STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	**09/10/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD** **ZEPHYRHILLS, FL 33540**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to maintain an eligible background screening (BGS) and an up-to-date signed Attestation of Compliance (AoC) in all employees' personnel file for two Staff (A and B) of four sampled Staff.

Findings Included:

An employee record review for Staff A, conducted on . . . . . , revealed an expired BGS eligibility dated . There was no signed AoC in Staff A's employee record. Staff A was hired on .

An employee record review for Staff B, conducted on . . . . . , revealed an expired BGS eligibility dated . Staff B was hired on .

During an interview with the Administrator, conducted on . . . . . at 01:55pm, the Administrator acknowledged and confirmed both BGSs for Staff A and B were expired. The Administrator also confirmed Staff A's AoC was not in the employee's record.
Unclassified

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0000 - Initial Comments

Assisted Living Facility

A Complaint Survey (CCR#: 2018009862) was conducted at American House Zephyrhills Assisted Living Facility on . American House Zephyrhills Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 12384)

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

Based on observation, interview and record review for four Residents (#1, #2, #3, and #4), the facility failed to:
(1) Obtain an updated face-to-face health assessment (AHCA 1823) after a significant change in condition warranted admission to Hospice services;
(2) Obtain care and services necessary to meet the needs for continued residency; and,
(3) Maintain an updated Interdisciplinary Care Plan ( ) specifying those services provided by Hospice and those service provided by the Facility.

Findings Included:

A record review for Resident #1, conducted on , revealed that Resident #1 had documented unwitnessed on at 04:03am; and, on at 12:29am. There were no documented intervention/prevention measures put in place to reduce the risk of Resident #1 from falling. Resident #1's AHCA 1823 dated stated that Resident #1 'needs cannot be met in an Assisted Living Facility'. The date of Resident #1 AHCA 1823 had not occurred on the date of survey ( ) and the AHCA 1823 date was (See Photographic Evidence6). Resident #1wasadmitted to the Facility on ; and admitted to Hospice services on . Resident #1 AHCA 1823 did not state that Resident #1 required nursing, treatment, and/or , , services of Hospice on page one. On page one, the AHCA 1823 stated, 'needed medication administration' but on page four it stated that Resident #1 'needed assistance with self-administration of medication'.
The developed by Hospice in consultation with the Facility for Resident #1 did not describe care and services provided to Resident #1 to meet the resident's needs for prevention. The specified that Hospice provided all care and services to meet Resident #1's needs and Hospice was only in the Facility two to three days per week and did not provide around the clock care and services.

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During an interview with Resident #2, conducted on at 02:04pm, Resident #2 stated that it feels like Staff were frequently in a hurry when providing care and services. Resident #2 stated that in a recent event, "I kept pushing my button and pushing my button and no one ever came [and] I got [up] myself." Resident #2 kept a journal of daily activities. Resident #2's journal for Wednesday at 07:00pm stated that Resident #2, " when supper arrived; no one answered my call for help; managed to get up alone" (See Photographic Evidence7)
Resident #2's call light was pushed at 02:09pm and the call light was answered by Staff C at 02:27pm. Staff C stated that, "I was waiting for the elevator."

A record review for Resident #2, conducted on , revealed that Resident #2 had a documented unwitnessed on at 04:47pm. There were no documented intervention/prevention measures put in place to reduce the risk of Resident #2 from falling.

A record review for Resident #3, conducted on , revealed that Resident #3 had documented unwitnessed on at 06:57pm; at 05:13pm; at 06:35pm; and, at 02:00pm. Resident #3 admitted in to the Facility on . There were no documented intervention/prevention measures put in place to reduce the risk of Resident #3 from falling. One risk assessment (unknown date) documented stated that Resident #3 needed additional supervision/monitoring related to diagnosis, physical limitation, or issues with feet causing unsteady gait.

During an interview with Staff E, conducted on at 03:00pm, Staff E stated that prevention measures Staff E takes to prevent residents from falling were to "remind them to use their walker or call for help." Staff E did not describe any other intervention or prevention measures that the Facility takes.

During an interview with Staff F, conducted on at 03:14pm, Staff F stated that prevention measures Staff F takes to prevent residents from falling were to "find out why they , remind them to ask for help and use the [call] light." Staff F did not describe any other intervention or prevention measures that the Facility takes.

An interview with Resident #4's family, conducted on at 03:45pm, revealed that Resident #4 had a recent , which resulted in a hip on at 03:30am. Resident #4's family stated that the Facility did not report the to the family member until the next morning. Resident #4's family member stated that, "I think they could use more help."

