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	AL11968764	**12/20/2018**
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0000 - Initial Comments

Assisted Living Facility

A Biennial Survey in conjunctions with a Complaint Survey (CCR#: 2018015804) was conducted at La Casa Assisted Living Facility on . La Casa Assisted Living Facility had deficient practice identified at the time of survey.

(License#: 12615)

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on record review and interview facility failed to ensure scheduled activities were available at least six days a week for a total of not less than 12 hours per week.

Findings Include:

A record review of the Facility's activity calendar on showed activities were available five days a week for a total of 7.5 hours (photo evidence).

During an interview with the Owner on at 6:30pm, they acknowledged and confirmed the findings.

Class III

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

Based on observation, record review, and interview, the Facility failed to have trained staff available to assist residents with self-administration of medication and failed to ensure medications were provided as ordered by a health care provider.

Findings Included:

During an attempt to observe the medication pass, conducted on at 12:00pm, revealed no staff present in the Facility passing medications.

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During an interview with Staff A, conducted on at 01:00pm, Staff A stated that no residents in the Facility had medication due until Staff B came in at 07:00pm and stated "no" medications were due at 12:00pm or 05:00pm. Staff A stated that Staff B was not a Medication Technician.

A review of Employee Records for the Owner, Staff A, and Staff B, conducted on , revealed that Staff B was the only staff employed at the Facility with training in Assisting with Self-Administration of Medication.. Staff B worked over nights from 07:00pm through 07:00am.
A review of Medication Observation Records (MORs) for revealed that Staff B gave all medication due at 05:00pm and 09:00pm when the staff arrived at 07:00pm and all 06:00am and 12:00pm medications before leaving the Facility at 07:00am for all six Residents (#1, #2, #3, #4, #5, and #6).

A review of Resident #4's Medication Observation Record, conducted on , revealed that Resident #4 had the prescribed medication 5% due at 12:00pm.

A review of Resident #5's Medication Observation Record, conducted on , revealed that Resident #5 had the prescribed medication 50mg due at 12:00pm.

During an interview with the Owner, conducted on at 11:15am, the Owner stated that, "I don't know; I just started last week." At 04:00pm, another Assisted Living Facility Administrator (present to assist Owner during survey) telephoned former Staff C to come in to the Facility to pass the 05:00pm medications. At 05:15pm, Staff C arrived to the Facility and went directly in to the medication storage area and began passing medications to residents.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview, the facility failed to ensure only licensed staff administered medications to one Resident (#6) of one sample resident who required medication administration.

Finding Included:

A review of Resident #6's records, conducted on , revealed that the resident's Health Assessment Form dated stated that Resident #6 required medication administration. There was no contract with a Nurse found in Resident #6's record to administer the resident's prescribed medications Extended Release 120mg at 06:00am, 20mg at 06:00am, and

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50mg at 09:00pm. Resident #6's Medication Observation Records had medications signed as given by Staff B.

A review of employee records, conducted on , revealed that the Facility did not employ any Licensed Nurses. Staff B was employed as an unlicensed Medication Technician.

During an interview with the Owner, conducted on at 11:30am, the Owner stated that the Facility does "not have any nurses working here."

Class III

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

Based on record review and interview, the Facility failed to maintain accurate Medication Observation Records (MORs), including failure to immediately update each residents' MORs each time a medication offered to six Residents (#1, #2, #3, #4, #5, and #6) of six sampled residents who required assistance with self-administration of medications or medication administration and failure to include accurate directions for use for medications, including the application site.

Findings Included:

A review of Resident #1's MORs, conducted on , revealed that the resident had prescribed medications not documented as given which included:

- 1000mcg not documented as given and at 06:00am
- 325mg not documented as given and at 06:00am
- One Daily-with not documented as given and at 06:00am
- DR 20mg not documented as given and at 06:00am
- Extended Release 28mg not documented as given and at 06:00am
- 0.5mg not documented as given and at 06:00am and 05:00pm
- Tamusolin 0.4mg not documented as given at 09:00pm
- 10mg not documented as given at 09:00pm
- 10mg not documented as given at 09:00pm
- 10mg not documented as given at 09:00pm
- 10mg tablets not documented as given at 09:00pm

There were no explanations on Resident #1's MORs as to the reason that the resident did not take the

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aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #1's record. According to Resident #1's undated Health Assessment Form, the resident required assistance with self-administration of medication.

