STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR#2018017382, 2018018366 and 2018015341) was conducted at Heron House of Largo (License #10811) an Assisted Living Facility in Largo, Florida, on 12/27/2018. There were deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256(3-4); 58A-5.0185 (3)

Based on observation, interview, and record review the facility failed to failed to follow required steps under 429.256 FS for assisting with self-administration of medication for two Residents (#11 and #12) of five sampled residents who required assistance with self-administration.

Findings Included:

During a medication pass observation conducted on -18 beginning at 6:25 AM, , unlicensed Staff E was observed failing to read the label and failing to open the container and remove the prescribed amount of medication from the container in the presence of residents #12. Unlicensed Staff E was observed taking pre-poured medications already in a cup and bringing them to Resident #12 and failing to read the label in the presence of the resident. Unlicensed Staff E was also observed administrating medication for resident #11 without the resident's assistance by scooping medications in applesauce onto a spoon and putting the spoon in the resident's mouth. In addition, with both Resident #11 and Resident #12, Unlicensed Staff E failed to document in the medication observation record (MOR) that medication had been given to residents #11 or #12 after it was offered.

In an interview with Director of Resident Care conducted on 12-27-18 at 11:20 am they confirmed that Staff E should have read label and removed medication from card in the presence of the resident and also confirmed that Staff E is not licensed to administer medication to a resident.

Record Review conducted on 12-27-18 of the facility's Policy and Procedure Chapter 5. Assistance with Self-Administration of medication revealed the following (page 29):

A. Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident;
B. In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container and closing the container,

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	AL11966607	**12/27/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

C. Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth

F. Keeping a record on a MOR when a resident receives assistance with self-administration each time a medication is offered.

Class III

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

Based on record review and interview the facility failed to ensure 1 (Staff C) out of 6 records reviewed contained documentation of an annual negative tuberculous (TB) examination or a communicable disease status singed by a health care provider.

Findings Included:

Employee record review conducted on 12/27/2018 revealed Staff C, with a date of hire of 11/16/2018, did not have documentation of a negative TB examination or a one-time statement signed by a health care provider that Staff C is free of communicable disease.

An interview was conducted with the Dining Services Director on 12/27/2018 beginning at 1:00pm and they confirmed there was no annual negative TB examination or a communicable disease status singed off by a health care provider in Staff C's employee record.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on interview and record review, the facility failed to ensure staff received required staff in-service training within 30 days of employment, for staff who provide direct care to residents for 5 (Staff A, Staff C and Staff E) of 6 employee records reviewed.

Findings Included:

Employee record review conducted on 12/27/2018 revealed Staff B with a date of hire 2/12/2018 did not have Assistance with Activities of Daily Living and Behavioral Needs training.

Employee record review conducted on 12/27/2018 revealed Staff C with a date of hire 11/16/2018 and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

Staff E with a date of hire 9/25/2017 did not have incident reporting training.

Employee record review conducted on 12/27/2018 revealed Staff D with a date of hire 9/17/2018 did not have incident reporting training or Recognizing and Reporting Abuse , Neglect and Exploitation and Resident Rights training.

Employee record review conducted on 12/27/2018 revealed the Dining Services Director (who was serving as acting administrator on the date of the survey) with a date of hire 5/22/2018 did not have Elopement Response Training.

An interview was conducted with the Dining Services Director on 12/27/2018 beginning at 1:00pm. The Dining Services Director confirmed the missing trainings from the employee records.

Class III

0082 - Training - HIV/AIDS - 58A-5.0191(4) FAC

Based on interview and record review, the facility failed to ensure staff received required training of required HIV/AIDS training, within 30 days of employment, for staff who provide direct care to residents for 1 (Dining Services Director, who was acting as administrator on the date of survey) of 6 employee records reviewed.

Findings included:

Employee record review conducted on 12/27/2018 revealed a date of hire on 5/22/2018 and no documentation of required HIV/AIDS training for the Dining Services Director.

An interview was conducted with the Dining Services Director on 12/27/2018 beginning at 1:00pm. The Dining Services Director confirmed HIV/AIDS was not a part of her CORE curriculum and that there was no training in the employee record.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and interview facility failed to provide a clean living environment free from pests and failed to ensure that all existing mechanical, electrical and structural systems were maintained in working order.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**12/27/2018**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings Included:

During observation of Room at 8:32am on 12/27/2018, the Maintenance Director confirmed the room is currently on its third treatment for bed bugs and the bed bug activity wass still active. The Maintenance Director revealed the resident's personal belongings were in the room and were being treated for bed bugs. The Maintenance Director further revealed the facility had bed bugs in additional rooms on the first floor.

Record review of the pest control company's documentation revealed they treated the facility for bed bugs on 10/25/2018, 10/31/2018, 11/6/2018 and 11/20/2018.

Record review of handwritten documentation by the Maintenance Director revealed Rooms , , , , had infestations of bed bugs and were treated on 12/20/2018 by the pest control company.

During an interview with Resident #5 conducted on 12/27/2018 at 7:23 AM, Resident #5 stated she has changed rooms twice due to bed bugs in her room.
During an interview with Resident #17 conducted on 12/27/2018 at 3:30 PM, Resident #17 stated moved out of her previous room at the facility due to bed bug infestation. Resident #17 was observed at 3;30 PM to be currently residing in a room that was identified by the Maintenance Director as having current bed bug activity.

Review of inspection reports from the local health department revealed unsatisfactory inspections from 11/14/18, 11/28/18 and 12/27/18 (date of survey). All three noted bed bug infestation and activity.

An interview with Dining Services Director was conducted on 12/27/2018 beginning at 1:00pm. The Dining Services Director confirmed the facility currently had bed bugs and wass being treated by a pest control company. The pest control company had been coming out to treat the facility since the end of October 2018. The Dining Services Director confirmed the facility had admitted new residents to the facility but did not inform the new admissions that the facility the facility had bed bugs.

Observation conducted on 12/27/2018 at 6:00am revealed Elevator #1 with sign on it that read "Out of Order". Upon exiting the facility at 5pm on 12/27/2018, the "Out of Order" sign remained on Elevator #1.

Interview conducted on 12/27/2018 beginning at 10:20am with the Maintenance Director revealed Elevator #1 has been out of order since July 2018. The Maintenance Director stated the facility had

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	AL11966607	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

ordered a part to get the elevator fixed but was unable to produce any documentation indicating the part was ordered. The Maintenance Director further stated there were "three other elevators for the residents to use, there was no need to rush to get this one fixed".

Class III

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

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

Findings Included:

A review of the Facility's admission and discharged log conducted on 12/27/2018, revealed that Resident #1 was no longer at the facility and did not have discharge information noted on the admission and discharge log.

An interview was conducted on 12/27/2018 at 7:35am with the Director of Resident Care. The Director of Resident Care confirmed that admission and discharge log was not up-to-date.

Class III

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 maintain the background screening compliance attestation for 2 (Staff A and B) of 6 employee records reviewed.

Findings Included:

Employee record review conducted on 12/27/2018 revealed Staff A with a date of hire of 11/5/2018 had no compliance attestation in the employee record.

Employee record review conducted on 12/27/2018 revealed Staff B with a date of hire of 2/2/2018 had no compliance attestation in the employee record.

An interview was conducted with the Dining Services Director (acting administrator) on 12/27/2018 at 1:00pm. The Dining Services Director confirmed there was no compliance attestation in the file for Staff A or Staff B.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966607	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **HERON HOUSE OF LARGO**	STREET ADDRESS, CITY, STATE, ZIP CODE **2050 EAST BAY DRIVE** **LARGO, FL 33771**	

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

Unclassified