STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966837	**12/19/2018**
NAME OF PROVIDER OR SUPPLIER **AASBURY MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5302 SATEL DR** **ORLANDO, FL 32810**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted on . Aasbury Manor license #10956 had deficiencies found at the time of the visit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observations, interview and record review the facility failed to provide care and services appropriate to the needs of 1 of 2 sampled residents (#2) and did not follow orders for , measurements and did not maintain a record of significant changes.

Findings:

Resident #2 was identified as receiving home care services for a on her ankle.

In an interview on at 9:15 AM with resident #2 who stated a nurse came to see her twice a week. She had a on the ankle. The doctor said she had a that 's get- , . She did not know how she developed the , as she did not get hurt.

Health assessment report 1823 dated listed diagnoses of , and high , . A referral for home care services dated 11/15/18 indicated approved care from to . The review revealed no written notations regarding the development of the or notification to the resident's doctor and or responsible party.

The continued review revealed healthcare provider's orders dated , and that indicated 01. Mg take one tablet as needed for , (first number) greater than . The review revealed the Medication Observation Records (MOR) listed the medication but was not marked as given/taken; the MORs were blank from to (survey date). The review revealed the resident's , was taken twice daily only, not 3 times a day to ensure if she needed the medication or not. There was no evidence the medication order had been changed to twice daily.

Class III

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

Based on personnel record review and interview the facility failed to ensure the 1 of 3 personnel record

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(B) contained a healthcare provider statement that indicated freedom from communicable ( )

Findings:

Personnel record review for staff B hired and was a caregiver revealed a freedom from communicable including statement dated more than 6 months prior to employment at the facility.

In an interview with the owner on at 2:30 PM, who confirmed the findings.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 1 of 3 sampled staff (B) to attend the mandated in-service training.

Findings:

Personnel record review for staff B hired revealed a certificate dated that indicated she attended 8 hours of training regarding the following: control, Activities of Daily Living and Behaviors , reporting major incidents , emergency procedures, Resident's Rights , recognizing /neglect and , and safe food handling.

The certificate did not indicate the duration of each in-service training, therefore it was not possible to determine if the staff received the required amount of training hours. There was no evidence she attended an in-service training regarding emergency procedures including chain-of- command and staff roles relating to emergency evacuation.

In an interview on at 2:30 PM with the owner who confirmed the findings.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 1 of 3 sampled staff (#B) to attend a 1 hour in-service training regarding the facility's ( ) policies

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and procedures.

Findings:

Personnel record review for staff B hired /8 revealed a certificate dated that indicated she attended in-service regarding ( ) policies and procedures. However the in-services were held at her previous place of employment in 2016 and were not specific to the facility (Aasbury Manor).

In an interview on at 2:30 PM with the owner who said he did not realize the in-service for staff A needed to be facility specific.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to ensure that 2 of 2 sampled resident records (#2 and #4) contained all the required components that included a completed informed consent form.

Findings:

In an interview on at 9:15 AM with resident #2 who said the facility staff assisted her self-administration of medications.

In an interview on at 10:15 AM with resident #4 who said the facility staff assisted her self-administration of medications.

Individual resident record review for residents # 2 and #4 revealed an informed consent regarding unlicensed staff assisting the resident with self-administered medications, however the forms did not indicate whether the unlicensed staff would or would not be overseen by a nurse.

In an interview with the owner on at 2:30 PM who confirmed the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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Based on observations and interview, the facility did not 1. Have the emergency power plan (EPP) approved by the local county agency, 2. Develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source to include procedures to address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury. 3. Notify in writing, unless permission for electronic communication was granted, each resident and the resident's legal representative within five (5) business days that the EPP was submitted to the local emergency management agency for review and approval.

Findings:

During review of the facility's emergency power plan on the administrator stated that he did not notify residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval. The plan was submitted on . He did not have policies and procedures related to the emergency power plan. She did not know that was a requirement.

There were no policies and procedures that addressed the care of residents occupying the facility during a declared state of emergency, methods to be used to mitigate the potential for heat related injury: the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; wellness checks by staff to monitor for signs of and heat injury; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview the facility failed to ensure the Community Living Support Plan was updated yearly for 1 of 2 sampled residents (#4) whom received Limited Mental Health (LMH).

Findings:

On at 11 AM Resident #4 was identified as receiving LMH.

Resident record review for resident #4 revealed a Community Living Support Plan/ , agreement dated .

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In an interview on at 2 PM with the owner who said he contacted the case manager and she would be sending the paper work at a later time.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to maintain the employment status of all employees within the BGS clearinghouse.

Findings:
Review of the facility's BGS roster on at 2:30 PM with the owner revealed the roster listed 2 staff, the assistant administrator and a caregiver, who no longer worked at the facility.

The owner said he needed to update the roster.

Unclassified

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

Based on record review and interview the facility failed to ensure personnel records contained an Attestation of Compliance with Background Screening Requirements for 3 of 3 sampled staff A, B and C.

Findings:

Individual personnel record review for staff A, B and C revealed no evidence to confirm compliance with the requirement of the Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008,

In an interview with the owner on at 2:30 PM, who confirmed the findings and added that he was sure the forms were filled out but was unable to locate them.

Unclassified