STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910810	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PINECREST**	STREET ADDRESS, CITY, STATE, ZIP CODE **1150 8TH AVENUE, S.W.** **LARGO, FL 33770**	

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

0000 - Initial Comments

Assisted Living Facility

A change of ownership (CHOW) survey, provisional for the period of through , was conducted at Elmcroft of Pinecrest on . Elmcroft of Pinecrest had deficiencies at the time of the survey.

(License #93)

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

Based on record review and interview, the facility failed to obtain a statement from a health care provider attesting to this individual's freedom from signs and symptoms of other communicable ( ) for one of four staff sampled (Administrator) .

Findings included:

Although personnel file review during the survey found an evaluation for the administrator, as well as an undated communicable assessment, this latter document had been signed off by the Director of Resident Care. Interview with this staff member at 1:15pm on confirmed that she was a licensed practical nurse (LPN) and not a health care provider (ARNP; physician; or physician's assistant).
During continued interview with the Director of Resident Care at 1:15 pm on that same date, no further explanation was provided for this discrepancy.

Class III

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

Based on record review and interview, two of three staff sampled who had been employed at least 30 days (D; E and F) had not received all of the required training.

Findings include:

a) A personnel record review during the survey indicated that neither Staff E nor Staff F, hired and , respectively, had received training in control (required before working with

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residents);
b) No documentation could be located verifying completion of training re: assisting with activities of daily living and resident behavior and needs for Staff D and F;
c) Although there was a certificate issued regarding elopement training, this document indicated a total of 31 minutes, and not the required minimum of 1 hour for Staff D and F;
d) There was no training found in the files of Staff D and F regarding the reporting of adverse incidents and facility emergency procedures except for a course entitled "safety"; no agenda was included. However, this training was only for 31 minutes;
e) No documentation could be found indicating that a 1 hour training in resident rights pertaining to an assisted living facility as well as recognizing and reporting resident , neglect, and was available for review. Although a document entitled " hotline" was found, this only stated "15 minutes" without any agenda, while the resident rights certificate only stated "21 minutes;" and
f) with respect to Staff D, E and F (hired , and , respectively), there was no documented evidence that any of them had obtained the 2-hr. preservice orientation training. Although documentation was provided which stated that numerous policies were covered during the employees' first few days of work, further review of this paperwork found no reference to resident rights nor detailed discussion of the facility's license/related information.

Interview with the Director of Resident Care at 2:45pm on provided no explanation for these omissions.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (F) who had been employed at least 30 days had not received required training on and .

Findings included:

Personnel file review during the survey revealed that Staff F, hired , had no documentation verifying completion of an and course.

Interview with the Director of Resident Care at 1:30pm on provided no explanation for this discrepancy.

Class III

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

Based on record review and interview, the facility failed to ensure that at least one staff member was in the facility at all times with a currently valid card in First Aid (FA) and ( ).

Findings included:

Initial record review during the survey revealed that although none of the three caregiver staff sampled covering all three shifts had any documented evidence of completing FA or , the Administrator stated in an interview at 1:20pm on that the facility employed nurses every shift in order to compensate. Review of these licensed individuals' files found staff currently certified in scheduled for the morning and midnight shifts only; there was no one on the evening shift whose file was produced.

Interview with the Director of Resident Care and the Human Resources Assistant at 2:50pm on revealed that they were not able to produce documentation of a nurse who was currently certified in and who was scheduled for the evening shift.

Class III

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

Based on interview and record review, one of one unlicensed staff sampled (D) who assisted residents with their medication self-administration as a part of their duties had not received the required training prior to taking on this duty.

Findings included:

Interview with the Director of Resident Care at 12:30pm on indicated that Staff D (hired) assisted residents with medication self-administration as a part of her responsibilities. A review of Staff D's personnel file during the survey found no documentation verifying that Staff D had taken any training covering the provision of assistance with medication self-administration. Interview with the Director of Resident Care at 2:30pm on provided no clarification for this discrepancy.

Class III

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0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, two of two caregiver staff sampled (D; F) who had been employed at least 30 days had not received training in the facility's policies and procedures regarding ( ).

Findings included:

A personnel file review during the survey found that there was no documented evidence that any training related to the facility's policies/procedures regarding had been provided to either Staff D (hired) or Staff F (hired).

Interview with the Director of Resident Care provided no clarification regarding this oversight.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to develop required written policies and procedures to ensure that the assisted living facility (ALF) can effectively and immediately activate and operate the alternate power source (APS) and any fuel required for the operation of the APS and methods to be used to reduce the potential for heat related injuries (Methods) during a declared state of emergency (Policies and Procedures).

Findings included:

A request was made on to review the facility's Policies and Procedures. The Administrator provided a copy of the consumer- friendly summary of the facility's emergency power plan (Consumer-Friendly Summary). This Consumer-Friendly Summary's policy and procedures section showed no specific staff training information to educate the staff on how to activate and operate the APS and lacked any Methods to ensure that residents received required care during a declared state of emergency (photographic evidence obtained).

An interview was conducted with the Administrator, Executive Director, and Maintenance Director at 11:41 AM concerning required Policies and Procedures. The employees were unable to provide Policies and Procedures.

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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 maintain the signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, in the file of one of four staff sampled (E).

Findings included:

A personnel file review during the survey revealed that Staff E, hired as caregiver , had no copy of the Attestation of Compliance with Background Screening Requirements available for inspection in their record.

Interview with the Director of Resident Services at 2:40pm on provided no clarification for this discrepancy.

Unclassified