STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943123	**01/09/2019**
NAME OF PROVIDER OR SUPPLIER **NSPIRE HEALTHCARE KENDALL**	STREET ADDRESS, CITY, STATE, ZIP CODE **9400 SW 137TH AVENUE KENDALL, FL 33186**	

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

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

Based on record review and interview the facility failed to have one out of six (D) sampled staff registered on the background's employee screening roster.

Findings included:

Review of the staffing pattern posted showed Staff D, hired , worked from 11:00 PM to 7:30 AM. A search of the background screening database found Staff D was not listed on the employee roster.

On at 11/:30 AM Staff D acknowledged she works in the evening at the facility.

On 01/ at 11:45 AM the Administrator acknowledged Staff D was not listed on the background employee roster.

Unclassified

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0000 - Initial Comments

A Change of Ownership (CHOW) Survey was conducted on and concluded on . Nspire Healthcare Kendall had the following deficiencies identified at time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review and interview the facility failed to honor the resident rights regarding the use of side rails for one out of 10 sampled residents (#4).

Findings included:

During the facility tour on at 9:45 AM observed Resident #4 in bed with half side rails up.

Review of Resident #4's record revealed an order for half bed rails was dated .

On at 1:50 PM during exit conference the director of nursing stated that they will get the new prescription for side rail.

Class III

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

Based on record review and interview the facility failed to have proof of an high school diploma and the continuing education requirement needed as an Administrator.

Findings included:

Employee file review found the Administrator did not have a high school diploma on file or the required 12 hours of continuing education in topics related for assisted living facilities every two years.

On at 10:30 AM the Administrator stated, she did not have her diploma with her her in the facility and did not show proof of 12 hours of continuing education within the last two years.

Class III

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

Based on record review and interview the facility failed to ensure qualified staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days for four out of six (A, C, D, and E) sampled staff and have proof of a negative examination documented on an annual basis for one out of six (F) sampled staff.

Findings included:

Record review of the employee files found Staff A, C, D, and E did not have proof documenting that the individual does not have any signs or symptoms of communicable within 30 days. Staff F's last statement was dated , staff did not have proof of a negative examination documented on an annual basis.

On at 2:30 PM the Administrator acknowledged that staff did not have the communicable and documentation at the facility.

Class III

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

Based on record review and interviews, the facility failed to provide the 2 hours pre orientation training for five out of six (A, B, C, E, and F) sampled staff. The facility failed to provide the required in-service training within 30 days of employment for five out of six (B, C, D, E, and F) sampled staff.

Findings included:

Staff A hired , Staff B hired , Staff C hired , Staff E hired , and Staff F hired did not have the 2 hours pre-employment orientation in file.

Record review revealed Staff C, D, and E did not have reporting adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights, recognizing and reporting , neglect & , training, and elopement response training. Staff B, C, D, E, and F did not have nutritional & safe food handling.

On at 3:00 PM the Administrator acknowledged the staff did not have the required in-service

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training.

Class III

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

Based on record review and interview facility failed to ensure four out of six (A, C, D, and E) sampled staff had / training.

Findings included:

Record record review of Staff A hired , Staff C hired , Staff D hired , and Staff E hired did not have documentation of / training.

On at 2:00 PM the Administrator acknowledged staff did not have the training.

Class III

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

Based on record review and interview the facility failed to ensure that four out of six (A, C, D, and E) sampled staff had training on the facility's ( ).

Findings included:

Record review of employee files for Staff A hired , Staff C hired , Staff D hired , and Staff E hired did not have documentation of receiving training.

Interview on at 2:00 PM the Administrator acknowledged staff did not have the training their files.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview the facility failed to have a menu regular and therapeutic menus reviewed annually by a licensed or registered dietitian, in the facility files and failed to include the original signature of the reviewer, registration or license number, and date reviewed and ensure the menus are

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dated and planned at least 1 week in advance for both regular and therapeutic diets.

Findings included:

On at 10: AM Resident #9 stated " Everything is the same thing every time. You don't want me to tell you what it taste like."

On at 12:30 PM a menu was found posted. Review of facility's menus had and no dates, no documentation that menu was reviewed by a dietician.

On at 1:30 PM the Administrator acknowledged the menu did not have proof it was reviewed by a licensed dietician.

Class III

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

Based on record review and interview the facility failed to ensure that there are job descriptions for four out of six sampled staff (A, B, C, and F).

Findings included:

Review of the personnel records for Staff A, B, C and F revealed the file did not have job descriptions.

On at 2:00 PM the Administrator acknowledged that staff members' files did not have there job descriptions.

Class III

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

Based on observation, record review and interview the facility failed to keep accurate health assessments for three out of sampled residents (# 1, # 3 and # 4).

Findings included:

1) On at 12:41 PM observed the assistance with self-administration of medications for Resident #1 and he was able to assist. On at 1:45 PM observed Resident #1 standing from

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the wheelchair to use the restroom on his own by holding on the safety rails and two certified nursing assistance standing by him in case assistance was needed.

Review of Resident #1's health assessment revealed page #4 was missing where the doctor signs and states the type of assistance needed with medications.

2) On at 12:01 PM staff stated, "Resident #3 is total and on hospice. We do everything for her. We let her feed herself but them we end up feeding her."

On at 10:45 AM observed Resident #3 sitting at the table in her room having breakfast but having a hard time to open the juice container.

Review of Resident #3's record revealed the resident has been receiving hospice services since . The health assessment was completed on and stated required assistance with all her activities of daily living; elopement risk was left blank. The health assessment stated she was bedridden; there was no and , it did not specify if her needs could be met at the facility, did not specify the diet and did not specify if she required medication assistance and the type of assistance needed. Review of the hospice care plan revealed she is dependent for 6 out of 6 activities of daily living.

3) On at 1:01 PM Staff C stated, "He needs total assistance with everything. The nurses give him the medications in his ."

On at 2:25 PM staff stated, "After he came from the rehab he is on puree diet."

Review of Resident #4's record revealed the resident has been receiving hospice services since . Care plan reviewed on , more than 14 days ago. The health assessment completed on stated that the resident required total assistance with transfer and assistance with the rest of his activities of daily living and diet stated NAS (no added salt). Record review revealed Resident #4 had no prescription for puree diet.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to have a contract executed by the resident or the legal representative before or at the time of admission for one out of 10 sampled residents (#3).

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Findings included:

Review of Resident #3 record revealed that the contract was not signed by Resident #3's daughter who is her legal representative.

On at 12:49 PM the Administrator stated, "We have been trying to get her daughter to come and sign the new contract for Nspire and as of today she said to leave it at the front desk. I have the emails and messages to prove it."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to have the detailed emergency environmental control plan policies, inform resident of he power plan in writing and failed to have monoxide detector and fuel onsite.

Findings included:

The facility did not have any fuel onsite or a monoxide alarm. The facility did not develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The facility did not documentation that the residents were notified of the implementation of the plan.

On at 1:30 PM the maintenance supervisor stated the facility had no monoxide detectors.

On at 1:50 PM Administrator acknowledged the facility did not have policies and procedures in place, and had not given resident written notice of the power plan. She stated, "we are working on it."

Class III