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	AL11967874	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **ANGEL CARE AT VERO BEACH INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1130 7 AVENUE** **VERO BEACH, FL 32960**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on [redacted] at Angel Care at Vero Beach, License #11859. The facility had deficiencies at the time of the survey.

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

Based on record review and staff interview, the Provider failed to ensure the appropriateness of 1 of 2 residents whose records were reviewed related to medication administration (Resident #8).

The findings included:

On [redacted], the current health assessment, dated [redacted], (AHCA Form 1823) was reviewed for Resident #8. Section 2B, part B of the Health Assessment documents Resident #8 requires help with medications, needing "medication administration." Medication Administration must be provided by a licensed nurse.

On [redacted] at 8:55 AM, the Owner/Caregiver/Med Tech, who is not a licensed nurse, was observed providing medication administration to Resident #8 by spooning medication mixed with applesauce into the resident's mouth without any assistance from the resident.

On [redacted] at 2:00 PM, the medication needs listed on Resident #8's health assessment was discussed with the Owner/Caregiver/Med Tech. The Owner was advised that only Medication Administration can be provided by a licensed nurse. The Owner stated she believed the health care provider documented the medication needs of the resident incorrectly, as she thought the resident could self-administer the spoonful of medications mixed with applesauce with hand-over-hand assistance. The Owner acknowledged the need to contact the Health Care Provider and get clarification of medication assistance needs for Resident #8.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS 429.27

Based on observation, record review and interviews, the Provider failed to:
1) Post the telephone number for lodging complaints against a facility or facility staff in full view in a common area, in close proximity to a telephone and accessible to all residents. The text must be a minimum of 14-point font.

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2) Provide 1 of 10 residents with consideration and due recognition of safety, privacy and personal dignity as it relates to resident's . . . . . tubing and bag.

The findings included:

1) On . . . . . at 9:15 AM, an observational tour of the facility revealed an absence of a required posting containing the regulation required telephone numbers to the following agencies.
Long-Term Care Ombudsman Program, 1(888) 831-0404;
, Rights Florida, 1(800) 342-0823;
The Agency Consumer Hotline 1(888) 419-3456; and the statewide toll-free telephone number of The Florida Hotline, 1(800) 96- or 1(800) 962-2873.

On at 1:50 PM, the owner acknowledge the missing posting.

2) On at 9:10 AM, Resident #4 was seen finishing breakfast while seated in the dining . Laying on the floor next to the residents chair was Resident #4's . . . . . bag. The tubing from the extended down the residents leg and past the resident's foot several inches. There was no cover on the . . . . . bag. When the resident moved from the dining to a recliner in the living , the bag was picked up by his wife and laid on the floor next to the recliner.

On at 1:55 PM, the Owner/Caregiver was asked why the bag was not secured and covered to provide an aspect of consideration for privacy and dignity. She stated she had the intention of speaking with the Home Health Nurse to see what could be done with the tubing and bag to better accommodate Resident #4, but had not yet done so.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation, staff interview and resident record review, Staff A failed to properly assist 1 of 1 resident with self-administered medications in accordance with state regulatory procedures outlined in the mandatory annual training for assistance with self-administered medication (Resident #8).

The findings included:

On at 8:45 AM, Residents were seen sitting at the tables in the dining empty plastic medication cups next to their plates. On . . . . . at 8:55 AM, Staff A was observed to removed a small

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plastic medication cup from kitchen drawer which contained pills which had previously been placed in the cup. The pills were taken out of the small cup and placed in a pill crusher with Staff A's bare hands, which had not been washed prior to touching medications. The medications were crushed and mixed with applesauce. Staff A then donned disposable gloves after medication preparation. Staff A took the cup of the medication mixed with the applesauce to Resident #8 and fed the resident the medication and applesauce mixture without assistance from resident. The Medication Observation Record (MOR) was not initialed at the time of the medication was provided.

The failure to follow proper assistance with self-administered medication protocol was discussed with Staff A on [redacted] at 1:30 PM. She acknowledged that she had prepared the medications beforehand and did not follow the proper protocol as taught in the Medication Training course she had completed.

Class III

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

Based on employee record review and staff interview, the Provider failed to ensure 1 of 4 sampled staff obtained a statement from a health care provider documenting the individual does not have any signs or symtoms of communicable [redacted], including [redacted] (Staff C).

The findings included:

On [redacted], during a review of Staff C's personnel file (hire date [redacted]), no documentation showing evidence of a statement from a health care provider documenting that Staff C does not have any signs or symtoms of communicable [redacted], including [redacted] ( ).

A request for documentation of health statement was made to the Owner on [redacted] at approximately 12:15 PM. No further documentation was provided at the time of the survey.
On [redacted] at 1:00 PM, the Owner acknowledged the Health Statement was missing from Staff C's personnel file.

Class III

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

Based on employee record review and staff interview, the Provider failed to ensure 1 of 3 care staff received the required 3 hour ADL [Activities of Daily Living] and Behavioral Needs In-Service Training within 30 days of hire (Staff C).

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The findings included:

Staff C, a resident care aide, was hired on , and provides assistance with Activities of Daily Living to residents at the facility. During employee record review, there was no documentation found showing completion of the required 3 hour ADL and Behavioral Needs Training within 30 days of hire, or any time thereafter. There was also no documentation showing Staff C completed Home Health Aide Training or Certified Nursing Assistance Training which would have exempted her from the ADL and Behavioral Needs Training.

On at 12:50 PM, the Administrator acknowledged the missing documentation for Staff showing completion of the required in-service training.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on employee record review and staff interview, the Provider failed to ensure 1 of 3 care staff has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses (Staff C).

