STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968527	R 11/07/2018
NAME OF PROVIDER OR SUPPLIER **SWEET ALICE'S PLACE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2317 W25TH STREET** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Sweet Alice's Place, Inc. on . . . . . to , 2018. Sweet Alice's Place, Inc had deficiencies at the time of the visit.

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

Based on record review and staff interview the facility failed to obtain a Health Assessment form (1823) (Resident #4) within 60 days of admission or 30 days after admission for 1 out of 4 sampled residents. The facility failed to obtain a new Health Assessment for Resident #4 prior to the follow up survey on . . . . . .

The findings include:

During the biennial licensure survey on . . . . . , the clinical record for Resident #4 was reviewed. The Health Assessment (form 1823) was dated . Resident #4 was admitted to the facility on . . . . . .

During an interview with the Administrator on at 2:30 pm, he stated he was unaware that the health assessment for Resident #4 had been completed more than 60 days prior to his admission. He confirmed he had not gotten a new 1823 since the assessment done on .

During a follow up survey on . . . . . a review of the clinical record for Resident #4 was conducted. The Health Assessment (form 1823) was dated and no new Health Assessment form was found.

During an interview with Employee B on at 1:05 pm she stated that she did not have any other documents for Resident #4 except what was in his chart. She telephoned the Administrator and he stated he would fax the new health assessment to this surveyor. As of , the required document had not been received.

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Class III

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

Based on record review and staff interview the facility failed to ensure the resident contract contained a 45 day notice of facility initiated discharge, for 4 of 4 residents sampled.

The findings include:

During the biennial licensure survey on , resident contracts were reviewed. The contracts did not contain a 45-day notice of facility-initiated discharge.

During an interview with the administrator on at 2:30 pm, he stated that he had recently removed some of the sections of the resident contract because it was so large and he wanted to simplify it. He did not realize that the contract did not contain a 45-day notice of facility-initiated discharge.

During the follow up survey on a review of all four current residents revealed in the contracts signed a 30 day notice of discharge in the Admission & Discharge Policies section #24 it read: In the event the facility decides to discharge you, you will be given 30 days advanced notice prior to the date of discharge.

During an interview with Employee B on at 2:10 pm she was shown the new contracts and informed that they did not have the required 45 day notice for discharge. She stated she would inform the Administrator.

Class III

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

Based on record review, observation and staff interview, the facility failed to contact the provider to obtain revised instructions for use for a medication that was labeled "as needed" for one resident (Resident #2) out of one sample resident for medication pass.

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The findings include:

During the biennial licensure survey on . . . . . , a medication pass was observed. The medication technician, Employee B, prepared the medication . . . . . 50 milligrams (mg) for Resident #2. The label on the medication card and the Medication Observation Record (MOR) read: Take one tablet by mouth once daily at bedtime as needed. The MOR did not contain any other instructions for the unlicensed personnel.

A follow up survey was conducted on . Review of the MOR for Resident #2 revealed the resident had received the medication . . . . . 50 mg every evening in the month of . . . . . 2018 (Photographic evidence obtained). Review of the physician's order dated read: . . . . . 50 mg tablet. Take one tablet by mouth once daily at bedtime as needed. There were no other instructions for the unlicensed personnel on the order (Photographic evidence obtained).

During an interview with Employee B on . . . . . at 1:15 pm, she stated that she gives Resident #2 the medication every evening at 8:00 pm. The resident asks for it and he thinks he is supposed to get it every evening. She stated that she called the physician regarding Resident #2 order to have it changed to a scheduled order and the doctor told her "When he asks for it, just give it to him". She stated she cannot tell if the resident needs it or not.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled employees (Administrator) had annual documentation of a negative examination.

The findings include:

A review of Employee A's personnel file was conducted on . . . . . There was no evidence to show

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that Employees A had annual documentation of a negative . . . . . test and examination.

Employee A's last documented . . . . . test was dated . . . . . The result was negative.

During an interview with the administrator on 11:30 am he stated he did not have an updated . . . . . test in the last year. He knew he needed to have one.

During a follow up survey on review of the Administrator's personnel file revealed no documentation of a negative . . . . . test and examination.

During a telephone interview with the Administrator on he confirmed that he had not gotten a . . . . . test done yet. He stated he would get it and send the results to this surveyor. No documentation had been received as of .

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on employee record review and staff interview the facility failed to ensure the Administrator had re-taken the core training after failing to keep up with the required 12 hours of continuing education units (CEUs).

The findings include:

During an interview with the Administrator on at 2:30 pm, he stated that he did not have 12 hours of continuing educations hours in topics related to assisted living facilities. He stated he was going to take the trainings this week. He stated he knew he needed the hours.

