STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966790	**12/03/2018**
NAME OF PROVIDER OR SUPPLIER **PATTY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10637 LITHIA PINECREST ROAD** **LITHIA, FL 33547**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the files for three staff sampled (A-C) did not contain the signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, .

Findings include:

Personnel record review during the survey indicated that there was no signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 document located in any of the employee files for Staff A, Staff B, or Staff C. Interview with the administrator at 2pm on provided no clarification for this discrepancy other than she was unaware of this requirement.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

On through , a biennial relicensure survey was conducted at Patty's House, Inc. (Lic. #10931). Deficient practice was identified during the survey.

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

Based on observation and interview, the facility had deprived its residents from living in a completely decent environment.

Findings included:

During the facility tour conducted between 10:30am and 11:20am on , the following concerns pertaining to the physical plant were noted:
a) the couch located on the patio/smoking area was extremely filthy and along the seams of its cushions and areas;
b) one of the smaller chairs in the corner of the patio had several holes;
c) the overhead light fixture located in the small living room did not work/operate;
d) one of the chairs in the main living room was badly ripped, exposing its stuffing underneath;
e) one of the recliners in the main living room was also ripped--showing a smaller amount of its under layer; and
f) the light fixture in one of the half bathrooms has no bulb, while there is an extreme build-up of rust in the toilet.

Interview with the administrator at 1:40pm on indicated that she was aware of some of these issues and not aware of others.

Class III

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

Based on record review and interview, one of two residents whose pharmaceuticals were reviewed (#1) did not have an up-to-date medication observation record (MOR).

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Findings included:

Medication observation at 12 noon on revealed that Resident #1 received 500mg, 1 tablet at this time.
A review of the pharmacy container found that the resident was to receive 1 tablet of this medication 3x/day. However, a review of the resident's corresponding MOR revealed no entry for this drug. Interview with the administrator at 12:15pm on provided no clarification why there was no entry for the , and why no other location had been created to document the assistance of the resident's .

Class III

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

Based on record review and interview, one of three staff sampled (B) did not have a statement from a health care provider (physician; physician's assistant; or ARNP) attesting to their freedom from communicable ( ).

Findings included:

A personnel file review conducted during the survey found no official documentation from a health care provider verifying that Staff C, hired , was free from communicable including . Interview with the administrator at 1:45pm on provided no clarification for this discrepancy.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility did not maintain an ample amount of potable water as a part of its 3-day non-perishable food supply in order to meet the needs of its current resident census.

Findings included:

Observation of the facility's 3-day emergency water supply at 3pm on found a total of 21 gallons of water and/or water storage capacity on site. However, with a current census of fourteen (14) residents, this short of the eighty-four (84) gallons required--(14: number of residents on the census

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X 2 gallons per day) X 3 days= 28 X 3= 84. Interview with the administrator at 3:15pm on provided no explanation for this oversight.

Class III

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

Based on observation and interview, the facility failed to maintain a safe and decent living environment for all residents.

Findings included:

During the facility tour conducted between 10:30am and 11:20am on , the following concerns pertaining to the physical plant were noted:

a) the couch located on the patio/smoking area was filthy and along the seams of its cushions and areas;
b) one of the smaller chairs in the corner of the patio had several holes;
c) the overhead light fixture located in the small living room did not work/operate;
d) one of the chairs in the main living room was badly ripped, exposing its stuffing underneath;
e) one of the recliners in the main living room was also ripped--showing a smaller amount of its under layer; and
f) the light fixture in one of the half bathrooms had no bulb and there was an extreme build-up of rust in the toilet.

Interview with the administrator at 1:40pm on indicated that she was aware of some of these issues and not aware of others.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to completely comply with all the required components regarding its emergency environmental control plan.

Findings included:

Interview with the owner at 1:10pm on revealed that she was unable to locate any copies of

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the facility's approved emergency power plan within the facility. The owner stated "that the corporate manager maintained these in the business office, and would need to fax/email them to the various facilities upon request." Administrative documentation review indicated that the plan was never furnished throughout the duration of the survey.

In addition, the facility's written policies and procedures pertaining to the assurance that it could effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source were requested. Again, the owner indicated that these materials were not physically located on site, and that her corporate manager handled them remotely.

Finally, when asked if the facility had notified the residents/family members in writing of the power plan implementation, the owner replied that they had only conducted this process in a verbal, informal fashion. Nothing had been carried out in writing.

Class III