

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for two (Administrator and Staff C) of five employee records sampled.

Findings included:

A review of employee records conducted on _____ showed that the Administrator was hired on _____ and Staff C was hired on _____. A review of the Employee Roster showed that the Administrator and Staff C were not entered.

The Administrator was interviewed at 4:06 PM on _____ concerning the omissions of their name and Staff C's name in the Employee Roster. The Administrator acknowledged that the two employees were not entered as required.

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018014186) was conducted at Seasons Largo on Seasons Largo had deficiencies at the time of the investigation.

(License #12518)

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

Based on record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication were filled or refilled in a timely manner for three (Residents #1, #2 and #3) of three sampled residents.

Findings Included:

On , a review of medication observation records (MORs) for Resident #1 revealed the following medications were not provided:

6 mg not provided on , , , and

Ensure not provided on

D3 1000 units not provided on

On , a review MORs for Resident #2 revealed the following medication were not provided:

" 600 mg not provided on and

" 40 mg not provided on and

" 100 mcg not provide on

On , a review of MORs for Resident #3 revealed the following medication were not provided:

" 0.5 mg not provided on

" 75 mg not provided on

" 1% apply to left knee not provided on

" Rulox 200-200-20 mg/ml not provided on

" 145 mcg not provided on and

" Rulox 200-200-20 mg/ml not provide on and

During an interview with Staff E conducted on at 12:35 PM, they stated that they never run

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
out of medications for the residents. Medications are reordered before the card is empty. The pharmacy is called if a resident is low or out of a medication. The pharmacy will bring the medication immediately if needed. If the resident is low they will deliver the medication that day. In an interview with the Director of Nursing (DON) conducted on _____ at 4:32 PM they stated that it is their expectation that a medication would be refilled before a resident runs out. They acknowledged and confirmed that medication had not been provided to the residents in a timely manner and stated: "I have no argument for it." Class III 0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC Based on record review and interview, the facility failed to provide proof of in-service training, within 30 days of employment, in the subjects of resident rights in an assisted living facility/ recognizing and reporting _____, neglect, and _____ (Resident Rights Training) and providing assistance with the activities of daily living (ADL Training) for one (Staff C) of five employee records reviewed. Findings included: A review of employee records conducted on _____ showed that Staff C had a date of hire of _____. A review of the week's staffing schedule showed that Staff C provided direct care to residents. A review of Staff C's record showed no proof of Resident Rights Training or ADL Training. The Administrator was interviewed at 4:00 PM on _____ concerning the lack of proof of Resident Rights Training and ADL Training. The Administrator reviewed Staff C's record and stated that the training certificates were not there. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC Based on record review and interview, the facility failed to provide proof of an annual, two hour continuing education training on providing assistance with self-administered medications (2 Hour Med Tech Update Training) for one (Staff B) of three employee records sampled for staff that assisted residents with self-administered medications. Findings included:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968646	(X3) DATE SURVEY COMPLETED 09/27/2018
NAME OF PROVIDER OR SUPPLIER SEASONS LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 4175 EAST BAY DR CLEARWATER, FL 33764	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A review of employee records conducted on ... showed that Staff B was hired on ... The weekly staffing schedule listed Staff B as a medication technician. The review of Staff B's record showed that they had their initial 4-hour training in assisting with self-administered medications on ... Staff B's record showed no proof of a 2 Hour Med Tech Update Training. The Administrator was interviewed at 4:00 PM on ... and confirmed that Staff B assisted residents with self-administered medication. The Administrator was informed about the lack of proof in Staff B's record of a 2 Hour Med Tech Update Training. The Administrator acknowledged that there was no proof of this training in Staff B's record. Class III		