The findings included:

During employee record review on , Staff C (whose hire date is and who works Saturday and Sunday, 8:00 AM to 8:00 PM) did not have documentation showing completion of an approved First Aid and training course.
When interviewed on at 2:10 PM, Staff C stated that during her current work schedule there are times she is alone with the residents.

On at 1:30 PM, the Owner acknowledged the missing documentation for Staff C related to completion of and First Aid.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on employee record review and staff interview, the Provider failed to ensure 1 of 3 unlicensed care staff who provide assistance with the self-administration of medications received the required

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training pursuant to section 429.52(6), F.S., prior to assuming this responsibility (Staff C).

The findings included:

Staff C, a resident care aide, was hired on . Per interview with Staff C on at 2:10 PM, she confirmed she provided assistance to residents with self-administered medications. During employee record review on , there was no documentation showing completion of the state required 6 hour initial assistance with the self-administration of medications training provided by a registered nurse or licensed pharmacist.

On at 12:55 PM, the Owner acknowledged the missing documentation for Staff C showing completion of the required medication training.

Class III

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

Based on employee record review and staff interview, the Provider failed to ensure 2 of 4 staff members received at least one hour of training in the facility's policies and procedures regarding ( ) and information included in rule 58A-5.0186, F.A.C. within 30 days of hire (Staff B and Staff C).

The findings included:

Staff B is a resident care aide hired on , and Staff C is a resident care aide hired on . During employee record review, there was no documentation found showing completion of the required training for either employee within 30 days of hire, or any time thereafter.

On at 12:55 PM, the Administrator acknowledged the missing documentation for Staff B and Staff C showing completion of the required training.

Class III

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

Based on observation, staff interviews, and menu review, the Provider failed to follow the posted approved lunch menu or substitute food items of comparable nutritional value. One food item substituted during the meal was not noted prior to or at the time of the meal. This affected 10 of 10

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residents.

The findings included:

On , review of the approved dietary lunch menu documented the following meal to be provided:
3 oz. Salisbury steak
1/2 c. mashed potatoes
2 oz. gravy
1/2 c. stewed tomatoes,
1 roll
1 t. oleo [margarine]
1 short cake with strawberries and 1 oz. topping
8 oz. milk

On at 1:00 PM, the lunch entree served to the 10 residents included following:
3 oz. Salisbury steak
1/2 c. mashed potatoes with gravy
1/2 c. cauliflower

The 1/2 c. of cauliflower was substituted for the stewed tomatoes, but was not noted on the menu prior to or at the time of meal. No roll or milk was served during the meal; and there was no substitutions of equal nutritional value provided.

During interview with the Owner/ Food Designee on at 1:45 PM, she acknowledged the missing roll which was to be provided with the meal, and the failure to document substitution of tomatoes with the cauliflower prior to or at the time of the meal. The owner stated she did not provide milk to the residents because they do not want milk served with their lunch. It was discussed with the Owner/Food Designee that she should discuss with the dietitian ways to incorporate foods of the same nutritional value into the menu which the residents want in the place of foods which the residents do not want, so as not to deprive the residents of any nutrition value.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on employee record review and staff interview, the Provider failed to maintain staff records with the minimum documentation requirements for 3 of 3 employees reviewed (Staff A, Staff B, and Staff C).

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The findings included:

On . . . . . , a review of employee records for Staff A, B, and C revealed that all staff records failed to contain the following required documentation:
a) Employment applications with references furnished; and
b) Documentation of compliance with Level 2 backgrounds screenings

On at 12:55 PM, the Administrator acknowledged the missing required documentation for Staff A, B and C's employment files.

Class

0168 - Resident Refund Policy - 429.24(3)(a) FS; 429.27(7), FS

Based on record review and staff interview, the Provider failed to incorporate regulatory refund policy language into the facility's resident contracts for 10 of 10 residents.

The findings included:

On . . . . . , a review of the facility's refund policy contained in their resident contracts showed the refund policy to contain the following:
"...If your apartment has been vacated and all your property has been removed prior to the fifteenth (15th) day of the month, you or your estate will be entitled to a refund equal to one-half (1/2) of the Basic Service Rate you paid for the final month, less the cost of repairs or replacement that the Community is entitled to charge you or your estate under Section IX(B) below. If your apartment is vacated and all your property is removed after the fifteenth (15th) day of the month, you will not be entitled to any refund."

The state regulatory language for refunds requires that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges have been paid to the licensee. The termination date is defined as the date the unit is vacated by the resident and cleared of all personal belongings.

On . . . . . at 1:50 PM, the Owner acknowledged the need to amend the facility's refund policy to be compliant with required regulatory language.

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Class

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

Based on facility record review and staff interview, the Provider failed to provide an approval letter from the local emergency management agency for the facility's comprehensive emergency management plan (CEMP).

The findings included:

On . . . . . at approximately 1:30 PM, the owner was asked for a copy of the CEMP approval letter. At this time, the owner could not provide the approval letter.
On . . . . . at 11:35 AM, the administrator contacted me via email and stated the CEMP was just submitted on this date to the local emergency management office for approval, and she had been notified that it would take approximately 2 weeks for approval

Class III

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

Based on facility record review and staff interview, the Care Provider failed to maintain the employment status of 1 of 4 employees within the Agency for Health Care's Background Screening Clearinghouse (Staff C).

The findings included:

On . . . . . at 10:00 AM, the Administrator confirmed Staff C was a current employee of the facility.
On . . . . . at 2:10 PM, Staff C confirmed she has been working as a caregiver for the facility since . . , 2018.

During review of the Care Provider's employee roster located on the Agency's Background Screening Clearinghouse website, no employment information was found for Staff C on the facility's employee roster.

On . . . . . at 2:00 PM, the Owner acknowledged Staff C was not listed on employee roster within the Clearinghouse.

Unclassified

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