STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969140	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **QUEEN ELAINE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 QUEEN ELAINE DR** **CASSELBERRY, FL 32707**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . Queen Elaine Assisted Living Facility, License #12973 had deficiencies at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility did not make sure all medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times.

Findings:

Observations at on . . . . at 8:55 AM, revealed a resident answered the door for the agency staff to come into the facility, there was a resident also a resident who was sitting at the dining room table. Further observations revealed there was a basket on the table with packages that contained resident #5's medications. There was no staff around. A person in the room stated that her aunt would be in shortly, she was not a staff member.

The administrator arrived and said she had was in the . . . to check the laundry and had not be away for a long period. She was informed that the medications were left unattended, and were required to be kept locked at all times when staff were not present.

Class III

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

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 1 of 3 sampled staff (C) documenting freedom ( ).

Findings:

Personnel record review for staff C hired revealed the statement documenting freedom for dated . . . . was signed by a medical assistant and not a health care provider as required. (Physician or physician's assistant licensed under chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under chapter 464, F.S.).

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 2 PM, the administrator confirmed the findings.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to ensure staff had certificates that included the required information for 1 of 3 sampled staff (B).

Findings:

Personnel record review for staff B revealed she was hired on . The administrator provided a training list that covered topics that were to be included in the preservice orientation training. Further review of the certificate revealed there was no way to determine the number of hours of the training. The employee was required to sign the certificate also and her signature was not included.

On at 2 PM, the administrator confirmed the findings.

Class

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

Based on record review and interview, the facility failed to record semi-annually for 1 of 2 sampled residents (#1) who required assistance with Activities of Daily Living.

Findings:

Record review for resident #1 revealed she was admitted into the facility on . The resident health assessment form 1823 dated noted she required assisted with bathing, and grooming and toileting. Further record review revealed the only recorded was dated .

On at 1 PM, the administrator confirmed the findings.

Class III

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NAME OF PROVIDER OR SUPPLIER **QUEEN ELAINE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1210 QUEEN ELAINE DR CASSELBERRY, FL 32707**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on the Florida health finder.gov, review of the facility's written environmental control plan policies and procedures and interview, the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented, did not develop written policies that included all of the requirements.

Findings:

Review of the facility polices and procedure for the alternative power source revealed the following information was not included:
a description of the methods to be used to mitigate the potential for heat related injury including:
1. The use of cooling devices and equipment;
2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;
3. Wellness checks by assisted living facility staff to monitor for signs of and heat injury; and,
4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.
Review of the Florida Health finder.gov revealed the facility reported that their environmental control plan was implemented on and that their plan was submitted to the local emergency management agency on .
Review of the facility's records revealed there was no evidence to confirm that facility had within five (5) business days, notified in writing, each resident and the resident's legal representative upon submission of the emergency power plan to the local emergency management agency that the plan had been submitted for review and approval and implemented as required.

On at 1 PM, The administrator said at the time she was not aware that she was to notify the resident family regarding the submission and implementation of the plan in writing. She said she had verbally informed the resident's families.

Class

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

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

Based on personnel record review, the agency's background screening website and interview, the facility did not initiate all criminal history checks through the clearinghouse before employment for 1 of 2 sampled staff (A).

Findings:
Review of the facility's background screening clearinghouse roster, revealed staff a the administrator was not listed.
Review of the agency's background screening website on at 11 AM, revealed there was an eligible background screening result dated for the administrator.
On at 2:30 PM, the administrator confirmed the findings.
Unclassified

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

Based on personnel record review and interview, the facility failed to ensure that 2 of 3 staff (a and b) completed the affidavit of compliance with background screening requirement form.

Findings:
Review of the agency's background screening website on at 11 AM revealed staff a the administrator/owner hired in had an eligible screening dated and staff b a caregiver, hired , had an eligible background screening dated .
Personnel record review for staff a and b revealed there was no documentation to confirm they completed any type of affidavit or documentation attesting, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to chapter 435.
On at 2: PM, the administrator confirmed the findings.
Unclassified