STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968726	10/24/2018
NAME OF PROVIDER OR SUPPLIER **SPRING PINE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1324 MILL RD** **KISSIMMEE, FL 34744**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Spring Pine license #12580 had deficiencies found at the time of the visit.

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

Based on observations and interview the facility failed to ensure the unlicensed staff (A) who assisted 1 of 1 residents (#2) with self-administration of medications did not follow the correct procedure and did not read the label out loud to resident.

Findings:
Observations on . . . . . at 12 PM noted unlicensed staff A assisted resident #2 with self - administration of medications in the following manner: She took a medication from the medication cart and brought it to where the resident sat in the living . . . . . said" It's time for your noon meds". She opened the medication pack and poured a pill in a cup, handed the resident the cup and told the resident "This is your 12 meds". She observed the resident take the medication and, then signed the Medication Observation Record (MOR).

In an interview with the administrator on at 2 PM, who offered no comment.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 2 of 3 sampled staff (#A, and C) to attend the mandated in-service training.

Findings:
1. Personnel record review for staff A hired /8 revealed certificates dated . . that indicated she attended in-service regarding emergency procedures including chain-of- command and staff roles relating to emergency evacuation and elopement response policies and procedures. , The review revealed a certificate dated regarding reporting major incidents. However the in-services were held at her previous place of employment in 2017 and were not specific to the facility (Spring Pine).

2. Personnel record review for staff C, hired . . . . and was a caregiver, at times, revealed no evidence to confirm staff C attended:

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A 1- hour in-service training regarding: The facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1. Reporting major incidents. 2. Reporting adverse incidents.
A 1- hour- in-service training regarding 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . There was no evidence to confirm she attended ALF CORE and was exempt for this requirement or an in-service training regarding the facility's elopement response policies and procedures.
A 3 hours of in-service training that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. There was no evidence he was a nurse, Home Health Aide (HHA) or Certified Nursing Assistant (CNA) therefore except from this requirement.

In an interview on with the administrator who said, the training for staff C was overlooked and she did not realize the in-services for staff A needed to be facility specific.

Class III

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

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

Findings:
Personnel record review for staff A hired /8 revealed a certificate dated that indicated she attended in-service regarding ( ) policies and procedures. However the in-services were held at her previous place of employment in 2017 and were not specific to the facility (Spring Pine).

In an interview on with the administrator who said she did not realize the in- services for staff A needed to be facility specific.

Class III

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

Based on record review and interview, the facility failed to ensure: 1. Menus were dated and planned at least 1 week in advance for both regular and therapeutic diets. 2. All regular and therapeutic menus to be used by the facility were reviewed annually by a licensed or registered dietitian, a licensed nutritionist,

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

or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule.

Findings:
Observations of the dining area on at 11:50 AM noted the menus posted were signed by the Dietitian on . The menus were not dated for the week in use.

In an interview with the administrator on at 2:30 PM who said she believed menus did not expire, so the menus dated 2016 were still being used, they were not reviewed yearly thereafter. The menus were 4 cycles, and therefore rotated, so they were not dated for the week in use.

Class III

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 all employees within the BGS clearinghouse.

Findings:

In an interview on with staff A, who said she had been working at the facility for 6 months now.

Review of the facility's BGS employee roster on at 9:45 AM revealed the roster did not list staff A.

At 1 PM staff D arrived to do activities, play Bingo with the residents. Review of the facility's BGS employee roster on at 1: PM revealed the roster did not list staff D.

Both staff A and D had eligible BGS results.

In an interview with the administrator on at 2 PM, who said she did not update the BGS employee roster.

Unclassified