A review of Resident #2's MORs, conducted on , revealed that the resident had prescribed medications not documented as given which included:
- , 15mg not documented as given through at 09:00pm
- Hydrochlorothiazde 12.5mg not documented as given on and at 06:00am
- , 10mg not documented as given on at 05:00pm
- 10mg not documented as given on at 09:00pm
- , HBR 10mg not documented as given on at 09:00pm
- 10mg not documented as given on and at 06:00am

There were no explanations on Resident #2's MORs as to the reason that the resident did not take the aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #2's record. According to Resident #2's undated Health Assessment Form, the resident required assistance with self-administration of medication.

A review of Resident #3's MORs, conducted on , revealed that the resident had prescribed medications not documented as given which included:
- Ciclopririox 8% Solution not documented as given on and at 06:00am
- 400mg not documented as given on and at 06:00am and from through at 05:00pm and from through at 05:00pm
- 250mg not documented as given on and at 06:00am
- not documented as given on and at 06:00am

Resident #3's prescribed (,) did not include the application site. There were no explanations on Resident #3's MORs as to the reason that the resident did not take the aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #3's record. Resident #3 required assistance with self-administration of medication.

A review of Resident #4's MORs, conducted on , revealed that the resident had prescribed medications not documented as given which included:
- 10mg not documented as given on and at 06:00am
- 81mg not documented as given from through at 06:00am
- Fumerate 100mg not documented as given on and at 06:00am
- not documented as given on and at 06:00am

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- 14mg-10mg not documented as given on and at 06:00am
- Cream not documented as given on and at 06:00am and from through at 05:00pm
- Silver 1% Cream not documented as given on and at 06:00am and from through at 05:00pm
- 12% Cream not documented as given on and at 06:00am and 05:00pm
- 12.5mg not documented as given on and at 06:00am
- 5% not documented as given on and at 06:00am and 05:00pm and from through at 12:00pm and 09:00pm

Resident #4's prescribed creams and (, Silver 1%, , and) did not include the application site. There were no explanations on Resident #4's MORs as to the reason that the resident did not take the aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #4's record. Resident #4 required assistance with self-administration of medication.

A review of Resident #5's MORs, conducted on , revealed that the resident had prescribed medications not documented as given which included:

- , 20mg not documented as given and at 06:00am
- 1000mcg not documented as given and at 06:00am
- , 0.5mg not documented as given and at 05:00pm
- , 5mg not documented as given and at 06:00am
- , 10mg not documented as given and at 05:00pm
- , 25mg not documented as given and at 06:00am and 05:00pm
- , , 50mg not documented as given on and at 06:00am and 05:00pm and from through at 12:00pm
- 3mg not documented as given from through at 09:00pm
- 40mg not documented as given from through at 09:00pm
- not documented as given from through at 06:00am
- Geritol Tonic Liquid not documented as given from through at 06:00am

Resident #5's prescribed ( ) did not include the application site. There were no explanations on Resident #5's MORs as to the reason that the resident did not take the aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #5's record. According to Resident #5's Health Assessment Form dated , the resident required assistance with self-administration of medication.

A review of Resident #6's MORs, conducted on , revealed that the resident had

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prescribed medications not documented as given which included:
- 50mg not documented as given at 09:00pm
- , Extended Release 120mg not documented as given and at 06:00am
- , 20 mg not documented as given and at 06:00am
There were no explanations on Resident #6's MORs as to the reason that the resident did not take the aforementioned medication for the dates and times specified. There were no orders to hold these medications in Resident #6's record. According to Resident #6's Health Assessment Form dated , the resident required medication administration.

