STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910160	**11/28/2018**
NAME OF PROVIDER OR SUPPLIER **AZALEA MANOR OF ST. PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **112 12TH AVENUE NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Azalea Manor of St. Petersburg (Lic. #5405). Deficient practice was identified during the survey.

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

Based on record review and interview, three of three staff sampled (A-C) either did not have a statement from a health care provider (physician; physician's assistant; advanced registered nurse practitioner (ARNP)) attesting to their freedom from communicable ( ) or had not had their status documented on an annual basis.

Findings included:

A personnel file review during the 11/28/2018 survey revealed that Staff A, hired in 2017, had no statement from a health care provider assessing this individual's freedom from signs/symptoms of communicable including . Although a review of Staff B's (hired 2010) record found a current statement from , no general evaluation from a health care provider could be located this employee's freedom from other communicable . Finally, review of the file for Staff C, hired in 2012, indicated that this individual's assessment had expired 11/9/2017. Interview with the administrator at 11:30am on provided no clarification for these discrepancies.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility did not maintain the minimum number of staffing hours per week with respect to its current resident census.

Findings included:

Interview with the administrator at 9:35am on indicated that the current census was thirteen (13) residents. Review of the facility's staffing schedule for the weeks of: - and - found a total number of weekly staffing hours worked/scheduled =168. However, with a

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current census of 13, the facility needs to have at least 212 hours scheduled per week. Interview with the administrator and owner at 2pm on . . . . . provided no explanation of this oversight.

Class III

0083 - Training - First Aid and . - 58A-5.0191(5) FAC

Based on record review and interview, one of three staff sampled (B) did not have current First Aid certification.

Findings included:

Personnel file review during the . . . . . survey revealed that Staff B, hired 2010, had a First Aid certification that had expired . . . . . According to the facility staff schedule, this individual occasionally worked alone. Interview with the administrator at 1pm on . . . . . provided no clarification for this oversight.

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, one of three staff sampled (C) did not have the required update in training in providing assistance with medication self-administration.

Findings included:

A personnel record review during the 11/28/2018 inspection revealed that the latest safe medication practices update taken by Staff C (hired 2012) was from . Further review of the file found no subsequent training having been obtained in this area by Staff C. Interview with the administrator at 1:20pm on provided no explanation for this discrepancy.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, one of two caregiver staff sampled (C) who had been employed at
least 30 days had not received the training in the facility's policies and procedures regarding Do Not

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Orders ( ).

Findings included:

A resident record review found that Staff C, hired 2012, had no documentation verifying that she had received any formal training regarding the facility's policies and procedures pertaining to and advance directives. Interview with the administrator at 1:15pm on provided no explanation for this oversight.

Class III

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

Based on observation, record review and interview, the facility did not always follow its approved menu, utilize menu substitution logs, or maintain the minimum amount of water or water storage capability as a part of its 3-day non-perishable food supply.

Findings included:

A review of the facility's current menu during the survey found that the noon meal consisted of "tuna salad sandwich on wheat; romaine salad with ; fruit cup; milk; water; iced tea." At approximately 11:45am on , the lunch served to the residents was observed to be the same with one exception: no Romaine salad w/ was included. Furthermore, no other type of salad had been prepared/served in place of the Romaine item after noting the residents eating the meal for at least minutes; the administrator did not bring out any other vegetable-based side dish.

Interview with the administrator at 12:30pm during the inspection revealed that he didn't prepare a Romaine lettuce salad because he thought he had followed the menu by making tuna salad (they both had 'salad'). Upon inquiry, the administrator indicated that he had not documented this error on any substitution log because he did not use them.

Finally, observation of the facility's 3-day non-perishable food/water supply at 1pm on found that there was approximately 40 gallons of water or water storage capacity on site. With a current census of thirteen (13) residents, this short of the minimum amount necessary to meet the potatable needs: 2 gal. per resident per day, or (2x13) X 3; =26 X 3 = 78 gallons. Interview with the administrator at 1:15pm on verified that no other water was present in the facility.

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Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility did not have an approved emergency environmental control plan, nor had it received and official extension up until , , .

Findings include:

During the biennial renewal inspection, the facility's emergency power plan was requested for review. However, according to the facility owner and administrator, this document was still in the process of being edited/sent to the Central office for an extension request for . Further interview with facility administration at 10:45am on indicated that they had been attempting to communicate with the Central office regarding this issue, but that correspondence from Tallahassee had been forwarded to the wrong address, accounting for a significant portion of the delay.
Telephone interview between the AHCA representative at the Central office on 11/29/2018 at 2pm and the ALF supervisor revealed that the representative had spoken to the owner about this situation, and that she was expecting specific documents to be sent to her attention in order to expedite the extension application process.
However, as of , no documented evidence of an extension request could be found among any internal AHCA emails or in the FL Health Finder web site.

Class III

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility had not completed a Level 2 background screening report on one of three staff sampled (B).

Findings include:

Personnel file review during the survey found that the background screening report for Staff C stated "Agency Review required." Interview with facility administration at 1:35pm on indicated that they were "pretty sure" this employee had undergone screening, but they were having some technical difficulties with the web site.
At 10:45am on , this writer attempted to view Staff C's screening report on the Background Screening unit's web site. The status of Staff C was unchanged: still "agency review required."

Unclassified