STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932435	**02/21/2019**
NAME OF PROVIDER OR SUPPLIER **SHARICK'S DECK RETIREMENT RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **4506 BRUTON ROAD** **PLANT CITY, FL 33565**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial re-licensure survey with limited mental health (LMH) in conjunction with a complaint survey (CCR 2019001861) was conducted at Sharick's Deck Retirement Ranch. Deficient practice was identified during the survey.

(License #5335)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the facility failed to honor the rights of residents to a safe living environment by not following control standards during the medication assistance procedure for 2 of 6 residents observed (#3; #7).

Findings included:

Observation of the medication assistance pass at approximately 12:20pm on , found the following:

While Staff D was in the process of bringing the medications to Resident #3 (both in a souffle cup), one of the tablets to the ground. The staff person picked this pill up and placed it in the souffle cup and proceeded to give it to the resident along with the other tablet. No documentation or action was taken regarding this medication.

Staff D was in the process of taking medications to Resident #7, and two (2) tablets to the ground. Again, the employee picked both of these up and gave them to the resident to consume. In addition, she accidentally tore open the compartment of four (4) other tablets in the resident's , causing them to . Staff D then was observed picking them up and placing them into the compartment; she covered them over with the torn outer paper. Upon inquiry from AHCA, Staff D stated that she "had been trained to do this regarding medication that had to the floor."

Class III

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

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Based on observation,interview, and record review, Staff D and Staff F failed to comply with all requirements of assistance of medication self-administration for seven of seven residents sampled (#4; #3; #7; #8; #9; #10, #1).

Findings included:

Observation of the medication pass between 12:05 and 12:30pm on revealed the following:

Staff D assisted Resident #4 with , 50mg, 1 capsule 3x/day, and , 50mg, 1 tablet every morning and 1 tablet every day at noon. During this process, she failed to read either label to the resident, and failed to tell the resident what the medications were.
Staff D assisted Resident #3 with , 5mg, 1 tablet 3x/day and , 250mg, 1 tablet 3x/day. Staff D failed to read either label aloud, and failed to tell the resident what either drug was.
Staff D then assisted Resident #8 with , 25mg, 1 tablet 3x/day and Resident #7 with , 1 mg, , 200mg, and 300mg (all 3x/day). Staff D failed to read the pharmacy labels for any of these to Resident #8.
Finally, Staff D was noted to assist Resident #9 with , 10mg and NaChl 1 gm (both 3x/day) as well as Resident #10 with her , 600mg (3x/day as needed). She didn't read the label to either individual.
Interview with the administrator at 1:30pm on provided no explanation for this failure to follow the assistance with self-administration of medication process.

An interview was conducted with Staff F on at 11:25 AM. Staff F stated that sometimes Staff F dials- in , 8 mg., on Resident #1's , . A review of Resident #1's medication observation records (MORs) revealed that they were prescribed Basaglar , (injection) 100U/ML- Inject eight units muscularly every evening for (photographic evidence obtained).
An interview was conducted with Resident #1 on at 12:26 PM. Resident #1 stated that staff dialed-in their , because they don't see well enough to dial it themselves.

An interview was conducted with the Administrator at 4:47 PM on concerning Staff F's statement about dialing in the , for Resident #1. The Administrator acknowledged that Staff F was unlicensed personnel and not qualified to dial-in , for residents.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

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Based on interview and record review, the facility failed to ensure that prescriptions for residents that receive assistance with self-administered medications were refilled in a timely manner for one (Resident #2) of seven residents sampled.

Findings included:

An interview was conducted with resident #2 at 11:55 AM on . During the interview, the resident stated that all but two of their medications had run out on the evening of .

A review of Resident #2's medication observation records (MORs) revealed that on , 8 out of 10 medications prescribed for 8 PM were circled (photographic evidence obtained). There was no documentation on the of the MORs as to why they were circled or any actions taken by the facility.

An interview was conducted with Staff E at 4:13 PM on and they stated that the facility had run out of medications for Resident #2 on . Staff E stated that someone was supposed to notify the Administrator if there was only a 3 or 4 day supply remaining. Staff E stated that they still did not have all of the evening medications for Resident #2.

The Administrator was interviewed at 4:16 PM and they stated that they were not alerted to Resident #2's medication supply. They acknowledged that the facility ran out of Resident #2's 8 PM medications on and they did not receive them as prescribed.