During an interview with the Owner, conducted on at 11:15am, the Owner acknowledged and confirmed that Resident #1, #2, #3, #4, #5, and #6's MORs had medications not documented as given and stated "I don't know, I just started last week and that is all on (the Former Owner.)"

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the Facility failed to centrally store medicated creams and in a locked cabinet or cart at all times and failed to dispose of expired medication within thirty days of expiration for two Residents (#2 and #5) of two sampled residents who required assistance with self-administration of medication.

Findings Included:

An observation of Resident #2's medications in the Facility' medication cabinet, conducted on , revealed that Resident #2's Hydrofluoroalkane (HFA) 90mcg expired on . Resident #2's Medication Observation Record did not include this medication as a prescribed medication for the resident.

An observation of Resident #5's room closet, conducted on , revealed that the resident had multiple medicated creams and stored in a box in the room's closet (See Photographic Evidence3). The only medicated that Resident #5 had a prescription for was for . According to Resident #5's Health Assessment Form dated , the resident required assistance with self-administration of medication.

During an interview with the Owner, conducted on at 06:30pm, the Owner acknowledged that the Facility did not store medicated creams and in a locked cabinet or cart. The

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Ownerconfirmed Resident #2's expired HFA medication was not disposed of within the thirty day requirement.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the Facility failed to follow Physician orders for assisting with medication administration for six Residents (#1, #2, #3, #4, #5, and #6) of six sampled residents who required assistance with self-administration of medication or medication administration.

Findings Included:

A review of Resident #5's Medication Observation Records (MORs), conducted on , revealed that the Facility did not follow the resident's Physician orders for the resident's prescribed Geritol Tonic Liquid to take with food. Resident #4's Geritol Tonic Liquid was scheduled on the resident's MORs at 06:00am.

A review of the Facility's meal schedule, conducted on , revealed that the breakfast meal was served each day at 08:00am.

During an interview with Staff A, conducted on at 01:00pm, Staff A stated that no residents in the Facility had medication due until Staff B came in at 07:00pm and stated "no" medications were due at 12:00pm or 05:00pm. Staff A stated that the staff was not an unlicensed Medication Technician.

A review of Employee Records for the Owner, Staff A, and Staff B, conducted on , revealed that Staff B was the only staff employed at the Facility with training on assisting with self-administration of medication. Staff B worked over nights from 07:00pm through 07:00am. Staff B gave all medication due at 05:00pm and 09:00pm when the staff arrived at 07:00pm and all 06:00am and 12:00pm medications before leaving the Facility at 07:00am for all six Residents (#1, #2, #3, #4, #5, and #6).

A review of the medication pass for Resident #4, conducted on at 12:00pm, revealed that the Facility was unable to apply Resident #4's prescribed medication 5% (due at 12:00pm) as there was no qualified Staff present in the Facility to give this medication.

A review of the medication pass for Resident #5, conducted on at 12:00pm, revealed that the Facility unable to give Resident #5's prescribed medication 50mg (due at 12:00pm) as

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there was no qualified Staff present in the Facility to give this medication.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on observation, record review, and interview, the Facility failed to be under the supervision of an administrator responsible for the operation and maintenance of the Facility, which included the management of all Staff, and the provision of appropriate care to all residents as required.

Findings Included:

A review of the Facility's' employee records, conducted on , revealed that the Facility had no CORE Trained Administrator on staff, nor a manger who met the requirements for qualifications and training.

During survey between the hours of 10:30 AM and 6:45 PM, observations and record review revealed no staff available who were qualified to assist with self-administration of medication, as well as unsecured medications. Observations also revealed lack of compliance with the requirements for emergency environmental control, lack of compliance with background screening requirements, failure to assess residents for appropriateness of residency and lack of availability of employee records.

