STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967480	**11/07/2018**
NAME OF PROVIDER OR SUPPLIER **A PLACE LIKE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1971 PORT MALABAR BLVD** **PALM BAY, FL 32905**	

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

0000 - Initial Comments

A Complaint investigation #2018012122 was conducted on . A Place Like Home Assisted Living Facility, Inc. (License #11499) had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on observation, resident record review and interview, the facility failed to obtain an accurate Health Assessment form 1823 for 2 of 5 sampled residents (#1 & #3) with documentation needing medication administration and the unlicensed staff have been assisting with self-administration of medications daily; and the facility failed to ensure signature from the healthcare provider on the Health Assessment form 1823 for resident #3 as required.

Findings:

1. An observation on at 7 PM, staff A assisted resident #1 with self-administration of the , 1% , in each .

Resident #1's record review revealed admission on . A health assessment form 1823 dated documented need medication administration on page 4. Further review, on page 2, section C, question 5 it was documented yes that resident requires 24-hour nursing or , care. (Photographic evidence obtained)

On at 7:30 PM, an interview with staff A confirmed she assist the residents with self-administration of medications.

2. Resident #3's record review revealed admission on . A health assessment form 1823 dated documented the resident needed medication administration on page 4; and the health assessment form 1823 was not signed by the physician. (Photographic evidence obtained)

On at 8 PM, an interview with the Administrator confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to obtain evidence of a negative

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( ) examination on an annual basis and a written statement from the health care provider documenting free from signs or symptoms of a communicable for 3 of 3 sampled staff (A, B & C) within 30 days after employment as required.

Findings:

Staff A's personnel record review revealed a hire date of . There was no documented evidence of the annual exam or no written statement of freedom of communicable .

Staff B's personnel record review revealed a hire date of . There was no documented evidence of the annual exam or no written statement of freedom of communicable .

Staff C's personnel record review revealed a hire date of . There was no documented evidence of the annual exam or no written statement of freedom of communicable .

On at 8 PM, an interview with the Administrator confirming the findings.

Class III

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

Based on interview, the facility failed to maintain a written work schedule that reflects a 24-hour staffing pattern for any given time as required.

Findings:

On at 5 PM, an interview with staff A revealed there was no written work schedule, because all the staff know their own work hours to work. Furthermore, she stated it is the same work schedule every week.

On at 7 PM, an interview with the Administrator confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to have documentation of compliance of the required staff in-service trainings completed within 30 days of employment for 3 of 3 sampled staff

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(A, B & C) that provide direct care to the residents.

Findings:

1. Staff A's personnel record review revealed hire date . . There was no documented evidence of the following in-service training:

One hour . . . . . control training;
Three hours of Activities of Daily Living (ADLs) and behavioral needs training;
One hour in recognizing . . . . , neglect & . , ... training; resident rights training and safe food handling training.

2. Staff B's personnel record review revealed hire date . There was no documented evidence of the following in-service training:

One hour in elopement response training, emergency preparedness & evacuation training, incident-reporting training, recognizing , neglect & , training and safe food handling training.

3. Staff C's personnel record review revealed a hire date of . . . . . There was no documented evidence of the following in-service training:

One hour in elopement response training, emergency preparedness & evacuation training, Incident-reporting training, recognizing . . . . , neglect & . , ... training and safe food handling training.

On at 8 PM, an interview with the Administrator confirming the findings and further stated that she thought the staff had the required trainings.

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, the facility failed to have documentation that 2 of 2 unlicensed staff (B & C) completed 2 hours annual continued education training with assistance in self-administration of medications & medication management to residents that requires assistance in Activities of Daily Living (ADLs) as required.

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Findings:

1. Staff B's personnel record review revealed a hire date of . . . . . The 4-hour initial medication training was completed and there was no documented evidence of the 2-hour annual update training for year 2017 & 2018.

2. Staff C's personnel record review revealed hire date . . . . . The 4-hour initial medication training was completed on and there was no documented evidence of the 2-hour annual update training for year 2017 & 2018.

