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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967884</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>11/09/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ORCHIDS HOME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2960 MEADOWS OAKS DR S<br/>CLEARWATER, FL 33761</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                 |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>A revisit to a . . . . . abbreviated biennial re-licensure survey with limited mental health (LMH) was conducted at Orchids Home on . . . . . Orchids Home had deficiencies at the time of the visit.</p> <p>(License #11901)</p> <p><b>0052 - Medication - Assistance with Self-Admin - 429.256( . . . ); 58A-5.0185 (3)</b></p> <p>Based on observation and interview, the facility failed to follow procedures for assistance with self-administration of medications as required under Section 429.256 Florida Statutes for three (Resident #1, Resident #2, and Resident #3) of three residents observed during a medication review.</p> <p>Findings included:</p> <p>A medication review was conducted with Staff A beginning at 7:12 AM on . . . . . Staff A, a medication assistant, was observed proceeding as follows for assisting Resident #1, Resident #2, and Resident #3: Staff A washed their . . . . ., took the medications out of the medication cart (which was located in a small common area outside the kitchen), popped the medications in to a cup at the medication cart, brought the medication to the dining room table in another room, scooped yogurt on to a spoon, placed pills in the yogurt, and fed the pills/yogurt to Residents #1, #2, and #3 without the residents participating in the process.</p> <p>In all three observations with the residents, Staff A did not read the label aloud to the residents, open the container, remove a prescribed amount of medication from the container, and close the container in the presence of the residents. Additionally, Staff A did not assist the residents in lifting the spoons to their mouths. Staff A instead placed the spoons with medication in to their mouths and administered the medications.</p> <p>The Administrator was interviewed at 8:50 AM on . . . . . concerning the observation of Staff A administering medication to Resident #1, Resident #2, and Resident #3. The Administrator stated that Staff A was unlicensed personnel and not licensed to administer medication to residents.</p> <p>Class III</p> |                                                                                                 |                                                           |

**AGENCY FOR HEALTH CARE  
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| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                           |
| <p><b>0054 - Medication - Records - 58A-5.0185(5) FAC</b></p> <p>Based on observation, record review, and interview, the facility failed to maintain accurate, up-to-date medication observation records (MORs), signed at the time the medication was given for three (Resident 1, Resident #2, and Resident #3) of three residents sampled.</p> <p>Findings included:</p> <p>A medication review was conducted on 11/9/18 beginning at 7:12 AM. Staff A, a medication assistant, was observed providing Resident #1 with the medication ..... 250 MG and ..... D3 1000 IU. Staff A did not initial the MORs after providing medication to Resident #1.</p> <p>Staff A then went to the medication cart and took out medications for Resident #2 including ..... 10 GM/15 ML, ..... 200 MG, Oyster ..... 500-200 MG-IU, and ..... 500 MG. Staff A was observed providing these medications to Resident #2. Staff A did not initial the MORs immediately after providing medications to Resident #2.</p> <p>Staff A proceeded to remove medications from the medication cart for Resident #3 that consisted of ..... DR 125 MG, ..... 180 MG, Refresh Pro-B Fem Probiotic, and Slow Iron. Staff A was observed providing the medications to Resident #3. Staff A did not initial the MORs when finished.</p> <p>While Staff A was providing Resident #2 with their medications, the Administrator was observed initialing MORs, even though they were not assisting residents with their medications. The Administrator was briefly interviewed at 7:20 AM on ..... and asked why they were initialing the MORs, even though they were not providing the medications to residents. The Administrator stated that they were helping.</p> <p>A review of the MORs for Resident #1 dated ..... for 8 AM medications showed that the Administrator initialed both medications (photographic evidence obtained). A review of the MORs for Resident #2 dated ..... for 8 AM medications showed that the Administrator initialed the medications LamoTRIGene 200 MG, Oyster ..... 500-200 MG, and ..... 500 MG (photographic evidence obtained). A review of the MORs for Resident #3 dated ..... for 8 AM medications showed that the four medications provided were not initialed (photographic evidence obtained).</p> <p>An interview was conducted with the Administrator at 9:00 AM on ..... and the lack of required initials from Staff A on the MORs for Resident #1, Resident #2, and Resident #3 was discussed.</p> <p>Class III</p> |                                                                                                 |                                                           |

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

**0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42( ) FS; 58A-5.033(3)(a) FAC**

Based on observation and interview, the facility failed to follow procedures for assistance with self-administration of medications as required under Section 429.256 Florida Statutes for three (Resident #1, Resident #2, and Resident #3) of three residents observed during a medication review.

Findings included:

A medication review was conducted with Staff A beginning at 7:12 AM on . . . . . Staff A, a medication assistant, was observed proceeding as follows for assisting Resident #1, Resident #2, and Resident #3: Staff A washed their . . . . ., took the medications out of the medication cart (which was located in a small common area outside the kitchen), popped the medications in to a cup at the medication cart, brought the medication to the dining room table in another room, scooped yogurt on to a spoon, placed pills in the yogurt, and fed the pills/yogurt to Residents #1, #2, and #3 without their assisting in the process.

