STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966721	R 08/29/2018
NAME OF PROVIDER OR SUPPLIER **STILLWATER ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **2881 QUENTIN AVENUE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . . . . . Stillwater Assisted Living Facility Corp, License #10861 had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations and interviews the facility failed to treat residents with consideration and the need for privacy.

Findings:

Observations on . . . . . at 11 AM, revealed the locking mechanism on the . . . . . of resident #5's door was on the outside. From the inside of the door could not be locked. If the resident wanted to lock the door while using the . . . . . would not be able to and others could enter. If someone were to lock the door from the outside, the resident would not be able to get out of the . . . . . .

On . . . . . at 12:15 PM a Fire Marshall said that the locking mechanism on the . . . . . should be on the inside of the door not the outside of the door.

On at 12:20 PM, the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (B) had a statement from a health care provider documenting freedom from Communicable . . . . . .

Findings:

Personnel record review for staff B hired . . . . . revealed there was no documentation to confirm she was free from Communicable .

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On [redacted] at 10:30 AM, the administrator confirmed the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review and interview, the facility did not maintain a staff schedule that accurately reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the staff schedule posted revealed it was dated [redacted] 27 through [redacted], 2018. The staff schedule noted on various days "on" and "off". There were no times listed for the time the staff started to work and when there shift ended. There was no way to determine the actual time a staff worked.

On [redacted] at 11 AM, the administrator confirmed the findings.

Class III

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

A081 remained uncorrected
Based on personnel record reviews and interview, the facility failed to have evidence that 2 of 3 sampled staff (a and c) received the required in-service training within 30 days of hire.

Findings:
Personnel record review for staff A, the administrator, hired [redacted] who provided personal care to the residents, revealed there was no documentation to confirm he had received a 3 hours of in-service training within 30 days of employment that covered
Resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated [redacted] was for 2 hours ADL training.
Personnel record review for Staff c a caregiver hired [redacted] revealed there was no documentation to confirms she had received a 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living. The training certificate dated [redacted] was for 2 hours ADL training only.
There was no documentation to confirm she had received an inservice training regarding resident rights.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11 AM the administrator confirmed the findings.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 1 of 3 sampled staff (C).

Findings:

Personnel record review for Staff C a caregiver hired revealed the certificate for and neglect that was dated did not include the hours of the training.

On at 11 AM, the administrator confirmed the findings.

Class

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

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview, the facility did not maintain inform 2 of 2 sampled resident's family (#4 and #6) whether or not the unlicensed staff who provided assistance with the self-administration of medication would be overseen by a nurse.

Findings:

Record review for resident's #4 and #6 revealed the section on their informed consent forms that noted if an nurse "will or will not" oversee the unlicensed staff who provided assistance with the self-administration of medication was not checked.

On at 12 PM, the administrator confirmed the findings.

Class

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record reviews and interview, the facility failed to ensure a residency contract was accurate and contained all of the required information for 2 of 2 sampled resident's contracts (#4 and #6).

Findings:

Review of the contracts for Resident #4 and #6 revealed their contracts did not contain 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.

On . . . . . at 12 PM, the administrator confirmed the findings.

Class

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

DEFICIENCY REMAINED UNCORRECTED

Based on interview, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was submitted for review and approval to the local emergency management agency.

Findings:

On at 11 AM, the administrator/owner was asked to provide the facility's comprehensive emergency plan (CEMP) approval letter.

On . . . at 11 AM, the administrator said he had not received the CEMP approval letter.

Class III