During an interview with the Owner, conducted on at 10:50am, the Owner stated that prior to the Divorce Settlement on , the Owner's did not have any dealing with the Facility as the Owner had "my own childcare program that I run and had nothing to do with" the Facility. At 11:15am, the Owner stated, "I don't know; I just started last week and that was all on the [Former Owner]". The Owner denied having a contract with any CORE Training Administrator to provide oversight to the Facility.
Class III

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

Based on record review and interview, the Facility failed to obtain evidence of a negative and Free from Communicable statement within thirty days of hire for two Staff (A, B) of four sampled staff.

Findings Included:

During a review of Staff A's employee record conducted on , Staff A's employee record did not

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contain evidence of a current negative screening. Staff A's employee record did not contain a statement that Staff A is free from Communicable . Staff A was hired at the Facility on .

During a review of Staff B's employee record conducted on , Staff B's employee record did not contain evidence of a current negative screening. Staff B's employee record did not contain a statement that Staff B is free from Communicable . Staff B was hired at the Facility on .

During an interview with the Owner conducted on at 6:30pm, the Owner was unable to produce evidence of a current negative or a free from Communicable statement for Staff A and B. The Owner acknowledged and confirmed the missing items.

Class III

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

Based on interview and employee record review, the facility failed to ensure one staff (C) received 2-hour preservice orientation prior to interacting with residents, for staff who provide direct care to residents.

Findings Included:

Focused employee record review conducted on revealed Staff C with a date of hire of did not have 2- hour preservice orientation prior to interacting with residents.

During an interview with Staff A on at 2:45pm, they confirmed that Staff C assists with transfers and lifting the residents.

The Owner was interviewed on beginning at 6:30pm at which time they acknowledged and confirmed the findings.

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 facility failed to ensure four of five staff (Owner, A, B, C) had completed the required training for assistance with the self-administration of medication for staff who

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provide medication assistance to residents.

Findings Include:

A review of the Owner's employee record on revealed no training certificates for assistance with self-administration of medication.

A review of Staff As employee record revealed no training certificates for assistance with self-administration of medication. Staff A works alone 7AM to 7PM.

A review of Staff Bs employee record revealed no four hour training certificate for assistance with self-administration of medication, only a 2-hour training. Staff B works alone 7PM to 7AM.

A review of Staff Cs employee record revealed no training certificates for assistance with self-administration of medication.

The Owner was not able to produce additional documentation.

On at 6:30PM, the Owner acknowledged and confirmed findings.

Class III

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

Based on observation and interview facility failed to maintain required records in a manner that makes such records readily available for review, failed to maintain an up-to-date admission discharge log, and failed to produce the most recent inspection reports issued by the county health department.

Findings Included:

A review of the admission discharge log on revealed the following:
Resident #6
- Not documented as an in-house resident/no admission date or place from admission

Resident #7 Admitted:
- No discharge date, reason for discharge, or place discharged to

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Resident #8 Admitted:
- No discharge date, reason for discharge, or place discharged to

Resident #9 Admitted:
- No discharge date, reason for discharge, or place discharged to

Resident #10 Admitted:
- No discharge date, reason for discharge, or place discharged to

Resident #11 Admitted:
- No discharge date, reason for discharge, or place discharged to

Resident #12
- No admission date
- No discharge date, reason for discharge, or place discharged to

During an interview with the Owner on at 6:30pm, they confirmed the admission discharge log was not up-to-date.

The most recent Department of Health inspection was requested on .

At 4:56PM, the Owner stated that they do not have it.

Employee records for the Owner, Staff A, and Staff B were requested on at11:00am, 11:15am, and 2:30pm. At 2:30pm on Owner stated, "(The Consultant) should be here any moment." When asked, "(The Consultant) has your employee records?" The Owner stated, "They'll be here in a few moments."

At 2:35pm on the Consultant arrived with the Facility Employee Records.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the Facility failed to maintain personnel records for each staff, which included the employees' application with references. Additionally, the Facility failed to maintain

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written work schedules and staff time sheets for the most current six months.

Findings Included:

Employee record review, conducted on , revealed that the Owner's record did not include an application with references. Staff C's record did not include an application with references. Staff D's record did not include an application with references.

