STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	**07/30/2018**
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018007465 and 2018007672) was conducted at Cottages of Port Richey (The) on . Cottages of Port Richey (The) had deficiencies at the time of the investigation.

(License #5993)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure that residents' healthcare provider, family, or power of attorney (POA) were notified when residents sustained for two (Resident #1 and #3) of three residents sampled.

Findings included:

A record review conducted on of the facility Occurrence Reports revealed that Resident #1 had on at 3:00 am, at 8:00 am, and at 11:00 am. The occurrence reports did not indicate that the family, power of attorney (POA) or physician were notified of Resident #1's . In addition, a review of Resident #1's medical record (Nursing Notes) revealed a lack of documentation of the on at 3:00 am, at 8:00 am and at 11:00 am and a lack documentation that the family, POA, or physician were notified of Resident #1's (photographic evidence obtained).

A record review conducted on of the facility Occurrence Reports revealed that Resident #3 had a on at 6:fpm. The Occurrence Report did not indicate that the family, POA, or physician were notified of Resident #3's . In addition, a review of Resident #3's medical record (Nursing Notes) revealed a lack of documentation of the on at 6:fpm and a lack of documentation that the family, POA, or physician were notified of Resident #3's (photographic evidence obtained).

During an interview conducted with the Administrator on at 1:5, the Administrator acknowledged and confirmed that the Occurrence Report and Nursing Notes for both Residents #1 and #3 did not indicate that the family, POA, or physician were notified of Resident #1 and #3's . The Administrator stated that the Occurrence Report is the facility's incidents log. If it's on the Occurrence Report it should also be in the Nurse's Notes in the chart and family should have been contacted.

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

During an interview conducted with the Resident Care Director on . . . . . at 1:5, the Resident Care Director acknowledged and confirmed that the Occurrence Report and Nursing notes for both Residents #1 and #3 did not indicate that the family, POA, or physician were notified of Resident #1 and #3's . The Resident Care Director stated ""I know the charting for Resident #1 and Resident #3 isn't up to date and it doesn't show that family or Medical Doctor (MD) was called, but it is our protocol to call family and the MD. It's me and 80 residents and I wasn't able to do it yet."

Class III

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

Based on record review and interview, the facility failed to maintain an admission/discharge log that included complete discharge information for one (Resident #4) of three former residents sampled.

Findings included:

A review of the facility's admission/discharge log was conducted on . . . . . The review of the admission /discharge log showed no discharge date, reason for discharge, or identification of the facility or home address to which the former resident (Resident #4) was discharged to (photographic evidence obtained).

An interview was conducted with the Administrator at 3:10 PM on . . . . . concerning the incomplete discharge information regarding Resident #4. The Administrator reviewed the admission/discharge log and acknowledged that there was no discharge date or other required discharge information noted.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

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

Based on record review and interview, the facility failed to ensure that one (Staff D) of three sampled direct care staff members had Level II background screenings determining that they were eligible to work in an assisted living facility.

Findings included:

A record review of Staff D's personnel record revealed that they were hired on . . . . . Staff D was currently scheduled on the 3pm-11pm shift to provide direct care services to the facility's residents. A review of Staff D's background screening showed a completion date of . . . with an eligibility determination of "not-eligible" (photographic evidence obtained).

During an interview conducted with the Administrator on . . . . . at 12:36pm, the Administrator acknowledged and confirmed that Staff D's background screening with a completion date of . . . had an eligibility determination of "not-eligible." The Administrator stated that the employee was not eligible. They stated that the employee was working at the facility about 2 weeks.

Unclassified