STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969084	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **LAKE HENDON ESTATE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 CARSON ST** **SAINT CLOUD, FL 34771**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health (LMH) was conducted on . Lake Hendon Estate Assisted Living had deficiencies at the time of the visit.

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

Based on record review and interview the facility failed to ensure 2 of 2 staff (A and C) obtained a healthcare provider statement that indicated freedom from communicable including ( ).

Findings:

1. Personnel record review for staff A, hired revealed a healthcare provider statement dated that indicated freedom from communicable including . The statement was more than 6 months prior to employment at the facility.

2. Personnel record review for staff B, hired revealed no evidence to confirm she obtained a healthcare provider statement that indicated freedom from communicable including .

In an interview with the owner on at 4 PM, who confirmed the findings

Class III

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

Based on personnel record review and interview the administrator (D) failed to have evidence to confirm completion of 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Personnel record review on for staff D, the administrator, hired revealed no evidence to confirm she attended a total of 12 hours as required. She attended the ALF Core in .

In an interview with the owner on at 4 PM, who confirmed the findings.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on observations and interviews the facility did not provide or arrange for 2 of 4 sampled staff (A and D) to receive the mandated in-services training.

Findings:

1. Personnel record review for staff A, hired was caregiver and served and prepared food revealed. There was no evidence to confirm the staff received /attended an in-service training regarding Resident rights in an assisted living facility and a minimum of 1-hour-in-service training in safe food handling practices. There was no evidence she attended the ALF Core training and was therefore except from this training.

Personnel record review for staff D, the administrator, hired revealed no evidence to confirm the staff received /attended an in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and an in-service regarding the facility's resident elopement response policies and procedures.

In an interview with the owner on at 4 PM, who confirmed the findings.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure a staff member who had completed courses in First Aid and and held a currently valid card documenting completion of such courses was in the facility at all times when residents were present.

Findings:

Staff schedule dated 7/1, 7/2. 7/5, 7/8, 7/9 and revealed staff B worked the 3 -11 shift as a sole caregiver.

In an interview on at staff B, a caregiver stated she worked from 3PM to 11PM.

Personnel record review for staff B revealed no evidence to confirm she had current First Aid certification. She had evidence of current with a renewal date of 2020.

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In an interview with staff B on at 3:45 PM who said, she had taken a First Aid class and had the certificate at home.

The owner and the staff were given an opportunity to submit the First Aid certification by e-mail by closing of business on . An e-mail was not received.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on interviews and record review the facility failed to ensure the person in charge of food services completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

Findings:

Personnel record review for the administrator (D), hired revealed no evidence to confirm she completed 2 hours of continuing education annually in topics pertinent to nutrition and food service yearly.

In an interview with the owner on at 2:30 PM who stated the administrator was in charge of the day-to-day food service and she did not have a certificate of training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on observations and interviews the facility did not provide or arrange for 1 of 4 sampled staff (D) to receive a one-hour in-service training regarding the facility's ( ).

Findings:

Personnel record review for staff D, the administrator, and hired revealed no evidence to confirm the staff received /attended an in-service training regarding the facility's .

In an interview with the owner on at 4 PM, who confirmed the findings

Class III

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

Based on record review and interview, the facility failed to ensure 1. Menus were dated and planned at least 1 week in advance for both regular and therapeutic diets. 2. Regular and therapeutic menus as served, with substitutions noted before or when the meal was served and kept on file in the facility for 6 months

Findings:

Observations on at 11:30 AM noted week 2 menu posted. The menu listed chef choice casserole (w/meat/potatoes/rice/noodles/Biscuit), Angel food cake and coffee /milk/tea

Observations on at 12:15 noted the menu served: Shepherd's pie w cheese, Angel food cake w/ strawberries and beverage of choice.

Review of the facility menus revealed a set of a 4-week cycle menu that were not dated for the week in use, nor was there a separate list that listed the weeks the menus were used or planned.

Staff A stated on at 1 PM that she followed the weeks of the menu with the weeks of the months.

In an interview with the owner on at 4 PM, who confirmed the findings

Class III

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

Based on observations, record review and interview the facility failed to ensure that 1 of 2 resident records (#4) reviewed contained all the required components that included documentation of the existence of a power of attorney (POA) and any orders for medications.

Findings:

In an interview on at 12 PM, with resident #4's daughter who stated she was the resident's POA.

Resident record review for resident #4 a healthcare provider visit dated that indicated diagnoses of high , ; was on , and . Electronic ordered , not dated indicated 0.1 mg take 1 tab as needed for , over twice daily as needed. The Medication

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Observation Records for , , and , did not list . The review revealed no evidence that a healthcare provider discontinued the medication. Continued record review revealed the resident's daughter signed the resident's contact as her Power of Attorney. Continued review revealed no documentation regarding the existence of a POA.

Review of the resident's medication revealed was not among her current medications.

In an interview with the owner on at 4 PM, who confirmed the findings regarding the POA paperwork? She added that she though the was discontinued, but she was unable to locate the order.

Class III

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

Based on record review and interview the facility failed to ensure 2 of 2 sampled residents (#2 and 4) contracts contained all the required information.

Findings:

Individual resident record review for residents # 2 and 4 revealed the contracts did not contain:

A refund policy that conforms to Chapter 429.24(3), F.S;

A provision stating whether the facility is affiliated with any religious organization and , if so, which organization and its relationship to the facility;

A provision that, upon determination by the administrator or health care provider that the resident needed services beyond those that the facility was licensed to provide, the resident or the resident's representative, or agency acting on the resident's behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in Section 429.26(8), F.S., will take effect.

A provision that 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, pursuant to subsection (4) of that rule.

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The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products.

The facility's policies and procedures related to a properly executed DH Form 1896,

In an interview with the owner on at 4 PM, who confirmed the findings

Class III

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

Based on interview and record review the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 of obtaining the initial licensure and yearly thereafter.

Findings:

In an interview with the owner on at 11 AM who said the plan was submitted in 2016 and a response was never received from the Osceola County Emergency Management. She had made several attempts and got nowhere. She provided a letter dated that indicated the facility' s CEMP was submitted. She added that she would go to the Emergency Management Office and request the letter in person.

She was given the opportunity to e-mail the letter by at closing of business. An e-mail was not received.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure that 3 of 4 staff (A, B and D) completed the Limited Mental Health (LMH) training within 6 months of hire.

Findings:

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1. Personnel record review for staff A, hired and caregiver revealed no evidence she attended the required 6-hour training regarding in working with individuals with mental health diagnoses.

2. Personnel record review for staff C, hired and was a caregiver revealed no evidence she attended the required 6-hour training regarding in working with individuals with mental health diagnoses.

3. Personnel record review for staff D, the administrator and was a caregiver revealed no evidence she attended the required 6-hour training regarding in working with individuals with mental health diagnoses.

In an interview with the owner on at 4 PM, who confirmed the findings and said that the facility would not re-apply for LMH.

Class III