STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968719	R 09/05/2018
NAME OF PROVIDER OR SUPPLIER **IMMACULEE HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **5758 OAK HILL MANOR DR** **ORLANDO, FL 32839**	

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 . Immaculee Home Care Assisted Living, license #12912, had deficiencies at the time of the visit.

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

THIS DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not obtain an accurate Resident Health Assessment form (AHCA form 1823) for 1 of 2 sampled residents (#1).

Findings:

Resident #1's health assessment report 1823 dated was not complete. The box for diagnosis was left blank, the section for elopement risk was marked "na" (not applicable). The section indicting the type of assistance required for Activities of Daily Living was marked independent for ambulation & transferring. All other items were marked "na." Type of diet required was left blank. The boxes to indicate whether or not the resident required assistance with medications was left blank. The signature section did not include the address or phone number for the provider who signed the form.

On at 10:30 AM, the owner/caregiver confirmed the findings.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observation and interview, the facility did not ensure that all medications were stored in a locked and secure cart, receptacle or all times.

Findings:

Upon arrival to the facility on , the caregiver/owner was passing medications and was observed locking the medication cart after she finished. When asked to unlock the cart for a review of medications at 9:00 AM, the caregiver/owner opened the cart, removed the medication observation record (MOR)

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and medications requested. The cart remained unlocked. When the MOR and medications were returned to the owner, she placed them back in the cart but did not lock the cart. At 10:35AM, when the owner was asked for dining records, she opened the top drawer of the unlocked medication cart and handed the menus to the surveyor. She did not lock the cart. After the menus were reviewed and returned to the owner, she placed them back in the top drawer of the medication cart. The cart remained unlocked.

On . . . . at 11:00 AM, the owner confirmed the cart was left unlocked for most of the morning and said she could not find the key.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observation, medication and medication observation record (MOR) review and interview, the facility failed to ensure the resident medications were refilled in a timely manner for 2 of 2 sampled residents (#3 & 4).

Findings:

1. Observation during medication pass for resident #3 on . . . . . at 8:40 AM found one medication was out of stock. While being given her medications, the resident asked for a missing pill. The caregiver/owner stated the pill (. . . , . . .) was out of stock and they were waiting for the pharmacy to deliver.

Review of the MOR for resident #3 found the medication was not given on or . . . and was still out of stock on . . . . .

On . . . . at 8:55AM the owner stated she had been trying to contact the pharmacy to get a refill.

2. Further review of the medication cart revealed an inhaler, . . , ... 160/4.5, present and labeled for resident #4. The top of the inhaler has a gauge for the user to read how many doses remain. The gauge on the inhaler was below zero ("0") in the red zone of the measurements. The date the inhaler prescription was filled was . . . . . One container lasts for 30 days. On . . . . , it had most likely been empty for at least a week or more. The owner and resident stated they were not aware it was empty.

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On at 9:00 AM, the owner said "the resident tells me when it's getting low." When resident #4 was asked how much medication was left in the container, he took the container and shook it next to his ear and said, "I guess it's empty." The resident stated he was not having any difficulty breathing. Neither the resident nor the owner knew to read the gauge on top of the container.

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 ensure 1 of 3 personnel records (D) contained a healthcare provider statement that indicated freedom from communicable including ( ).

Findings:

Review of the personnel record for Staff D, administrator hired , did not reveal any evidence to confirm she obtained a healthcare provider statement indicating freedom from communicable including .

On at 10:25AM, the owner said she still had not received the documentation from the administrator.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation, personnel record review and interview, the facility did not provide or arrange for 3 of 3 sampled staff (B, D & E) to receive the mandated in-services training.
Findings:

1. Personnel record review for staff B, the owner/caregiver, did not reveal any evidence she 1) attended in-service training regarding the facility's resident elopement response policies and procedures, 2) a 1-hour in-service training regarding facility emergency procedures including chain-of- command and staff

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roles relating to emergency evacuation, 3) a 1-hour in-service training regarding the facility's policies and procedures for recognizing and reporting resident , neglect, and . There was no evidence to show staff B had completed or passed the ALF CORE training which would exempt her from this requirement.

2. Personnel record review for staff D, the administrator, hired 2015, did not reveal any evidence to confirm she attended in-service training regarding 1) the facility's resident elopement response policies and procedures, 2) a 1-hour in-service training regarding facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

3) Personnel record review for staff E, caregiver hired , did not reveal any evidence she 1) attended in-service training regarding the facility's resident elopement response policies and procedures, 2) a 1-hour in-service training regarding reporting adverse incidents.

On at 10:30 AM, the owner stated she need not have any certificates to show the training had been completed for staff B, D or E.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility did not provide or arrange for 3 of 3 sampled staff (B, D & E) to attend a 1 hour in-service training regarding the facility's ( ) policies and procedures.

Findings:

Personnel record reviews for staff B (owner/caregiver), staff D (administrator hired), or staff E (caregiver hired) did not reveal any evidence to confirm they received an in-service training regarding the facility's policies and procedures.

On at 10:30 AM, the owner confirmed the training had still not been completed.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observation, dining record review and interview, the facility failed to ensure the menu obtained from the licensed dietician was followed and did not utilize all 4 weeks of the menu's cycle.

Findings:

Review of the facility dietary records for retention 6 months of menus as required found menus dated for use the week of through the current week starting , as well as predated menus for use the weeks of , & . Every one of the menus from through was for the cycle week 2. The week of was for cycle week 1 and the week of was for cycle week 3. There had been no rotation of the menu cycle since , 2018.

On at 11:05 AM, the owner confirmed she has been serving the same menu every week. She stated she did not know she was supposed to rotate through weeks 1 through 4 and stated she thought those were other options or suggestions she could use if she wanted.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on observations, record review and interview, the facility failed to ensure that 2 of 2 sampled resident records (#1 & 2) contained a completed informed consent form.

Findings:

1. Resident #1's record revealed an admission date of now contained an informed consent form regarding assistance with medications from unlicensed staff, however, the section to indicate whether or not the unlicensed staff would be supervised by a licensed nurse was left blank.

2. Resident #2's record revealed no changes to the previously cited informed consent for assistance with medications from unlicensed staff dated . The form did not indicate whether the unlicensed staff, who provided the assistance, would be or not be supervised by a licensed nurse.

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On . . . . . at 11:00 AM, the owner confirmed the findings.

Class III

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

Based on facility record review and interview, the facility failed to submit a Comprehensive Emergency Management Plan (CEMP) for approval by the county.

Findings:

Review of the facility records revealed no approval letter, current or past, for the facility CEMP.

On . . . . . at 9:00 AM, the owner stated she had an extension for the Emergency Power Plan implementation until . . . . . , 2019. She confirmed she did not have an approval letter from the county for the CEMP and was working on the plan for submission. The owner confirmed she understood they were different documents.

Class III