STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD** **ZEPHYRHILLS, FL 33540**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the Facility failed to maintain an eligible Background Screening (BGS) and an up-to-date signed Attestation of Compliance (AoC) in all employee personnel files for two Staff (A and B) of six sampled staff records.

Findings Included:

An employee record review for Staff A, conducted on , revealed that Staff A had an expired BGS eligibility. The last eligible BGS that Staff A received was on . Staff A was sent for a re-screening on with no results documented in the employee's personnel file. Staff A was on the Facility Staff Schedule and scheduled to work on and . Staff A had a date of hire on .

An employee record review for Staff B, conducted on , revealed that Staff B did not have an eligible BGS in the employee's personnel file. The Facility's BGS Employee Roster indicated that the last eligible BGS that Staff B had was on . The last Attestation of Compliance that Staff B signed was on . Staff B was sent for a re-screening on with no results documented in the employee's personnel file. Staff B was on the Facility Staff Schedule and scheduled to work on 11/14/18 and . Staff B had a date of hire on .

During an interview with the Business Office Manager, conducted on at 03:15pm, the Business Office Manager acknowledged and confirmed that both Staff A and B had expired BGS. The Business Office Manager acknowledged and confirmed that Staff B signed an AoC greater than five years ago. No other documentation was provided.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

A Revisit to a 09/10/18 Complaint Survey (CCR#: 2018009862) was conducted at American House of Zephyrhills Assisted living Facility on 11/14/18.
American House of Zephyrhills Assisted Living Facility had deficient practice identified at the time of the survey.

(License#: 12384)

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

Based on record review and interview, the Facility failed to obtain documentation of care and services necessary to meet the needs for continued residency and maintain an Interdisciplinary Care Plan ( ) specifying those services provided by Hospice and those service provided by the Facility for three of three sampled residents (Residents #1,2 and 3).

Findings Included:

A record review for Resident #1, conducted on , revealed that Resident #1 did not have an specifying those care and service provided by Hospice and those provided by the Facility in the Resident's record. Resident #1 had documented frequent . Resident #1 did not have any Assessments, Management Tool, or intervention prevention measures implemented to reduce occurrence in the Resident's record. There was no documentation that Resident #1's Physician was notified of the that occurred on , , (both), , , , , , , and , in the Resident's record. There was no documentation found in Resident #1's record that the Resident's Power of Attorney was notified of the Resident's that occurred on and .

A record review for Resident #2, conducted on , revealed that Resident #2 did not have an specifying care and services provided by Hospice and those provided by the Facility in the Resident's record. Resident #2 admitted to the Facility on . Resident #2 did not have any information regarding Hospice Services and admission in the Resident's record except for the name and phone number of the Hospice Organization.

A record review for Resident #3, conducted on , revealed that Resident #3 did not have an

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

specifying those care and service provided by Hospice and those provided by the Facility in the Resident's record. Resident #3 admitted to the Facility on . Resident #3 did not have any information regarding Hospice Services and admission in the Resident's record except for the name and phone number of the Hospice Organization.

A review of the Facility's Policy and Procedure, conducted on , revealed that the Facility must complete a Assessment Form for each resident who . The Facility must implement a Plan of Care Protocol for residents who and the approaches related to the Management Tool must be documented in the residents' Service Plan. All interventions implemented must be documented in the residents' Service Plan and Health Plan in the residents' record. The Facility must notify the Residents Physician and Responsible Party for each that occurs.

During an interview with the Assistant Director of Nursing (ADON), conducted on at 04:15pm, the ADON acknowledged and confirmed that Residents #1, #2, and #3 did not have ICPs specifying those care and services that Hospice provides and those that the Facility provides in the Residents' records. The ADON did not provide requested Assessments, Management Tool, or documented intervention/prevention measures implemented for Resident #1 to reduce the Resident's occurrences. The ADON acknowledged and confirmed that the Facility failed to follow its Policy and Procedures.

Class III