STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968387	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **A PLACE TO GROW LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 VALLEY DR** **BRANDON, FL 33510**	

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

0000 - Initial Comments

Assisted Living Facility

On , a Biennial Survey was conducted at A Place to Grow. At the time of the survey, the facility had deficiencies.

(License #12293)

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

Based on record review and interview, the facility failed to ensure that documentaion of a -to- health assessment was completed after a significant change (admission to hospice) and that documentation of a Hospice interdisciplinary care plan was maintained in the residents file for 2 (Resident #3 and Resident #4) of 2 residents sampled.

Findings included:

A record review conducted on 11/15/18 of Resident #3's health assessment dated revealed no documentation that a new assessment had beem obtained to reflect a significant change in Resident #3's condition (admission to Hospice) on . The record review also revealed no documentation of an interdisciplinary care plan specifying the services being provided by Hospice and those being provided by the facility.

A record review conducted on 11/15/18 of Resident #4's health assessment dated revealed no documentation that a new assessment had beem obtained to reflect a significant change in Resident #4's condition (admission to Hospice) on . The record review also revealed no documentation of an interdisciplinary care plan specifying the services being provided by Hospice and those being provided by the facility.

During an interview conducted on at 11:02am, the administrator acknowledged and confirmed that there was no documentation of a new health assessment to show the significant change in Resident #3 and Resident #4's condition requiring admission to Hospice. The administrator stated "Both residents are total assist with activities of daily living (ADL's) we need to get another (assessment) to show that

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and that they're on Hospice.". The administrator also acknowledged and confirmed the lack of documentation of a Hospice interdisciplinary care plan in both Resident #3 and #4's record. The administrator stated "I don't have any interdisciplinary care plan notes from Hospice."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, interview, and record review, the facility failed to ensure that 2 (Resident #3 and Resident #4) of 2 residents observed were free from physical .

Findings included:

A tour of the facility was conducted beginning at 9:02am on . Resident #3 was observed resting in bed. Resident #3's bed contained 1 full bed rail on the right side of the bed, enclosing the entire side of the bed. The left side of the bed was situated flush up against the wall.
Resident #4 was observed resting in bed. Resident #4's bed contained 1 full bed rail on the right side of the bed, enclosing the entire side of the bed. The left side of the bed was situated flush up against the wall.
(Photographic Evidence Obtained)

A review of Resident #3's and Resident #4's record showed no evidence of any documentation from a health care provider regarding or full bed rails.

During an interview conducted on at 11:10am, the administrator acknowledged and confirmed the use of the full bed rails for Residents #3 and #4. The administrator stated "The residents can't take the rails down and I don't have an order."

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, interview and record review, the facility failed to ensure that only licensed staff administered medications for 1 (Resident #4) of 1 residence observed during medication review.

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Findings included:

During an observation of medication assistance with the administrator on at 1:49pm, the administrator, an unlicensed employee, was observed spoon feeding oral medication dosages to Resident #4 with yogurt. The administrator did not inform the Resident of medications provided.

During a record review conducted on , the health assessment for Resident #4 dated indicated that Resident #4 required assistance with self-administration of medications.

During a record review conducted on , the Medication Observation Record (MOR) revealed that Resident #3 had an order for , injection 2 times daily and that the administrator, Staff A and Staff B (all unlicensed staff) documented when the injection was provided for Resident #3. (Photographic Evidence Obtained)

During a record review conducted on , the health assessment for Resident #3 dated indicted that Resident #3 required assistance with self-administration of medications.

During an interview conducted on at 11:05am, the family member of Resident #3 acknowledged and confirmed that unlicensed staff provided the injection for Resident #3. The family member stated " , the ladies injects the ."

During an interview conducted on at 1:55pm, the administrator acknowledged and confirmed that they were not licensed to administer medications to the resident. The administrator stated "I'm not a nurse." "We do the injections."

Class III

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

Based on record review and interview the facility failed to ensure 3 (Administrator, Staff A and Staff B) of 3 staff whose records were reviewed, had a 2-hour annual update in assistance with self-administration of medication.

Findings included:

A record review conducted on 11/15/18 for the administrator revealed a 4 -hour Initial Medication

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Training in assistance with self-administration of medication on , however documentation of a 2-hour annual update in assistance with self-administration of medication was not in the record.

A record review conducted on 11/15/18 for Staff A revealed a 4 hour Initial Medication Training in assistance with self-administration of medication on , however documentation of a 2-hour annual update in assistance with self-administration of medication was not in the record.

A record review conducted on 11/15/18 for Staff B revealed a 4 hour Initial Medication Training in assistance with self-administration of medication on , however documentation of a 2-hour annual update in assistance with self-administration of medication was not in the record.

During an interview conducted on at 1:45pm, the administrator ackowledged and confirmed the lack of documentation of a 2-hour annual update in assistance with self-administration of medication. The administrator stated "I don't see it."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to review its emergency management plan on an annual basis and submit to the local management agency for review and approval.

Findings included:

A record review conducted on 11/15/18, revealed a Comprehensive Emergency Management Plan (CEMP) dated with no evidence or documentation that the facility had reviewed it internally and submitted it to the local authority for review after changes and updates.
(Photographic Evidence Obtained)

During an interview conducted on at 11:15am, the administrator acknowledged and confirmed the lack of a an approved CEMP. The administrator stated "I don't have a more recent plan."

Class III