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	AL11966815	**11/08/2018**
NAME OF PROVIDER OR SUPPLIER **CIRCLE OF CARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4161 SW TUMBLE ST** **PORT SAINT LUCIE, FL 34953**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on , at The Circle Of Care, License #10938. The facility had deficiencies identified at the time of the visit.

(Note: The Limited Nursing Services (LNS) Monitoring survey was conducted on a separate date.See separate report for findings.)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and an interview, the facility failed to schedule resident activities for a minimum of 6 out of 7 days, and 12 hours per week.

The findings included:

During review of a dry erase board on the refrigerator in the kitchen on at 10:30 AM, it was noted there were no activities scheduled for the month of . Staff A stated during interview at 11:00 AM on that this was where the activities are scheduled and written, and that she had not yet completed the schedule for this month.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 4 out of 4 sampled residents (Residents #1-#4) who required assistance with self-administration of medication.

The findings included:

During review of the MOR's at 9:00 AM on , the following omissions and errors were identified:

1) Resident #1
a. 8:00 AM doses from through were not initialed as given for , , Sevelamer, Poly Iron, Prafosin and .
b. 12:00 PM doses from through were not initialed as given for Sevelamer.

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c. 8:00 PM doses from through were not initialed as given for , and Prafosin.
d. 5:00 PM doses from through were not initialed as given for Sevelamer.

2) Resident #2
a. 8:00 AM doses from through were not initialed as given for , , and .
b. 8:00 PM doses from through were not initialed as given for .
c. 5:00 PM doses from through were not initialed as given for .
d. 2:00 PM doses from through were not initialed as given for .

3) Resident #3
a. 6:00 AM, 10:00 AM, 11:30 AM, 2:00 PM and 8:00 PM doses from through were not initialed as given for .
b. 6:00 AM, 8:30 AM, 11:30 AM, 2:00 PM, 5:30 PM and 8:00 PM from through were not initialed as given for .
c. 8:00 PM doses from through were not initialed as given for .

4) Resident #4
a. 6:00 AM doses from through were not initialed as given for .
b. 8:00 AM doses from through were not initialed as given for , , B1, , Leviteraceta, Nystop Powder and C.
c. 2:00 PM doses from through were not initialed as given for Nystop Powder.
d. 8:00 PM doses from through were not initialed as given for , Levetiraceta, Nystop Powder and .

Staff A stated during interview at 10:00 AM on that she had just arrived and had not been at the facility since when the last medications were documented as given. She did not know what the previous staff member had not documented the medications as given. The facility provided no additional documentation for review at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure "as needed (PRN)" medication listed on the Medication Observation Record (MOR), for 1 out of 4 sampled residents (Resident #1), had

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specific instructions for use, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

The findings included:

On at 10:00 AM, the MOR for Resident #1 was reviewed and listed " to be given PRN (as needed)". There were no instructions listed for when the resident was to receive this medication and for what reason.

These findings were discussed with Staff A at 11:00 AM on . The facility provided no additional documentation for review at this time.

Class

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

Based on record review and a staff interview, the facility failed to ensure 2 out of 2 sampled employees (Staff A and B) had submitted a written statement from a health care provider documenting that the employee does not have any signs or symptoms of communicable ( ) within 30 days of hire.

The findings included:

a) During record review for Staff A, date of hire unknown, a signed statement by a health care provider verifying this employee was free from all communicable could not be found.

b) During record review for Staff B, date of hire , a signed statement by a health care provider verifying this employee was free from all communicable , including , could not be found. A signed statement indicating that the employee was free from , dated , was the only documentation for this employee's health clearance.

A request was made to Staff A for the documentation on 11/08/18 at 11:00 AM, but she was unable to locate this documentation at the time of survey. The facility provided no additional documentation of the required statements for review.

Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) who provide direct care to residents had received the required in-service training within 30 days of employment .

The findings included:

a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on an unknown date.

1. Facility's Emergency Procedures and Incident Reporting (1 hour)
2. Residents' Rights and , Neglect and , (1 hour)
3. Safe Food Handling (1 hour)
4. Facility's Elopement Policy and Procedure

b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on .

1. Control (1 hour)
2. Activities of Daily Living (3 hours)
3. Facility's Emergency Procedures and Incident Reporting (1 hour)
4. Residents' Rights and , Neglect and , (1 hour)
5. Safe Food Handling (1 hour)
6. Facility's Elopement Policy and Procedure

Staff A was interviewed at 11:00 AM on and confirmed that the aforementioned documentation was not present and available for review. The facility provided no additional documentation of the required training for these staff members at this time.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff

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A and B) had completed training in / within 30 days of employment.

The findings included:

a. The personnel file for Staff A was reviewed on 11/08/18 for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review. Staff A was hired on an unknown date.

b. The personnel file for Staff B was reviewed on 11/08/18 for documentation of training in / dated within 30 days of employment. There was no documentation of this training available for review. Staff A was hired on .

Staff A was interviewed at 11:00 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation at this time.

