STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **VIOLET GARDENS ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **372 SW TODD AVENUE PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on at Violet Gardens ALF LLC, License #12687. The facility had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and staff interview, the Provider failed to ensure a resident health assessment was completed accurately and in its entirety for 1 of 2 sampled residents chosen for record review (Resident #3).

The findings included:

During a review of Resident #3's current Health Assessment (AHCA Form 1823) on , it was noted the health care provider failed to document , which requires administration, as part of Resident #3's Medical History and Diagnoses in Section 1 of the Resident's Health Assessment.
The Health Care Provider also failed to answer the following questions on Resident #3's Health Assessment:
1) Does Resident #3 posed a danger/threat to herself or others (Section 1, Part C);
2) Does Resident #3 required 24-hour nursing or care (Section 1, Part C);
3) Does Resident #3 require help in taking his/her medication, and if so, does the Resident require assistance or administration (Section 2-B, Part B).

It was also noted that the Health Care Provider failed to include their Medical License number and address at the end of the Resident's Health Assessment Form to complete the medical certification information required.

On at 1:15 PM, the health assessment requirements were discussed with the Administrator and her Consultant. They acknowledged the required information on the Health Assessment was missing for Resident #3.

Class III

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

Based on employee record review and staff interview, the Provider failed to ensure:

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1) One of 2 employees had submitted a written statement from a health care provider documenting the staff did not have any signs or symptoms of communicable (Staff A);
2) Two of 2 employees had submitted documentation of an annual negative ( ) examination (Staff A & Staff B).

The findings included:

a) On during review of Staff A's employment record (hire date), no written statement from a health care provider documenting this staff was free from signs or symptoms of any communicable could be found.
During an interview with Staff A on at 1:00 PM, it was confirmed that she did not have a current examination, but was scheduled to see her health care provider within the couple of weeks.

b) Review of Staff B's employment record (hire date) showed a written statement from a health care provider documenting freedom from signs and symptoms of any communicable , including , was dated . However, documentation of an annual negative exam for 2017 or 2018 could not be found.

On at 1:15 PM, the Administrator and her Consultant acknowledged the lack of documentation showing Staff A was free from any communicable , including , and the lack of documentation showing Staff B did not constitute a risk of communicating .

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on employee record review and staff interview, the Provider failed to ensure 2 of 2 unlicensed care staff (Staff A and Staff B), who provide assistance with the self-administration of medications, received the required 2 hours of annual continued education in assisting with self-administered medications, and completed the additional 2 hours of training that focuses on the following topics:
a) Assisting residents with syringes that are pre-filled with the proper dosage by a pharmacist and , that are pre-filled by the manufacturer for the resident to self-inject;
b) Assisting with ;
c) Use of a to perform testing; and
d) Assisting residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels;.

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The findings included:

Staff A, a resident care aide, was hired on . Per interview with Staff A on at 9:26 AM, she confirmed she provided assistance to residents with self-administered medications, and assists Resident #3 with her ,

Staff B, a resident care aid, was hired on . Per interview with Staff B on at 11:35 AM, she confirmed she provided assistance to residents with self-administered medications, and assists Resident #3 with her , .

During employee record review on , there was no documentation for Staff A or Staff B showing completion of the state required 2 hour annual continuing education update related to assistance with the self-administration of medications for 2018, and no documentation showing the required additional 2 hour training focusing on the subjects listed above.

On at 1:15 PM, the Administrator and her Consultant acknowledged the missing documentation for Staff A and B which showed completion of the required medication trainings.

Class III

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

Based on observation, staff interview, and menu review, Staff failed to:
1) Follow the posted approved lunch menu or substitute food items of comparable nutritional value; and
2) Substitutions during the meal was not noted prior to or at the time of the meal. T
his affected 3 of 3 residents who eat their meals at the facility.

The findings included:

On , a review of the approved dietary lunch menu documented the following meal to be provided:
6 oz soup of the day
3 oz lean cuts
2 slices of bread
1 cup lettuce and tomato
1 serving fresh fruit

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On at 12:15 PM, the lunch meal served to the 3 residents included following:
Approximately oz of Vegetable Soup (served in large bowl)
Peanut butter and Jelly on 2 slices of bread
Beverage of choice

The peanut butter and jelly sandwich was substituted in place of the cut sandwich.
Larger bowl of vegetable soup was to substitute for the lettuce and tomatoes which were to accompany the cut sandwich. No fresh fruit was served with the lunch meal, and there was no substitution of equal nutritional value provided.

Staff A, who prepared and served the lunch meal, stated on at 12:47 PM, "We write the substitutions on the menu after the meal ....the residents don't like the fruit, so it wasn't served."

On at 1:20 PM, the Administrator acknowledged the missing fruit which was to be provided with the meal, and the failure to document substitutions prior to or at the time of the meal. It was discussed with the Administrator that she should discuss with the dietitian ideas on how to incorporate foods of the same nutritional value into the menu which the residents want in place of foods which the residents do not want, so as not to deprive the residents of any nutritional value.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and staff interview, the Provider failed to ensure the required amount of fuel suppy, as required by state statute (48 hurs), was stored onsite. This has the potential to affect all residents in the event of power failure.

The findings included:

On , a review of the facility's Emergency Power Plan summary and Regulatory Requirements was conducted. The EPP, along with state regulation, requires a facility with a capacity of less than 16 beds store a minimum of 48 hours of fuel compatable with the facility's emergency power source (portable generator).

On at 1:00 PM, the Administrator confirmed she did not have the required 48 hours of fuel stored onsite, but could purchase the fuel when needed. The Adminstrator stated she did not have the fuel as " it was not hurricane season," and she thought it was unsafe to have the fuel stored on-site. It

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was explained to the Administrator by her Consultant that an "emergency" could be any situation which results in loss of power for an extended time, not just a hurricane.

Class III