STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	**01/18/2019**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 WEST 9TH STREET RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at at Victoria Gardens (Lic#5594). The facility had deficiencies identified at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(l)

Based on record review and interview, the facility failed to ensure facility wide Elopement Drills biannually for the facility.

The Findings Included:

On at approximately 12:00PM, the facility elopement drills were requested for 2017 & 2018. The facility provided two Elopement Drills dated and . Further review revealed no Elopement Drills documented for 2018. At this time, the facility was provided an opportunity to locate the documentation.

During a interview with the Administrator on at approximately 2:30PM, the Administrator acknowledged the findings and provide no additional documentation for review.

Class

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

Based on record review and interview, the facility failed to ensure all staff completed the required 2hr medication training update and the required annual 2hr continuing education for assisting with self-administration of medication for 3 of 3 sampled staff (Staff B,C,D).

The Findings Included:

On at approximately 1:00PM, Staff A, B and C's employee files were reviewed. The findings revealed, Staff B who completed her initial 4 hours of medication training on , Staff C who completed the initial 4 hours of medication training on , and Staff D who completed the initial 4 hours of medication training on . Further review revealed none of the staff completed the required annual assistance with self administration of medication continuing education hours. It was also determined through record review that none of the staff completed the required 2 hour update pursuant to the training requirements of Rule 58A-5.0191. At this time, the Administrator was provided an

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opportunity to locate the documentation.

On at approximately 12:00PM, Staff E was observed during medication pass, assisting residents with self-administration of medication.

During an interview with the Administrator on at approximately 1:30PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure all staff completed the required 2 hours of Pre-Orientation training prior to interacting with residents, and signed by the Administrator and staff member for 3 of 3 sampled staff (Staff B, C, D).

The Findings Included:

On at approximately 1:30PM, a employee record review was compiled for Staff B whose hire date was , Staff C whose hire date was , and Staff D whose hire date was . Further review revealed Staff B, C and D had no signed documentation acknowledging completion of the required 2 hour Pre-Service Orientation. At this time, the Administrator was provided an opportunity to locate the documentation.

During in interview with the Administrator on at approximately 2:00PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on record review and interview, the facility failed to ensure a staff member who completed a course in 1st Aid and holds a current valid card documenting completion of such course was in the facility at all time.

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The Fining's Included:

On at approximately 1:40PM, employee record reviews were completed for Staff B, C, and D. The findings revealed that none of the employee records reviewed contained a valid 1 st Aid card that documented completion of the 1st Aid course. The Administrator provided a copy of a 1st Aid card for Staff E who works 7AM-3PM (Day Shift). The card had no completion or expiration date. A review of the facility staffing schedule revealed Staff B who works 9AM-5PM (Evening Shift), had no valid 1st Aid card that documented completion of the 1st Aid course. A record review for Staff C revealed, Staff C works 11PM-9AM (Night Shift), did not have a valid 1st Aid card that documented completion of the 1st Aid course. Further review of the current staffing schedule revealed various gaps in the schedule where Staff B, C, and D worked on the same shift or independently, resulting in the facility not providing a 1 st Aid certified staff member at all times.

During an interview with the Administrator on at approximately 2:30PM, she acknowledged the findings and provided no additional documentation for review.

Class III

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

Based on observation and interview, the facility failed to ensure a 3-Day supply of perishable food was on at all times, based on the number of weekly meals the facility has for 18 of 18 residents (Resident #1-#18).

The Findings Included:

On at approximately 9:30AM, the facility emergency food was observed and revealed the facility had a large box of crackers and dry milk. At this time, the Administrator stated she has been using her emergency food and has not replaced it. Further review revealed the facility has a census of 18 residents.

During an interview with the Administrator on at approximately 10:00AM, she acknowledged the findings.

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Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure the facility submitted a Comprehensive Emergency Management Plan (CEMP) to the local emergency management agency for review and approval.

The Findings Included:

On at approximately 12:30PM, the facility approved CEMP was requested. The Administrator provided a submittal receipt dated . A notice of deficiency letter dated 11/08/2018 was provided. The due date for the 1st Revision submission was . At this time, the 1st Revision has not been submitted for review.

During a interview with the Administrator on at approximately 2:30PM, she stated verified the revision had not been submitted and she acknowledged the findings

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to ensure that a Emergency Environmental Control Plan (EECP) was prepared and submitted to the local emergency management agency for review and approval.

The Findings Included:

On .2019 at approximately 1:40PM, the facility EECP was requested. The Administrator stated the plan has not been completed or submitted for approval. During the observational tour, no CO2 monitors were observed. Further observation revealed the facility does not have a alternate power source on site to address the EECP in the event of the loss of primary electricity power. During an interview at this time, the Administrator stated the facility has a generator, but it is stored off site, and no fuel is kept at the facility.

During an interview with the Administrator on at approximately 2:40PM, she acknowledged the findings and provided no additional documentation for review.

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Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review, and interview, the facility failed to ensure that all staff received the required Limited Mental Heath (LMH) training, for 2 of 4 sampled staff (Staff A, Staff C).

The Findings Included:

On [redacted] at approximately 1:40PM, a review of employees records revealed, Staff A whose hire date was [redacted] and Staff C whose hire date was [redacted], contained no certificate of completion for the required 6 hour Limited Mental Heath training. At this time, the facility has 2 residents identified as receiving LMH services. At this time, the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on [redacted] at approximately 2:30PM, she acknowledged the findings and provided no additional documentation for review.

Class III