A review of the current Staff's schedule, conducted on , revealed an inaccurate Staff schedule (See Photographic Evidenc9). The Facility only had two Staff (A and B) employed and working directly with residents on the day of Survey. The through included six Staff. Staff D was scheduled on from 07:00am through 03:00pm and did not arrive until 10:50am with the Owner.

During an interview with the Owner, conducted on at 11:15am, the Owner stated, "I don't know; I just started last week and that was all on the [Former Owner]" when the Facility's employee records requested.
By the end of Survey at 06:30pm, the Owner had not produced any employees' time sheets as requested.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview, and record review, the Facility failed to implement their emergency environmental control plan, failed to inform Residents and/or Residents' Representatives of the plan, and failed to have a Monoxide Detector.

Findings included:

At 10:45AM on a generator was observed in the garage of the facility. It had not been removed from the box and was not installed.

(See Photographic Evidence 7 and 8)

During an interview with the Owner, conducted on at 10:45AM, they stated that they had just purchased the generator on so therefore no notification had been made to the Residents and/or Residents' Representatives of the emergency environmental control plan.

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During a tour of the facility on [illegible] no [illegible] Monoxide Detector was observed.

During an interview with the Owner at 6:30pm, they were unable to produce a [illegible] Monoxide Detector.

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Z812 - Change of Ownership - 408.803(5); 408.807 FS

Based on record review and interview, the facility failed to notify the Agency in writing at least 60 days prior to an , date of change of ownership.

Findings Included:

On at 10:50am, the Owner stated that she and her former spouse were in the process of divorce. The Owner produced a court documented divorce decree stamped , which revealed that they were awarded 100% of the assisted living facility (See Photographic Evidence1 & 4).

A record review of the legal paperwork on stamped showed the Owner was to retain 100% ownership rights to and interest in the Assisted Living Facility and shall remain the sole owner of all licenses held by the Assisted Living Facility.
A review of the Agency's licensing record revealed that the current Owner's former spouse was the licensee of record and no change of ownership application was submitted to the Agency.

Unclassified

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

Based on employee record review and interview, the facility failed to maintain the eligibility results of employees' Level II Background screening and the signed Attestation for three (Owner, Staff C, and Staff D) of five employee records reviewed.

Findings Included:

Employee record review conducted on revealed there were no results of the Owner's Level II Background screening or signed Attestation available for review.

Employee record review conducted on revealed there were no results of Staff C's Level II Background screening or signed Attestation.

Employee record review conducted on revealed there were no results of Staff D's Level II Background screening or signed Attestation

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Interview with the Owner was conducted on [redacted] at 6:30pm. The Owner confirmed there was no evidence of the Level II Background screening and the signed Attestation in the file for the Owner , Staff C, or Staff D.

Unclassified

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

Based on employee record review and interview, the Facility failed to maintain an up-to-date Background Screening (BGS) Clearinghouse Employee Roster.

Findings Included:

A review of the Facility's BGS Clearinghouse Employee Roster, conducted on [redacted], revealed the following:
- Former Owner, terminated on [redacted] (by the Court) was listed as an employee
- Staff A, with a Date of Hire (DOH) on [redacted] was not listed as an employee
- Former Staff E, with a DOH on [redacted] and terminated on [redacted] was listed as an employee
- Former Staff F, with a DOH on [redacted] and terminated on [redacted] was listed as an employee
- Former Staff G, with a DOH on [redacted] and unknown termination date was listed as an employee
- Former Staff H, with a DOH on [redacted] and unknown termination dated was listed as an employee

During an interview with the Owner, conducted on [redacted] at 06:30pm, the Owner acknowledged and confirmed the Facility's BGS Employee Roster not up-to-date.

An additional review of the Facility's BGS Clearinghouse Employee Roster, conducted on [redacted], revealed no changes were made to the Employee Roster.
A further review on [redacted] revealed no changes were made.

Unclassified