Class III

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

Based on record review and interview, the facility failed to provide proof of a pre-service orientation, signed by the administrator and employee, for three (Staff A, Staff B, and Staff C) of four employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff A was hired on , Staff B was hired on , and Staff C was also hired on . A review of the three employee records showed no documentation concerning the pre-service orientation.

The Administrator was interviewed on at 5:00 PM and they acknowledged that there was no

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proof of a pre-service orientation for Staff A, Staff B, or Staff C.

Class III

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

Based on record review, observation and interview, the facility failed to follow its menu and failed to fully document required menu substitutions.

Findings included:

A review of the current menu on the day of the inspection found that the lunch meal was planned to be: meatloaf, tossed salad, rice, roll, margarine, green beans and beverages (water; iced tea). At 12:20pm on , the lunch meal was observed to be: macaroni with meat sauce; tossed salad, bread/margarine, water, juice, iced tea. No green beans were served. Lunch had started about noon and roughly residents were seated, eating their noon meal. Upon inquiry regarding this omission, the administrator informed the staff person in charge of cooking, and she began to prepare the beans. No substitute food item had been made in place of the beans for more than half of the facility's census.

Review of the facility's substitution log found documentation that began on , with entries for days per week. Further review of this document found that most of these entries included all items on the planned menu for a given meal and then all items that were served for that same meal.

Interview with the administrator at 11:20am on and further interview at 12:35pm provided no explanation why the green beans had not been prepared as a part of the lunch.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to provide proof of a job description given to staff members for four (Administrator, Staff A, Staff B, and Staff C) of four employee records sampled.

Findings included:

A review of employee records conducted on showed that the Administrator was hired on , Staff A was hired on , Staff B was hired on 11/1/18, and Staff C was hired on .

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A review of the 4 employees' records showed that none contained a job description.

The Administrator was interviewed at 5:00 PM on concerning the lack of job descriptions in the Administrator's, Staff A's, Staff B's and Staff C's record. The Administrator acknowledged that none of the employee records contained job descriptions.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, interview, and attempted record review, the facility failed to prepare a detailed emergency environmental control plan (EECP) to submit to the local emergency management agency.

Findings included:

An interview was conducted with the Administrator beginning at 9:55 AM on . The Administrator stated that they still have to submit their EECP to the local emergency management agency for approval and had not implemented a plan.

The Administrator stated that the alternate power source had not yet been installed and they had no fuel onsite to operate it. They stated that they had not acquired services or established a process necessary to maintain and test the alternate power source. They stated that they had no written policies and procedures to ensure that the facility can effectively and immediately operate and maintain the alternate power source and any fuel required. They also stated that there was no functioning monoxide detector on the premises.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to provide documentation for a resident qualifying as limited mental health (LMH) that included a community living support plan updated annually or maintain an up-to-date admission and discharge log containing the names and dates of all LMH residents for one (Resident #3) of two residents sampled.

Findings included:

The Administrator was interviewed at 10:03 AM on and was asked which residents qualified as

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LMH. The Administrator stated that none of the residents were considered LMH because there were no case managers. A discussion continued concerning the criteria for LMH and the Administrator indicated that seven residents fit the criteria, including Resident #3.

A review of Resident #3's record showed that the last community living support plan on record was dated . A review of the admission and discharge log showed no documentation that Resident #3 was LMH.

The Administrator was interview at 4:51 PM on concerning the lack of an annual community living support plan for Resident #3 or notation for their status in the admission and discharge log. The Administrator stated again that the resident did not have a case manager.

Class III

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

Based on interview and record review, the facility failed to provide proof of an Affidavit of Compliance with Background Screening Requirements (Compliance Affidavit) for employees subject to a Level 2 background screening for four (Administrator, Staff A, Staff B, and Staff C) of four employees sampled.

Findings included:

A review of employee records conducted on showed that the Administrator was hired on , Staff A was hired on , Staff B was hired on 11/1/18, and Staff C was hired on . A review of the 4 employees' records showed an absence of Compliance Affidavits.

An interview was conducted with the Administrator at 5:00 PM on concerning the lack of Compliance Affidavits for the Administrator, Staff A, Staff B, and Staff C. The Administrator acknowledged that the documentation was not present.

Unclassified