During the follow up survey on . . . . . a review of the employee record for the administrator

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revealed no documentation of the core training required for Administrators of assisted living facilities (ALF) by Florida Statute 429.52 (1-2) FS; 58A-5.0191 (1) FAC.

During a phone interview with the Administrator on at 1:35 pm he stated he did not the he needed to re-take the core training again. He stated he would e-mail his certificate. He was requested to send a copy of his original core training. He stated he'd have to look for that. He provided a certificate for 12 hours of CEUs. He did not send his original core training certificate as requested. As of he had not provided any proof of core training since his CEUs expired on .

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel file review and staff interview the facility failed to ensure all employees who worked directly with the residents and who might be working alone in the facility maintain their certification in First Aid and ( ) for one employee (Administrator) out of two sampled employees.

The findings include:

A review of the personnel file for the Administrator revealed no evidence of a current certification for First Aid and . The last certification received expired on (photographic evidence obtained).

During an interview with the Administrator on at 2:30 pm, he stated he knew his First Aid and training had expired. He knew either himself or Employee B had to have a valid certificate to be in the facility with the residents. He knew he could not be alone in the facility without having had the training and a current certification.

During an interview on at 1:10 pm with Employee B, she confirmed that she stays at the facility around the clock and if she needs time off the Administrator covers for her. There were no other employees at this facility at the time of the survey.

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During a phone interview with the Administrator on at 1:11 pm he stated he had not gotten any training on First Aid or . He confirmed that he knew he needed to have it to cover for Employee B when she needed time off since there were no other employees to cover for her.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on employee record review and staff interview the facility failed to ensure the Administrator or food service designee had 2 hours of continuing education annually.

The findings include:

A review of the employee record for the Administrator revealed no proof of continuing education for food service annually.

During an interview with the Administrator on at 2:30 pm he stated he did not have any training in the last year for food service. He stated he is the food service designee and he knew he needed it.

During a follow up survey on the personnel file for the Administrator was reviewed. No proof of continuing education training for food service was found.

During a phone interview with the Administrator on at 1:11 pm he stated he had not gotten any training on food service since the biennial licensure survey on . He confirmed he needed to have the 2 hours of training annually.

Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations, resident interviews, staff interviews and facility document review, the facility failed to maintain a safe and sanitary living environment for two of the four residents (#2 and #3) of the facility.

The findings include:

During the tour of the facility on at 1:10 pm, it was observed that tile on the floor was cracked in Resident #2 and #3's (Photographic evidence obtained).

The wall of the a dried on brown liquid stain. The baseboards were covered with a film of dust (Photographic evidence obtained).

During an interview with Employee B on she stated the Administrator has made some repairs to the that (Resident #2 and #3's), but he has not fixed the tile yet.

During a phone interview with the Administrator on at 1:30 pm, he stated he had been working in that he would still have to paint the wall and fix the tile.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and staff interview the facility failed to maintain an up-to-date admission and discharge log and to maintain a current Medication Observation Record for one out of four sample residents (#1)

The findings include:

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During an interview with the Administrator on . . . . . at 2:30 pm, he stated the facility does not have an admission and discharge log. He knew that the facility was supposed to have one and stated that he would develop one.

During a follow up survey on . . . . . the admission discharge log and the current MOR for Resident #1 were not found. Employee B telephoned the Administrator to ask him where the admission and discharge log was. She stated she could not find the MOR for Resident #1 and she had just had it this morning. She would keep looking for it.

During a phone interview with the Administrator on . . . . . at 1:15 pm he stated he has an admission and discharge log and he would e-mail it to this surveyor.

Review of the admission and discharge log e-mailed on . . . . . revealed a blank log (Copy obtained). He was asked to clarify but as of no response was received.

Class III

0168 - Resident Refund Policy - 429.24(3)(a) FS

Based on record review and staff interview the facility failed to ensure the resident contract allowed for the required 45 days after written notification of discharge to have the residents' possessions stored before disposing of them, for 4 of 4 residents sampled.

The findings include:

Review of the facility contract for each of the four current residents revealed in the Complaint and Grievances section #33 it read: If for any reason you have not taken your personal property with you upon discharge the facility will pack up your belongings and safely store them for 20 days. If you or your family have not retrieved them with 20 days of discharge, your property will be disposed of (Photographic evidence obtained).

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During a follow up survey on [redacted] the contract was reviewed with Employee B. She was informed that the residents must be given 45 days after a written notice of discharge to remove their possessions. She stated she did not know that the residents have 45 days to remove their possessions from the facility. She stated she understood and would inform the Administrator to change the contract.

Class III