STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969135	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **SHANGRI-LA OF WEST MELBOURNE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1511 WHITMAN DR** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Shangri-La of West Melbourne Assisted Living Facility, License #12957 had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations on at 12:30 PM, staff C removed a basket from the locked cabinet in the kitchen that contained resident #4's medication. She removed a medication package from the basket, removed a pill from the package and placed the pill in the small red cup. Staff C placed the medication package in the basket, and place the basket in the locked cabinet.

Staff C took the medication in the cup to the resident who was sitting at the dining room table and said to her, I have your pill to give to you, it's your . Staff C handed the cup to the resident, watched resident #4 take the pill and returned to the kitchen area and signed the Medication Observation Record.

Staff C did not follow the appropriate procedures at all times and did not in the presence of the resident, read the medication label aloud, then remove the prescribed amount of medication from the package to give the resident.

On at 12:45 PM, staff C said she was not aware that she was to in the presence of the resident read the label aloud to the resident and then remove the medications.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on personnel record reviews and interview, the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training.

Findings:

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NAME OF PROVIDER OR SUPPLIER **SHANGRI-LA OF WEST MELBOURNE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1511 WHITMAN DR MELBOURNE, FL 32904**	

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

Personnel record review for staff C, caregiver hired in 12//2018 revealed there was no documentation to confirm she received at least 2 hours of pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility.

On at 2 PM, the administrator said staff C received the training and there was not documentation to confirm.

Class III

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

Based on personnel record review and interview 1 of 3 sampled unlicensed staff (B) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

Findings:

Personnel record review for staff B who provided assistance with the resident's medications revealed the last 2 hour annual continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility was dated (due).

On at 2 PM, the administrator confirmed the findings.

Class III

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

Based on observations, menu review and interview, the facility did not accurately date the menu that was currently in use and did not maintain an adequate amount of emergency fruit for 3 days for the 5 residents of the facility in the event of an emergency.

Findings:

Review of the menu posted revealed it noted week 2 on the refrigerator revealed it was not dated.

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SUMMARY STATEMENT OF DEFICIENCIES
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Observations of the meal served for the day revealed it matched what was to be served for the day.

Further observations of the menu revealed that behind the menu was a form that noted "Dates Menus Served." The form noted the staff was to put an x in the column to indicate the date of each week of the menu cycle was used.

The form listed the weekly dates for through . The form also noted week one, week two, week three and week four. Next to the week of (the current week) there was an x in the column of week one, to indicate that was the cycled menu that was in use for the current week.

According to the "Dates Menu Served" legend that the facility used instead of dating the menus, the wrong menu was used for the current week.

On at 1 PM, the administrator confirmed the facility was to use week one menu and according to the "Dates Menus Served" legend the facility use week two menu.

Class III

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

Based on interview and facility documentation, the facility did not have evidence that the comprehensive emergency management plan (CEMP) was approval by the local emergency management agency.

Findings:

Review of the facilitiy's, CEMP documentation, revealed there was no evidence that the CEMP was approved by the local emergency management agency.

On at 11 AM, the administrator stated the plan had been submitted and the local emergency management agency had not provided evidence that it was approved.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

Based on review of the facility's written emergency environmental control plan policies and procedures, Florida Health finder.gov and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the plan to the local emergency management agency that the plan had been submitted for review and approval and implemented and did not develop written policies that included all of the requirements, and had no evidence that the emergency environmental control plan had been approved by the local emergency management agency.

Findings:

Review of the Florida health finder.gov revealed the facility reported to the agency that it emergency environmental control plan was implemented on .

Review of the facility polices and procedure for the alternative power source revealed the following information was not included:
A description of the methods to be used to mitigate the potential for heat related injury including:
1. The use of cooling devices and equipment;
2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;
3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and,
4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Review of the facility's records revealed there was no evidence to confirm that she had within five (5) business days, notified in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented.

On 12/1718 at 11 AM, the administrator said her plan was submitted in and the facility had not received the approval letter. The administrator said at the time she was not aware that she was to notify the resident family regarding the submission of the plan and the implementation. She was not aware of the requirements of the written policies and procedures.

Class III