| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11942783** | **02/06/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**FAIRWAY PINES AT SUN N LAKE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5959 SUN N' LAKE BLVD.**<br>**SEBRING, FL 33872** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

On February 6, 2019, an abbreviated biennial -relicensure survey with limited nursing services (LNS) was conducted at Fairway Pines at Sun "N" Lake assisted living facility. Deficient practice was identified at the time of the surveys.

(License# 5105)

**0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC**

Based on records review and interview, the facility failed to ensure that a resident's health assessment (AHCA Form 1823), as part of the admission process, was complete with no omitted information, for 1 of 3 resident records reviewed (#3).

Findings included:

A focused records review of Resident #3's records was conducted on 2/6/19. The record reviewed revealed that Resident #3 was admitted to the facility on /17. The only health assessment in the resident's record was dated /17 and it listed no medical history or diagnoses. In place of listing and medical history or diagnoses, were the words "see attached list". There was no list attached and no list could be located in the resident's record. (Photographic evidence obtained).

In an interview with the Administrator and the Health and Wellness Director at 4:35pm, they could not explain why Resident #3's health assessment was incomplete or why the omission was not documented in the resident's record.

Class III

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

Based on records review and interview, the facility failed to ensure that evidence of a negative tuberculosis (TB) examination was documented on an annual basis for 1 of 5 staff records reviewed, the Assistant Health and Wellness Director.

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Findings included:

A review of the Assistant Health and Wellness Director's records was conducted on 2/6/19. The review revealed that the latest evidence of a negative TB examination in records was dated 5/18/17.

In an interview with the Assistant Health and Wellness Director at 12:05pm on 2/6/19 was conducted and they stated the Assistant Health and Wellness Director had the TB examination every year but could not recall the date of the last time. In an interview with the Business Office Manager at 1:50pm on 2/6/19, the Business Office Manager stated that all of the documentation the facility had for the Assistant Health and Wellness Director was in the record, so the examination on 5/18/17 would have been the most recent.

Class III

**0090 - Training - Do Not Resuscitate Orders - 58A-5.0191(11) FAC**

Based on record review and interview, the facility failed to ensure that 3 ( Staff A and Staff B and Staff C) of 3 sampled direct care staff received at least one hour of training in the facility 's policies and procedures regarding Do Not Resuscitate Orders (DNROs) within 30 days after employment.

Findings included:

Record review on 2/6/19 of direct care Staff A 's personnel file revealed she were hired on 4/25/18. There was no evidence of training on the facility's policies and procedures regarding Do Not Resuscitate Orders in her personnel file.

Record review on 2/6/19 of direct care Staff B 's personnel file revealed she were hired on 4/27/18. There was no evidence of training on the facility's policies and procedures regarding Do Not Resuscitate Orders in her personnel file.

Record review on 2/6/19 of direct care Staff C 's personnel file revealed she were hired on 3/21/18. There was no evidence of training on the facility's policies and procedures regarding Do Not Resuscitate Orders in her personnel file

When interviewed on 2/6/19 at 2:00 pm, the office manager verified there was no evidence of training on the facility's policies and procedures regarding Do Not Resuscitate Orders in their personnel files.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

**N276 - LNS - Nursing Services - 58A-5.031(1) FAC**

Based on records review and interviews, the facility failed to ensure one resident (Resident #3) of three residents reviewed for limited nursing services (LNS) received nursing services needed to reside safely in the facility.

Findings included:

An interview was conducted with Resident #3 at 2:30pm on 2/6/19. At the time of the interview, the resident was lying in bed. Resident #3 complained of not feeling well and stated they had a , and required , care. Resident #3 said that, when first coming to the facility, the resident was able to care for the , and bag without assistance from the facility, but lately, with declining health, was not able to and required assistance from the facility staff. The resident stated no thirty party services were being received.

A review of Resident #3's records was conducted on 2/6/19. The record review revealed that the resident was admitted to the facility on /17. A review of the resident's health assessment revealed no indication that the resident had a , or that the resident required , care. The resident's record contained a health care provider's order for a hospital bed with 1/2 side rails on /18. There was a health care provider's visit summary sheet dated /19 indicating the resident had been having multiple and and that the resident had a , . There was a health care provider's acute visit summary sheet dated /19 indicating that the resident had been having , , , and increased .