During an interview with Staff G, conducted on at 03:35pm, Staff G stated that Resident #3

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mostly because resident "trips over own feet." Staff G stated that the Facility tracks the and keeps an eye on the residents who . Staff G stated that, "at this age every one and you can't prevent it." Staff G, a Licensed Practical Nurse, was unsure who made the decision for determining residents' appropriateness for continued residency. Staff G did not describe any intervention or prevention measures that the Facility takes.

A record review for Resident #4, conducted on , revealed that Resident #4 had documented unwitnessed on at 09:03pm; and, at 08:13pm. Resident #4 admitted to the Facility on and admitted to Hospice services on . Resident #4 AHCA 1823 dated did not state that Resident #4 required nursing, treatment, and/or services of Hospice on page one. There were no documented intervention/prevention measures put in place to reduce the risk of Resident #4 from falling. The developed by Hospice in consultation with the Facility did not describe care and services provided to Resident #4 to meet the resident's needs for prevention. The (See Photographic Evidence2) developed by Hospice in consultation with the Facility did not describe care and services provided to Resident #4 to meet the resident's needs for prevention. The specified that Hospice provided all care and services to meet Resident #4 needs and Hospice was only in the Facility two to three days per week and did not provide around the clock care and services.

During an interview with the Administrator and the Wellness Director, conducted on at 05:40pm, the Administrator acknowledged and confirmed that:
1. The AHCA 1823 for Resident #1 indicated that the resident upon admission was inappropriate for admissions to the Facility due to the statement by the Physician that Resident #1 needs cannot be met in an Assisted Living Facility.
2. The AHCA 1823 for Resident #2 indication that the resident upon admission was inappropriate for admissions to the Facility due to Resident #1 needed medication administration and the Facility employs Medication Technicians to provide residents' medications.
A further interview at 05:50pm, the Wellness director stated that, Licensed Practical Nurses oversee the residents' AHCA 1823 for appropriateness and completeness. Both the Administrator and the Wellness Director acknowledged and confirmed that lack of documentation of specific care and services for and prevention to meet the needs of residents admitted to the Facility who frequently were not in place at the time of survey.

Class III

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to ensure that all newly hired staff submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and evidence of anuual freedom from ( ) for four Staff (A, B, C, and D) of four sampled staff.

Findings Included:

An employee record review for Staff A, conducted on . . . . . , revealed that direct care Staff A hired on did not have a statement from a health care provider indicating that Staff A was free from communicable . . . . . Staff A's personnel file did not contain record of a negative examination.

An employee record review for Staff B, conducted on . . . . . , revealed that direct care Staff B hired on did not have a statement from a health care provider indicating that Staff B was free from communicable . . . . . Staff B's personnel file did not contain record of a negative . examination.

An employee record review for Staff C, conducted on . . . . . , revealed that direct care Staff C hired on did not have a statement from a health care provider indicating that Staff C was free from communicable . . . . . Staff C's personnel file did not contain record of a negative . examination.

An employee record review for Staff D, conducted on . . . . . , revealed that direct care Staff D hired on did not have a statement from a health care provider indicating that Staff D was free from communicable . . . . . Staff D's personnel file did not contain record of a negative . examination.

During an interview with the Administrator, conducted on . . . . . at 01:55pm, the Administrator acknowledged and confirmed that Staff A, B, C, and D employee records did not contain evidence of a negative examination and a freedom from communicable . . . . . statement. The Administrator did not provide any other documentation.

Class III

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

Based on record review and interview the facility failed to ensure that all required in-service trainings required within thirty days from date of hire were in employee personnel files for four employees (Staff A, B, C, and D) of four sampled employees.

Findings Included:

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A record review for Staff A, conducted on , revealed that Staff A did not have documentation of having completed the required three-hour Activities of Daily Living and Behavioral Training. Staff A was hired on .

A record review for Staff B, conducted on , revealed that Staff B had no documentation of having completed the following required trainings within thirty days:
- Three-hour Activities of Daily Living and Behavioral
- One-hour Incident Reporting Training
- One-hour Resident Rights Training
- One-hour Safe Food Handling
- One-hour required Recognizing and Reporting Training

Staff B was hired on .

A record review for Staff C, conducted on , revealed that Staff C had no documentation of having completed the following required trainings:
- Three-hour Activities of Daily Living and Behavioral
- One-hour Incident Reporting Training
- One-hour Resident Rights Training
- One-hour Safe Food Handling
- One-hour required Recognizing and Reporting Training

Staff C was hired on .

