

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969115	(X3) DATE SURVEY COMPLETED 01/10/2019
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 840 STATE ROAD 16 SAINT , FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On , an unannounced biennial re-licensure survey with Limited Nursing Service was conducted in conjunction with complaint survey (CCR# 2018017357) at Symphony at St. (license #12984). Deficient practice was identified during the survey. 0052 - Medication - Assistance with Self-Admin - 429.256(); 58A-5.0185 (3) Based on observations and interviews the facility failed to provide assistance with self-administration of medications for six (6) of seven (7) residents (Resident's #5, #6, #8, #18, # 23, and #24) in accordance with professional standards. The facility also failed to provide medications to residents one at a time for Residents #8 and #23. The findings include: On during the medication pass between 9:17 AM and 9:55 AM Employee E, Med Tech, was observed passing medications to Resident's #5, #6, #18, and #24. Employee E failed to tell any of the residents what medications that they were taking. On at 9:17 AM Employee E was observed passing medications to Resident's #8 and #23 at the same time in the dining room, she failed to tell either resident what medications they were taking. On at 9:49 AM an interview was conducted with Employee E, Med Tech, regarding her medication pass. She was asked about the medication process, and she confirmed that she should have told each resident what medications they were taking. She also confirmed that she should pass medications to one resident at a time. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on document review and staff interview the facility failed to provide evidence of a statement from a qualified health care provider indicating no signs or symptoms of a communicable for 2 of 4 employee files reviewed (Employee C & D). The findings include:		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969115	(X3) DATE SURVEY COMPLETED 01/10/2019
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 840 STATE ROAD 16 SAINT , FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The file of Employee C, with a hire date of , did not contain a statement from a health care provider indicating freedom from communicable . The file of Employee D, with a hire date of date of , did not contain a statement from a health care provider indicating freedom from communicable . During an interview with the Business Office Manager on at 12:56 PM, she confirmed there was no documentation of freedom from communicable for Employee C or Employee D. Class III 0081 - Training - Staff In-Service - 58A-5.0191() FAC Based on record review and staff interview, the facility failed to ensure that all new staff receive 2 hour pre-service orientation training before interacting with residents for 2 of 4 employees who were not core trained (Employee B & D). The facility failed to ensure that all staff within 30 days of hire receive three (3) hours of Assistance with Daily Living & Behavioral Needs training for 1 of 4 employees who were not core trained (Employee B). The facility failed to ensure that all staff within 30 days of hire receive one (1) hour of Reporting Major Incidents, Reporting Adverse Incidents, and the facility emergency procedures training for 2 of 4 employees who were not core trained (Employee B & D). In addition, facility failed to ensure that all staff within 30 days of hire receive one (1) hour of Incident reporting training for 3 out of 4 employees who were not core trained (Employee B, C & D). The findings include: Record review of employee file for Employee B (who was hired on as a non core trained Care Partner currently working in the facility) revealed she did not have the required 2 hour pre-service orientation training before interacting with residents, three (3) hours of Assistance with Daily Living & Behavioral Needs training, (1) hour of Reporting Major Incidents, Reporting Adverse Incidents, and Facility emergency procedures training, and one (1) hour of Incident reporting training within 30 days of employment, or at any time since the date of hire. Record review of employee file for Employee C (who was hired on as a non core trained Med Tech/Certified Nursing Assistant currently working in the facility) revealed she did not have the required one (1) hour of Incident reporting training within 30 days of employment, or at any time since the date of hire.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969115	(X3) DATE SURVEY COMPLETED 01/10/2019
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 840 STATE ROAD 16 SAINT , FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Record review of employee file for Employee D (who was hired on as a non core trained Licensed Practical Nurse (LPN) currently working in the facility) revealed she did not have the required 2 hour pre-service orientation training before interacting with residents, (1) hour of Reporting Major Incidents, Reporting Adverse Incidents, and Facility emergency procedures training, and one (1) hour of Incident reporting training within 30 days of employment, or at any time since the date of hire. During an interview with the Business Office Manager on at 12:56 PM, she acknowledged that Employee B & D did not receive 2 hour pre-service orientation training before interacting with residents, employee B did not receive three (3) hours of Assistance with Daily Living & Behavioral Needs training, employee B & D did not receive (1) hour of Reporting Major Incidents, Reporting Adverse Incidents, and Facility emergency procedures training, and employee B, C & D did not receive (1) hour of Incident reporting training. Photographic evidence obtained Class III 0090 - Training - - 58A-5.0191(11) FAC Based on a review of employee files and interview with the Business Office Manager, the facility failed to provide the required one-hour in-service training in the facility's policies and procedures regarding () for 3 of 4 sampled employees who were not core trained (Employee B, C, & D). The findings include: Record review of the employee file for Employee B who was hired on and currently working in the facility, revealed she did not have the required one (1) hour of policy and procedure training within 30 days of employment, or at any time since the date of hire. Record review of the employee file for Employee C who was hired on and currently working in the facility, revealed she did not have the required one (1) hour of policy and procedure training within 30 days of employment, or at any time since the date of hire. Record review of the employee file for Employee D who was hired on and currently working in the facility, revealed she did not have the required one (1) hour of policy and procedure		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969115	(X3) DATE SURVEY COMPLETED 01/10/2019
NAME OF PROVIDER OR SUPPLIER SYMPHONY AT ST	STREET ADDRESS, CITY, STATE, ZIP CODE 840 STATE ROAD 16 SAINT , FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
training within 30 days of employment, or at any time since the date of hire. During an interview with the Business Office Manager on at 12:56 PM, she acknowledged that Employee B, C, & D did not receive the one (1) hour of policy and procedure training. Photographic evidence obtained Class III		