The facility holds an LNS specialty license.

In an interview with the Health and Wellness Director at 3:15pm on 2/6/19, the Health and Wellness Director stated that the facility had not been helping Resident #3's , care because the resident was able to complete their own , care without assistance. The Health and Wellness Director also stated that the facility weas planning to have Resident #3 assessed by a health care provider because the resident's health had declined and they wanted to be sure the resident's needs could still be met in the facility.

Class III

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**N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC**

Based on records review and interview, the facility failed to employ or contract with a nurse who must be available to provide nursing services needed by residents and coordinate 3rd party nursing service providers to ensure that resident care is provided in a safe and consistent manner, for 1 of 3 resident records reviewed (#2).

Findings included:

A review of the facility's Limited Nursing Services (LNS) specialty license program was conducted on 2/6/19. The review revealed that the facility did not employ or contract with any qualified registered nurse (RN) who would be available to provide nursing services needed by residents.

Resident #2's records were reviewed on 2/6/19, as the resident was identified as receiving home health nursing services for care and administration. Resident #2's health assessment, dated '18, indicated the need for "nursing services - home health - administration". Resident #3's home health services record contained a patient communication form with home health nursing notes, the latest on /19, and a vital sign sheet, which was filled out by the 3rd party nurse. All of the nursing notes and assessments documented in Resident #2's home health nursing record were signed by licensed practical nurses (LPNs). There was no evidence that a qualified registered nurse (RN) had overseen any of the 3rd party nursing services provided to Resident #2.

In an interview with the Health and Wellness Director at 10:45am, the Health and Wellness Director stated they did that the facility had an RN under contract, but recently the contract was terminated, and they had not yet found a replacement.

Class III

**N278 - LNS - Records - 58A-5.031(3) FAC; 429.07 (3)(c)2, FS**

Based on records review and interview, the facility failed to maintain a record of all residents receiving limited nursing services (LNS) and the type of services being provided for 1 of 3 residents (#3) reviewed for LNS.

Findings included:

An interview was conducted with Resident #3 at 2:30pm on 2/6/19. At the time of the interview, the

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SUMMARY STATEMENT OF DEFICIENCIES
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resident was lying in bed. Resident #3 complained of not feeling well and did not wish to have a long conversation, but confided having had a , and required , care. Resident #3 said that, when first coming to the facility, the resident was able to care for the , and , bag, without assistance from the facility, but lately, with declining health, was not able to and required assistance.

A review of Resident #3's records was conducted on 2/6/19. The record indicated that the resident was admitted to the facility on /17, but a search of the record revealed no indication that the resident had a , or that the resident required , care.

The facility holds an LNS specialty license.

A review of the facility's LNS records was reviewed on 2/6/19 and there were no residents listed as receiving LNS services. The Health and Wellness Director stated at 10:45am that the facility, while holding an LNS specialty license, does not provide any LNS services to any residents. At 3:15pm the Health and Wellness Director acknowledged Resident #3's , but stated that facility has not been providing any , care.

Class III

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

Based on record review and interview, the facility failed to ensure three of three sampled direct care staff (Staff A and Staff B and Staff C) had the Affidavit of Compliance form in the staff personnel files. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if arrested for any disqualifying offense.

Findings included:

Record review on 2/6/19 of direct care Staff A 's personnel file revealed she were hired on 4/25/18. There was no evidence of the Affidavit of Compliance form being signed and dated by Staff A in her personnel file.

Record review on 2/6/19 of direct care Staff B 's personnel file revealed she were hired on 4/27/18. There was no evidence of the Affidavit of Compliance form being signed and dated by Staff B in her

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personnel file.

Record review on 2/6/19 of direct care Staff C 's personnel file revealed she were hired on 3/21/18. There was no evidence of the Affidavit of Compliance form being signed and dated by Staff C in her personnel file.

The eligibility results of staff screening and the signed Affidavit of Compliance referenced in subsection 59A-35.090(2), F.A.C., must be in the staff's personnel file, maintained by the provider.

When interviewed on 2/6/19 at 2:150 pm, the office manager verified there was no evidence of a signed and dated Affidavit of Compliance forms in their personnel files.

Unclassified