On . . . . . at 8 PM, an interview with the Administrator confirmed the findings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on personnel record review and interview, the facility failed to obtain the required annual 2 hours continuing education training in topics pertinent to nutrition and food services in an assisted living facility for the Administrator who oversees and responsible for the facility's day to day food service operation.

Findings:

The Administrator's personnel record review revealed no documented evidence of the 2-hour annual update in food & nutrition training.

On . . . . . at 6 PM, an interview with the Administrator confirming that she was in charge of the kitchen activity and food service every day. The administrator further commented that she was not aware that a 2-hour annual update was required.

Class

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

Based on personnel record review and interview, the facility failed to have documentation of compliance of the 1 hour ( ) training completed within 30 days after employment for 3 of 3 sampled staff (A, B, C) that provide direct care to the residents.

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Findings:

1. Staff A's personnel record review revealed a hire date of . There was no documented evidence of the training completed.

2. Staff B's personnel record review revealed a hire date of . There was no documented evidence of the training completed.

3. Staff C's personnel record review revealed a hire date of . There was no documented evidence of the training completed.

On at 8 PM, an interview with the Administrator who confirmed the findings.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on facility record review and interview, the facility failed to maintain an up to date admission and discharge log as required.

Findings:

Reviewed the facility's admission & discharge log revealed resident #5 admitted to the facility on , however the discharge date was not documented on the log. (Photographic evidence obtained)

On at 6:40 PM, an interview with the Administrator stated resident #5 was discharged on to a nursing home for a higher level of care. .

Class

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

Based on resident record review and interview, the facility failed to have a semi-annual documented for 1 of 5 sampled resident (#2) who receives assistance with Activities of Daily Living (ADLs) as required.

Findings:

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Resident #2's record review revealed an admission date of . The last recorded was on . The health assessment form 1823 document supervision needed for the following ADLs: bathing, , eating, grooming and toileting. In further review, there was no documented evidence of documented every 6 months thereafter.

On at 5:45 PM, an interview with the Administrator confirmed the finding.

Class III

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

Based on interview, the facility failed to have documentation of the Comprehensive Emergency Management Plan (CEMP) approval letter as required annually by the local emergency management agency.

Findings:

On at 7:15 PM, an interview with the Administrator who stated that she submitted the CEMP to the Brevard County Emergency Management office yesterday 11/6/2018.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have an alternate power source (generator) on the premises and no monoxide detector; and the facility failed to maintain a copy of its approved Emergency Power Plan (EPP) readily available for review by the Agency; and the facility failed to notify in writing each resident and the resident's legal representative within five (5) business days for submission of the plan to the local emergency management agency and that the plan had been submitted for review and approval as required.

Findings:

During the tour observation on at 5:30 PM, observed no alternate power source (generator) and monoxide detector on the premises. In conversation, the Administrator stated she does not have a generator on site at the facility and that she was planning to purchase a generator and monoxide detectors on this upcoming Saturday .

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In addition, the Administrator was asked to provide a copy of the Emergency Power Plan (EPP) and she said she does not have one. There was no documented evidence that the required letters sent to the residents or the resident's legal representative regarding submission of the plan within 5 days to the local emergency management agency and no letters sent to residents or resident's legal representative of the EPP approval.

On at 8 PM, an interview with the Administrator confirmed the finding.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review, review on the Background Screening (BGS) Clearinghouse website and interview, the facility failed to maintain a copy of the Level 2 BGS eligibility results for 3 of 3 sampled staff (A, B, C) in the employee's personnel file as required.

Findings:

1. Staff A's personnel record review revealed hire date . There was no documented evidence of the Level 2 BGS eligibility results.

On at 8:15 PM, reviewed the BGS website verified that staff A's Level 2 eligibility date was .

2. Staff B's personnel record review revealed hire date . There was no documented evidence of the Level 2 BGS eligibility results.

On at 8:15 PM, reviewed the BGS website verified that staff B's Level 2 eligibility date was .

3. Staff C's personnel record review revealed hire date . There was no documented evidence of the Level 2 BGS eligibility results.

On at 8:15 PM, reviewed the BGS website verified that staff C's Level 2 eligibility date was .

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On at 8:30 PM, an interview with the Administrator who confirmed the findings.

Unclassified