an admission to Hospice services); and,
2. Obtain an interdisciplinary care plan, which specifies the services provided by hospice and those provided by the facility and agreed upon by Hospice, the Facility, and the resident (or Responsible Party) for one Hospice Resident (#7) of one sampled Hospice resident.

Findings Included:

A review of Resident #7's Agency for Health Care Administration Health Assessment Form 1823 (AHCA 1823), conducted on , revealed that the Facility did not obtain a new AHCA 1823 when Resident #7 had a significant decline in condition warranting admission to Hospice services on . The AHCA 1823 in Resident #7's record had a date of .

A review of Resident #7's Interdisciplinary Care Plan between Hospice and the Facility, conducted on , revealed that there was no indication of ambulation, transfer, and positioning assistance Resident #7 required. The Interdisciplinary Care Plan did not contain signatures of all parties (Hospice, the Facility, and the Resident (or Responsible Party) to indicate agreement on the services provided to Resident #7.

During an interview with the Assistant Director of Nursing, conducted on at 11:34am, the Assistant Director of Nursing stated that Resident #7's AHCA 1823 dated was the only one in Resident #7's record. The Assistant Director of Nursing phoned Hospice during survey to obtain an Interdisciplinary Care Plan for Resident #7 to include all care and services that Resident #7 required.

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Class III

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

Based on record review and interview, the Facility failed to immediately update Medication Observation Records (MORs) each time a medication was offered to eight Residents (#6, #9, #10, #12, #15, #16, #19, and #20) of eight sampled residents who need assistance with self-administration of medication.

Findings Included:

A MORs review for Resident #6 conducted on revealed that the Facility did not immediately update Resident #6 MORs each time a medication was offered to Resident #6. The following medications were not documented as given to Resident #6:
- 100,000 Units/ml Suspension not documented as given on through at 08:00am and 12:00pm.
- / 7.5mg/325mg not documented as given on at 12:00am and 06:00pm.
There was no documentation of reasons explained that these medications were not given on the back of Resident #6's MORs. There were no orders to hold these medications in Resident #6's record.

A MORs review for Resident #9 conducted on revealed that the Facility did not immediately update Resident #9's MORs each time a medication offered to Resident #9. The following medications were not documented as given to Resident #9:
- 50mg not documented as given on at 08:00am.
- not documented as given on at 08:00am.
- 5mg not documented as given on at 08:00am.
There was no reason explained that these medications were not given on the back of Resident #9 MORs. There were no orders to hold these medications in Resident #9 record.

A MORs review for Resident #10 conducted on revealed that the Facility did not immediately update Resident #10's MORs each time a medication offered to Resident #10. The following medications were not documented as given to Resident #10:
- Dis 12mcg/hr patches not documented as given on . The Facility did not document the site that each medication patch placed as per the medication order.
- 20mg not documented as given on .
- 145mg not documented as given on .
- 100mg not documented as given on & at 05:00pm.

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- 10mg not documented as given on & .
- , 30mg not documented as given on & .
- 300mg not documented as given on .
- , 100mg not documented as given on .
- , 1mg not documented as given on at 08:00pm.

There were no reasons explained that these medications were not given on the back of Resident #10's MORs. There were no orders to hold these medications in Resident #10 record.

A MORs review for Resident #12 conducted on revealed that the Facility did not immediately update Resident #12's MORs each time a medication offered to Resident #12. The following medications were not documented as given to Resident #12:

- , Solution 0.005% Eye Drops not documented as given on & .
- not documented as given on .
- , 40mg not documented as given on , , & .

There were no reasons explained that these medications were not given on the back of Resident #12's MORs. There were no orders to hold these medications in Resident #12 record.

A MORs review for Resident #15 conducted on revealed that the Facility did not immediately update Resident #15's MORs each time a medication offered to Resident #15. The following medications were not documented as given to Resident #15:

- , 0.25mg not documented as given on & .
- 20mg not documented as given on & .
- 25mg not documented as given on & at 05:00pm.

There were no reasons explained that these medications were not given on the back of Resident #15's MORs. There were no orders to hold these medications in Resident #15 record.

A MORs review for Resident #16 conducted on revealed that the Facility did not immediately update Resident #16's MORs each time a medication offered to Resident #16. The following medications were not documented as given to Resident #16:

- 100mg not documented as given on at 09:00pm.
- 50mcg Nasal Spray not documented as given on at 09:00pm.
- 50mg not documented as given on at 05:00pm.

There were no reasons explained that these medications were not given on the back of Resident #16 MORs. There were no orders to hold these medications in Resident #16 record.

A MORs review for Resident #19 conducted on revealed that the Facility did not immediately

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update Resident #19 MORs each time a medication offered to Resident #19. The following medications were not documented as given to Resident #19:
- 40mg not documented as given on at 08:00am.
- 25mg not documented as given on at 08:00am.
There were no reasons explained that these medications were not given on the back of Resident #19 MORs. There were no orders to hold these medications in Resident #19 record.

A MORs review for Resident #20 conducted on revealed that the Facility did not immediately update Resident #20 MORs each time a medication offered to Resident #20. The following medications were not documented as given to Resident #20:
- 40mg circled as not given on and at 08:00am and 05:00pm; and, on at 08:00am.
- Bicarb 325mg circled as not given through at 08:00am and 05:00pm; and, on at 08:00am.
There were no reasons documented on the back of Resident #20 MORs explaining why these medications were not given. There were no orders found in Resident #20 record to hold these medication.

During an interview with the Assistant Director of Nursing, conducted on at 12:00pm, the Assistant Director of Nursing acknowledged and confirmed the missing documentation on Resident #6, #9, #10, #12, #15, #16, #19, and #20 MORs.

Class III

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

Based on record review, observation and interview the facility failed to ensure for 1 (C) of 6 reviewed staff records, that documentation was available for review to indicate the employee had attended a 4-hour training for
assistance with self administration of medication.

Findings Included:

During a review of employee records it was revealed that staff C 's hire date was . Staff C's title was medication technician (med tech) and was observed passing medication on during survey.

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Staff C's record did not have proof of completing a 4 hour medication training or a 2 hour update. The Business Office Director reviewed the employee's files on the date of survey and could not provide any documentation that the med tech had attended a 4 hour training. The Director stated she knew the employee had the training but did not have the required certificate available for review.

Class III