In all three observations with the residents, Staff A did not read the label aloud to the residents, open the container, remove a prescribed amount of medication from the container, and close the container in the presence of the residents. Additionally, Staff A did not help the residents lift the spoons to their mouths. Staff A instead placed the spoons with medication in to their mouths and administered the medications .

The Administrator was interviewed at 8:50 AM on . . . . . concerning the observation of Staff A administering medication to Resident #1, Resident #2, and Resident #3. The Administrator stated that Staff A was unlicensed personnel and not licensed to administer medication to residents .

Based on observation, record review, and interview, the facility failed to maintain accurate, up-to-date medication observation records (MORs), signed at the time the medication was given for three (Resident 1, Resident #2, and Resident #3) of three residents sampled.

Findings included:

A medication review was conducted on 11/9/18 beginning at 7:12 AM. Staff A, a medication assistant, was observed providing Resident #1 with the medication . . . . . 250 MG and . . . . . D3 1000 IU. Staff A did not initial the MORs after providing medication to Resident #1.

Staff A then went to the medication cart and took out medications for Resident #2 including . . . . . 10 GM/15 ML, . . . . . 200 MG, Oyster . . . . . 500-200 MG-IU, and . . . . . 500 MG. Staff A

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| <p align="center">SUMMARY STATEMENT OF DEFICIENCIES<br/>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                 |                                                           |
| <p>was observed providing these medications to Resident #2. Staff A did not initial the MORS immediately after providing medications to Resident #2.</p> <p>Staff A proceeded to remove medications from the medication cart for Resident #3 that consisted of<br/> DR 125 MG, 180 MG, Refresh Pro-B Fem Probiotic, and Slow Iron. Staff A was observed providing the medications to Resident #3. Staff A did not initial the MORs when finished.</p> <p>While Staff A was providing Resident #2 with their medications, the Administrator was observed initialing MORs, even though they were not assisting residents with their medications. The Administrator was briefly interviewed at 7:20 AM on ..... and asked why they were initialing the MORs, even though they were not providing the medications to residents. The Administrator stated that they were helping.</p> <p>A review of the MORs for Resident #1 dated ..... for 8 AM medications showed that the Administrator initiated both medications (photographic evidence obtained). A review of the MORs for Resident #2 dated ..... for 8 AM medications showed that the Administrator initialed the medications LamoTRlgene 200 MG, Oyster ..... 500-200 MG, and ..... 500 MG (photographic evidence obtained). A review of the MORs for Resident #3 dated ..... for 8 AM medications showed that the four medications provided were not initialed (photographic evidence obtained).</p> <p>An interview was conducted with the Administrator at 9:00 AM on ..... and the lack of required initials from Staff A on the MORs for Resident #1, Resident #2, and Resident #3 was discussed.</p> <p>Due to uncorrected Class III deficiencies regarding medicinal drugs, the facility is required to employ the consultant services of a licensed pharmacist or a registered nurse.</p> <p>Class III</p> |                                                                                                 |                                                           |
| <p><b>0200 - Emergency Environmental Control - 58A-5.036 FAC</b></p> <p>Based on observation, interview and attempted record review, the facility failed to implement their emergency environmental control plan (EECP) or obtain an extension for its implementation and failed to install ..... monoxide detectors in the facility.</p> <p>Findings included:</p> <p>Throughout the survey beginning at 6:55 AM on ....., no ..... monoxide detector was observed in the facility.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |                                                           |

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| <p>An interview was conducted with the Administrator at 8:38 PM on ..... and they were asked to provide documentnaton of an EECp. The Administrator stated that the EECp was not in the facility and the facility had not submitted a plan as required. The Administrator stated that they did not request and extension. The Administrator also stated that there was no ..... monoxide detector present in the facility.</p> <p>Class III</p> <p><b>Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS</b></p> <p>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 one (Staff A) of one employee sampled.</p> <p>Findings included:</p> <p>A review of employee records showed that Staff A was hired on ..... A review of the facility's Employee Roster showed that Staff A was not listed.</p> <p>The Administrator was interviewed at 8:19 AM concerning the lack of entries for Staff A. The Administrator acknowledged that Staff A's name was not entered.</p> <p>Unclassified</p> <p><b>Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS</b></p> <p>Based on observation, interview, and record review, the facility failed to provide proof of a current Level 2 background screening for staff that provided personal care to the facility's residents for one (Staff B) of one employee sampled.</p> <p>Findings included:</p> <p>An interview was conducted with Staff B on 11/9/18 at 7:57 AM. They stated that they work Monday through Saturday from 6:00 AM until 8:00 AM and sometimes until 8:30 AM. They stated that they assisted all the residents with showers, cooking, and providing breakfast meals. Staff A was observed assisting residents in to the facility's bathroom for showers.</p> |                                                                                                 |                                                           |

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| <p>A review of the background screening clearinghouse on 11/9/19 showed that Staff B's employment eligibility status as "A New Screening Is Required".</p> <p>An interview was conducted with the Administrator at 8:34 AM on                      and the Administrator was informed that Staff B required a new Level 2 background screening in order to continue employment at the facility. The Administrator acknowledged that Staff B required a new Level 2 background screening.</p> <p>Unclassified</p> |                                                                                                 |                                                          |