STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969150	**01/29/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 BARBAROSSA RD** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Prestige Place Assisted Living Facility, License #12968 had deficiencies at the time of the visit.

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

Based on record review and interview the facility did not obtain a complete and accurate resident health assessment form (AHCA form 1823) for 2 of 2 sampled residents (#1 and 2).

Findings:

Record review for resident #1 and #2 revealed resident #1 had a resident health assessment form (1823) that was dated , resident #2 had a resident health assessment form that was dated . The section on both of their forms for the health care provider to document the medications they were required to take was not completed. Their 1823's noted see attached. Further review of their forms revealed there were no list of medications attached.

On at 2 PM, the administrator confirmed the findings.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record that the family was contacted when 1 of 2 sampled residents (#1) was transported to the hospital.

Findings:

Record review for resident #1 revealed the facility staff documented on that the resident complained of being weak and shaky, hospice was contacted and he was transported to the hospital. There was no documentation to confirm that the resident's family was contacted.

On at 3:15 PM, the administrator said the family was contacted and it was not noted in his record.

Class

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0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interviews, the facility failed to have evidence of an ongoing activities program at least 6 days a week for a total of not less than 12 hours per week that provided a diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

Findings:

During interview with residents on it was revealed the facility did not offer much activities, the resident's would watch television most of the time.

During an interview with staff B and C on they were not aware of an activity calendar.

Review of the activities calendar that was posted revealed it was dated . There was no current activity calendar posted. There was no documentation to confirm the facility offered an ongoing activities program at least 6 days a week for a total of not less than 12 hours per week that provided a diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

On at 2 PM, the administrator confirmed the findings.

Class III

0076 - ( ) - 58A-5.0186 FAC

Based record review and interview, the facility failed to have evidence that the resident's or their representatives were provided information regarding the facility's ( ) Policies and Procedure and Health Care Advanced Directives for 2 of 2 sampled residents (#1 and #2).

Findings:

Record review for Residents #1 and #2 revealed that there was no documentation to confirm that they had received a copy of Form SCHS- , " Health Care Advance Directives - The Patient's Right to Decide, " , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS- .

Further record review revealed there was no documentation to confirm that the resident's or their representatives were informed of the facility's written policies and procedure.

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On at 3:15 PM the administrator confirmed the findings.

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 (A) documenting freedom ( ).

Findings:

Personnel record review for staff A, the administrator hired revealed the statement documenting freedom for dated . There was no documentation available for review to confirm she had obtained an annual statement from the health care provider to confirm she was free from .

On at 2:30 PM, the administrator confirmed the findings.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review and interview, the facility did not maintain a staff schedule that accurately reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the staff schedule revealed it noted that staff C worked the night shift.

On at 12:15 PM, staff C said she worked at the facility when needed during the hours of 8 AM-5 PM. She was asked at the time if she ever worked at night. Staff C said no, she only worked during the daytime.

Review of the staff schedule revealed on various days the schedule noted she worked at night as follows:
On and at 9 PM-7 AM; On at 7 PM-10 PM, On and at 7 PM-11 PM; On , , , , , at 7 AM-7 PM.

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On at 11 AM during a telephone interview, the administrator was asked about the discrepancies on the staff schedule and the time that staff C stated she actually worked. The administrator said staff C use to work the night shift and she was probably talking about the current time that she worked during the day. She was informed at the time, that staff C said she did not work the night shift and only worked the day shift. She said she would have staff C call the agency to clarify on .

Staff C left a message on the agency's surveyor's telephone on to return her call. Several messages were left for staff C to return the agency's surveyor and the call was not returned.

There was no way to determine the actual hours that staff c worked based on her statement.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 2 sampled staff (C) received the required in-service training.

Findings:

Personnel record review for staff C, a caregiver hired in revealed there was no documentation to confirm staff C and the administrator had a signed statement that she had received at least 2 hours of pre-service orientation prior to interacting with residents that covered resident rights and the facility's license type and services offered by the facility.

On at 2 PM, the administrator confirmed staff C provided care to the resident, and did not receive the training as required.

Class III

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

Based on observations, personnel record review and interview 1 of 3 sampled unlicensed staff (A) who provided assistance with the residents medication did not receive annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

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Findings:

Observations on at 12:30 PM, revealed staff A, the administrator assisted a resident with his medications.

Personnel record review for staff A revealed the last 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility was dated . There was no documentation to confirm she had received annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility provided by a licensed registered nurse, or a licensed pharmacist.

On at 2:30 PM, the administrator confirmed the findings.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on personnel records review and interview, the administrator, who was responsible for the facility's food service, did not have evidence to confirm a minimum of 2 hours continuing education each year in topics pertinent to nutrition and food service in an Assisted Living Facility (ALF) that was provided by a certified food manager, licensed dietician, registered dietary technician or health department sanitarians.

Findings:

On at 2 PM, the administrator said she was responsible for the facility's food service.

Personnel record review for staff A, the administrator, revealed she did not have the annual 2 hour continuing education in nutrition and food service in an ALF as required.

On at 2:45 PM, the administrator confirmed the findings.

Class III

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

Based on contract review and interview, the facility failed to ensure a residency contract contained all of

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the required information for 2 of 2 sampled residents (#1 and #2.)

Findings:

Review of the updated contract for resident #1 dated revealed his contract did not include a provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its
relationship to the facility and a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;

Review of the contract for resident #2 dated revealed his contract did not include a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4), of that rule;

On at 3:30 PM, the administrator confirmed the findings.

Class

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

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 and did not report changes.

Findings:

1. Personnel record review for staff C hired revealed an eligible background screening result dated .
Further review of the agency's background screening website at the time revealed staff C did have background screening result that was dated .

2. Review of the agency's background screening website on at 11:30 AM, revealed staff B was not listed on the facility's roster. Further review of the background screening website revealed staff B had an eligible screening result dated .

3. Review of the background screening roster revealed it listed staff D that was not on the staff

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schedule.

On at 12 PM, the administrator said staff D employment ended in early and she was not removed from the roster.

On at 3 PM, the administrator reviewed the roster and confirmed the findings.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observations, background screening website and interviews, the facility did not obtain background screenings results for 1 of 1 sampled person who was left in charge of the residents who had access to their personal property and living areas.

Findings:

On at 9:45 AM, a gentleman opened the facility's door and identified himself and said he was the administrator's husband. He said he was alone with the 5 residents

On at 9:50 AM, the administrator arrived and said she was at the store. She said her husband did not work at the facility and she had left the hospice staff at the facility with the residents. She was informed she could not leave the hospice staff at the facility to be responsible for the residents.

On at 10:15 AM, the administrator said she did not obtain and Level II background screening for her husband.

Review of the background screening website on at 11:30 AM, revealed there was background screening result found for the name of her husband that was provided.

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 1 of 2 staff (A) completed the affidavit of compliance with background screening requirement form.

Findings:

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Review of the agency's background screening website on . . . . . at 11:30 AM revealed staff B a caregiver the hired in had an eligible screening dated . . Staff C hired had an eligible background screening that was dated . . . .

Personnel record review for staff B and staff C revealed there was no documentation to confirm they had 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 3:30PM, the administrator confirmed the findings.

Unclassified