A record review for Staff D, conducted on , revealed that Staff D had no documentation of having completed the following required trainings:
- Three-hour Activities of Daily Living and Behavioral
- One-hour Incident Reporting Training
- One-hour Resident Rights Training
- One-hour Safe Food Handling
- One-hour required Recognizing and Reporting Training

Staff D was hired on .

An interview with the Administrator, conducted on at 1:55pm, the Administrator acknowledged and confirmed the missing required trainings from Staff A, B, C, and Ds employee records.
Class III

0082 - Training - / - 58A-5.0191(4) FAC

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Based on employee record reviews and interview, the facility failed to ensure that three of four Staff (B, C, and D) had completed the one-time required (/) training within thirty day of employment.

Findings Included:

An employee record review for Staff B, conducted on , revealed that Staff B did not have a one-time required / training on file. Staff B hired on .

An employee record review for Staff C, conducted on , revealed that Staff C did not have a one-time required / training on file. Staff C hired on .

An employee record review for Staff D, conducted on , revealed that Staff D did not have a one-time required / training on file. Staff D hired on .

During a staff interview with the Administrator, conducted on at 01:55pm, the Administrator acknowledged and confirmed the missing / training for Staff B, C, and D.
Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on record review and interview, the Facility failed to ensure all employees received 's and Related Training (ADRDT) required for the Facility's memory care unit.

Findings Included:

Review of Staff A's employee record, conducted on , revealed that Staff A did not receive four hours of ADRDT Level One within three months of employment and four hours of ADRDT Level Two within nine months of employment. Staff A was hired on .

Review of Staff B's employee record, conducted on , revealed that Staff B did not receive four hours of ADRDT Level One within three months of employment. Staff B was hired on .

Review of Staff C's employee record, conducted on , revealed that Staff C did not receive four hours of ADRDT Level One within three months of employment. Staff C was hired on .

Review of Staff D's employee record, conducted on , revealed that Staff D did not receive four

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hours of ADRDT Level One within three months of employment. Staff D was hired on .

During an interview with the Administrator, conducted on , the Administrator acknowledged and confirmed the missing ADRDT and Staff A, B, C, and Ds employee records.
Class III

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

Based on record review and interview, the Facility failed to ensure that all direct care staff completed a one-hour training in the Facility's policy and procedures for ( ) within 30-days of employment for four employees (A, B, C, and D) of four sampled employees.

Findings Included:

A record review for Staff A, conducted on , revealed documentation for a training. There were no hours specified on the training certificate. Staff A was hired on .

A record review for Staff B, conducted on , revealed documentation for a training. There were no hours specified on the training certificate. Staff B was hired on .

A record review for Staff C, conducted on , revealed documentation for a training. There were no hours specified on the training certificate. Staff C was hired on .

A record review for Staff D, conducted on , revealed documentation for a training. There were no hours specified on the training certificate. Staff D was hired on .

During an interview with Staff D, conducted on at 05:15pm, Staff D denied having received any Facility trainings prior to providing direct care.

During an interview with Staff A, conducted on at 05:25pm, Staff A stated, "I had no trainings from the facility before my first day working with residents."

During an interview with the Administrator, conducted on at 01:55pm, the Administrator acknowledged and confirmed that Staff A, B, C, and D did not have the required one hour of training documented on each Staff's training certificate.
Class III

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

Based on observation and interview, the facility failed to ensure that all existing mechanical and electrical systems maintained in good working order for the Facility's elevators and air conditioning (AC) units.

Findings Included:

An interview with Resident #5, conducted on at 11:30am, revealed that the AC "went out a few weeks ago."

A tour of the Facility, conducted on at 12:20pm, revealed Staff taking residents up the stairs floor by floor. There was only one elevator functioning for a Facility census of 124 residents in-house on the day of survey.

An observation conducted with Resident #2, conducted on at 02:27pm, revealed that Staff H took eighteen minutes to answer Resident #2's call light. Staff H stated that, "I was waiting for the elevator."

An interview with Resident #4, conducted on at 03:45pm, revealed that Resident #4 was unhappy with the AC and the elevator not working. In a further interview that same day at 3:50 PM with Resident #4's family member, the family member stated that the AC was not working and before the Facility provided the portable AC unit in resident , it was 80 degrees in the .

An interview with the Administrator, conducted on at 12:20pm, revealed that lightening struck the building three weeks ago and affected the elevators. In a further interview at 05:55pm, the Administrator stated that "we have exhausted all resources to fix the issues." The Administrator did not provide requested work orders or invoices of repairs made. The Administrator stated that there were no future appointments scheduled for repair work.

Class III