Class III

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

Based on record review and an interview, the facility failed to ensure a staff member who has completed courses in both First Aid and , and holds a currently valid card documenting completion of such courses, was in the facility at all times for 2 out of 2 sampled staff (Staff A and B).

The findings included:

a) Review of the personnel file for Staff A who works as a 24 hour caregiver revealed no current training with a valid card in First Aid or . Staff A was observed in sole charge of 4 residents on at 9:00 AM.

b) Review of the personnel file for Staff B who works as a 24 hour caregiver revealed no current training with a valid card in First Aid or .

Staff A confirmed during interview on 11/08/18 at 10:00 AM that the documentation of training in First Aid and was not present and available for review for either herself or Staff B who were left in sole charge of residents. The facility provided no additional documentation of the required training for review at this time.

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Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled unlicensed staff members (Staff A) who provided assistance with self-administered medications had successfully completed a minimum of 4 hours initial training and 2 hours of annual continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings included:

The personnel file for Staff A was reviewed for documentation of a minimum of 4 hours initial training and 2 hours of continuing education training annually on providing assistance with self-administration of medication and safe medication practices in an ALF. There was no documentation of this training available for review for this staff member.

Review of the MORs (Medication Observation Record) for Residents #1-#4 was conducted with Staff A at 10:00 AM on . She identified her initials on the residents' MORs, last intialed on , and stated that she provided medication to residents and was trained. The facility provided no additional documentation for review at the time of the survey.

Class III

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

Based on record review and an interview, the facility failed to ensure that 2 out of 2 sampled staff (Staff A and B) had completed training in the facility's Policy and Procedures within 30 days of employment.

The findings included:

a. The personnel file for Staff A was reviewed on 11/08/18 for documentation of training in the facility's Policy and Procedures dated within 30 days of employment. There was no documentation of this training available for review. Staff A was hired on an unknown date.

b. The personnel file for Staff B was reviewed on 11/08/18 for documentation of training in the facility's Policy and Procedures dated within 30 days of employment. There was no documentation of this training available for review. Staff A was hired on .

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Staff A was interviewed at 11:00 AM on and acknowledged that the documentation was not present and available for review. The facility provided no additional documentation at this time.

Class III

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

Based on record review and an interview, the facility failed to maintain a personnel file containing all required components for 2 out of 2 sampled staff (Staff A and B); and, failed to maintain a written work schedule showing staffing hours worked; and, failed to maintain documentation of staff participation in elopement drills.

The findings included:

On at 11:00 AM, the staffing schedule and personnel files for Staff A and B were requested from Staff A. She stated that her file was not available for review at the facility. She stated she did not have access to any personnel files, and that she would have the Administrator email her trainings to this writer. As of , no personnel file information had been received from the Administrator. There was no staffing schedule available for review at this time.

During personnel file review for Staff A and B, the following items were not available for review on :
a. Employment Application with references.
b. Documentation of compliance with all staff training and continuuing education.
c. Attestation of Good Moral Character and copy of criminal background screenings.

Additionally, there was no documentation of participation in Elopement Drills for Staff A and B available at the time of the survey.

The facility provided no additional documentation for review at this time.

Class

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and an interview, the facility failed to obtain approval and maintain documentation of an Emergency Environemental Control Plan (EECP) at the facility, or file a request for

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an extension with the Agency for the plan to be implemented.

The findings included:

On at 11:00 AM, a request was made to Staff A for documentation showing approval of the facility's EECP. Staff A stated she did not know of any documentation showing the facility's EECP had been approved by the county's emergency management agency. She did not know if a request for an extension for the plan to be implemented had been sent to the Agency.

Review of the Agency's website on shows that the facility does not have an extension granted for the implementation of the EECP.

Once the EECP is approved by the county, the facility must submit a "consumer friendly version" to the Agency within two (2) days.

The facility provided no additional documentation for review at the time of survey.

Class III

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

Based on review of the Agency's Criminal Background Screening Clearinghouse website and an interview, the facility failed to maintain a current employee roster for all employees of the facility. 2 out of 2 sampled staff, Staff A and C, were not listed on the roster.

The findings included:

On , a review was conducted of the facility's employee roster located on the Agency's Background Screening Clearinghouse website. At this time, Staff A and C were not listed on the roster. Staff C is the Manager appointed for this facility.

During interview with Staff A on 11/08/18 at 11:00 AM, she confirmed that she had worked at the facility for an unknown amount of time, and was unaware of the required roster.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

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Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff A) who provided personal care services for residents was in compliance with the Level II criminal background screening requirement.

The findings included:

The personnel file for Staff A was reviewed for documentation of compliance with the Level II criminal background screening requirement. There was no documentation of this screening on file. There was no record of a completed screening on the Agency's background screening website. Staff A was interviewed at 11:00 AM on and stated that she has worked at the facility for an unknown amount of time. She was observed in sole charge of 4 residents on .

Review of the Agency's Clearinghouse website on revealed that Staff A did not have a current criminal background screening on file. Staff A's last employment end date was listed as . Staff A's eligibility determination was documented as "Resubmission Required-90 Day Lapse in Employment".

Unclassified