STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	**01/03/2019**
NAME OF PROVIDER OR SUPPLIER **SMYRNA WEST ASSISTED LIVING FA**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Smyrma West Assisted Living Facility (License #10584) on , , . Smyrna West Assisted Living Facility had deficiencies found as a result of the survey.

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

Based on record review and staff interview, the facility failed to ensure accurate health assessments for 1 of 3 sampled residents, Resident #3.

The findings include:

Record review showed Resident #3 was admitted to the facility on . He had an initial health assessment(HA) on . A nursing note revealed the resident lost his balance and hit his on the recliner. He had a to his , and was sent to the emergency room for evaluation. The resident was held in the hospital for a 24 hour observation. He returned to the facility on . A new HA was completed on and revealed the resident posed a danger to self and others (can be combative) , required 24 hour nursing or , care and was an elopement risk.

On at 11:00 AM, the Administrator stated she was responsible for reviewing all HA in the building. She did not realize that Resident #3 was assessed as posing a danger to self and others, requireed 24 hour nursing or , care and was an elopement risk. She stated that this was not correct and the HA was not accurate.

Class III

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

Based on medication record review and staff interview, the facility failed to maintain current Medication Observation Records (MORS) for 3 of 15 sampled residents, Residents #6, #8, and #3.

The findings include:

1. Review of the , Medication Observation Records (MORS) for Resident #6 revealed medications were not signed off as given: 10 milligrams (mg) - 8 PM not signed on 1st and

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2nd. 100 mg capsule take 1 capsule twice a day for 10 days. It was not signed at 8 PM on .

2. Review of the MOR for Resident # 8 revealed medications were not signed off as given at all for the month: Omega 3, 1000 mg, take 1 capsule daily, 325 mg take one tablet daily and with D, one tablet by .

3. Review of the MOR for Resident #3 revealed medications were not signed off as given: , 10 mg, take 1 tablet by two times a day. It was not signed off at 8 PM on . Ocuvite take 1 tablet by 2 times a day. It was not signed off at 8 PM on . , 25 mg 1 tablet 2 times a day. It was not signed off at 8 PM . Mirtrazapine 15 mg , ½ tab every evening. It was not given on at 8 PM. Norco 5/325 mg, take one tablet at bedtime. It was not signed off at 6 PM on the 2nd.

The Administrator on at 8:30 AM confirmed the MORs were not signed off correctly for this month.

Class III

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

Based on review of the Medication Observation Records (MORS) and staff interview, the facility failed to obtain an indication for use for as needed (PRN) medications for 3 of 15 sampled residents, Residents #2, #9, and #3, and failed to ensure medications were filled timely for 1 of 15 resdients, Resident #9.

The findings include:

1. Review of the MOR for Resident #2 revealed a physician order for 4 milligrams (mg), take 1 tablet three times as a day as needed. There was no indication for use.

Review of the MOR for Resident #9 revealed a physician order for 500 mg, take 1 tablet by every 12 hours as needed. There was no indication for use.

Review of the MOR for Resident #3 revealed a physician order for Refresh instill one drop in both four times a day as needed. There was no indication for use.

The Administrator on at 8:32 AM confirmed that Residents #2, #9 , and #3 , had physician

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orders for as needed medications with no indication for use. She stated that unlicensed staff do assist with medication administration at this facility.

2. Review of the Medication Observation Record (MOR) for Resident #9 revealed a physician order for , 500 milligrams (mg), one by twice a day for 5 days for a . The MOR was blank for this medication (it was not given). On at 8:30 AM, the Administrator stated she was on vacation for a few days when this order came in and another employee did not see it. When she came in yesterday, she saw the order on the fax machine. She just ordered it and it had not come in yet.

Class III

0076 - ( ) - 58A-5.0186 FAC

Based on record review and staff interview, the facility failed to have written policies and procedures on ( ) and implement them for 2 of 3 sampled residents Residents #2 and #6.
The findings include:

Record review for Resident #2 revealed he was admitted on . There was no documentation in the clinical record whether or not the resident was provided information on advanced directives and and if he wanted to elect this advanced directive.

Record review for Resident #6 revealed she was admitted on . There was no documentation in the clinical record whether or not the resident was provided information on advanced directives and and if she wanted to elect this advanced directive.

The Administrator was interviewed on at 2:08 PM. She stated that she discussed advanced directives and on admission for every resident but does not document this or whether they want to be a . She does have a list of DNO residents (7 of them). She does not have documentation of the other 8 residents, including residents #2 and #6 declining a status. She does not have a formal (written) policy on .

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

Based on record review and staff interview, the facility failed to ensure that evidence of a negative examination on an annual basis was obtained for 2 of 4 sampled employees.

The findings include:

Record review for Employee A (hired) found the most recent evidence of a negative examination was dated .

Record review for Employee C (hired) found the most recent evidence of a negative examination was dated .

The findings were confirmed during an interview with the Administrator on at 10:18 AM. She looked through the employee records and stated she did not have any additional information to provide.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on employee record review, review of the facility schedule, and staff interview, the facility failed to ensure that one staff member working in the facility at all times was trained in First Aid for 2 or 4 sampled employees. (Employee A and C)

The findings include:

Record review of the employee file for Employee A found no evidence Employee A had current First Aid training.

Record review of the employee file for Employee C found no evidence Employee C had current First Aid training.

Review of the current employee schedule provided by the Administrator found Employee C worked alone or was scheduled to work alone in the facility 14 times on the 11:00 PM to 7:00 AM shift from through . (Photographic evidence obtained)

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The findings were confirmed during an interview with the Administrator on at 11:23 AM. She looked through the employee records and could not locate the information. She stated she did not have any additional information to provide.

Class III

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

Based on staff interview and record review, the facility failed to maintain documentation it completed the minimum of two resident elopement prevention and response drills per year to ensure the safety of the 15 residents that reside at the facility.

The findings include:

During an interview with the Administrator on at 2:50 PM, she stated she could not locate evidence of the elopement drill done at the facility over the last two years. All she could provide were drills on for all three shift. (Photographic evidence obtained)

Class III

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

Based on record review and an interview with the Administrator, the facility failed to ensure an Attestation of Compliance with Background Screening Requirements, was obtained and kept in the employee file for 4 or 4 employees reviewed. (Employees A, B, C and D)

The findings include:

Record review for Employee A (hired) found no evidence of an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 in the employee record.

Record review for Employee B (hired), Employee C (hired) and the Administrator (hired), also found no evidence of an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008 in the employee records.

The findings were confirmed during an interview with the Administrator on at 10:18 AM. She stated she was not aware it was needed.

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