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	AL11942812	**02/01/2019**
NAME OF PROVIDER OR SUPPLIER **ELMCROFT OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **730 SOUTH OSPREY AVENUE** **SARASOTA, FL 34236**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

An unannounced change of ownership and emergency power plan monitoring survey was conducted through at Elmcroft of Sarasota, an assisted living facility (license #8261) in Sarasota, Florida.

The following is description of the deficiencies.

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

Based on record review and staff interview, the facility failed to ensure a health assessment was accurately completed for 1 (Resident #7) of 2 resident records reviewed. This has the potential to lead to inaccurate and incomplete health information.

The findings included:

Record review of the health assessment for Resident #7 completed on revealed the assessment did not contain a , a list of current medications prescribed or the extent to which Resident #7 was able to perform activities of daily living in bathing, , eating and grooming.

On at approximately 2:30 p.m., the facility's Executive Director confirmed the health assessment for Resident #7 did not contain a , a list of current medications prescribed, or the extent to which Resident #7 was able to perform activities of daily living in bathing, , eating, and grooming,

Class III

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

Based on record review and interview, the facility failed to honor resident rights to present grievances and recommend changes in services and have these grievances acted upon in a timely manner.

The findings included:

On at 11:08 a.m., Resident #1 said the food service was horrible and everyone has told them about it.

On at 1:22 p.m., Resident #3 said the food service always takes a long time. Resident #3 said

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one time she sat an hour before anyone took her order and normally you sit about 20 - 30 minutes. Resident #3 said they give fancy names on the menu, but don't tell you what it is. That day it listed a Denver sandwich and she didn't know what that was and the wait staff didn't know either. Resident #3 said they have menu chats and have talked about things there but it didn't seem like anything got done - like telling the servers what they are serving, they still don't know, they have to check.

On at 1:50 p.m., Resident #4 said when you sit down for a meal it varies from a half hour to an hour before you get your meal. They really need more people to help out with dining.

On at 2:05 p.m., Resident #5 said with food service there is always a delay in service and the condiments are never filled on the tables and they have to ask for it. Resident #5 said that day they had a Denver sandwich on the menu and no one knew what it was, even the waitresses. They had to find out what it was. Resident #5 said they do have weekly menu chats and it'll get better and then it gets worse. Resident #5 said sometimes what's on the menu, isn't what they have available. You order something and they tell you they don't have it.

On at 2:23 p.m., Resident #6 said regarding the dining services, it's like the the right doesn't know what the left is doing. For example, the one waitress told another resident the jello wasn't set yet, but mine was sitting in front of me and it was set. Sometimes the menus have things on there and you say, what is that? The waitress doesn't know, has to stop and go in the kitchen & find out what it is. Resident #6 said the previous week there was one waitress for 13 tables and a few days ago, they didn't open until after 8 a.m., they were all just sitting there waiting.

On at 2:37 p.m., Resident #7 said the day prior at menu chat they discussed the condiments not being on the table. The next day the condiments weren't there. They talk a good game but nothing gets done. Resident #7 said wait times for food can get really stupid.

On at 3 p.m., Resident #8 said that day he waited a half hour for his sandwich and that is better, it used to be an hour. Resident #8 feels the girls were not trained wait people. He said that day they took his order right away but he thinks something happened in the kitchen that he didn't get his sandwich right away, but they should have let him know.

On at 9:30 a.m., Resident #10 said the staff provides care in a very pleasant manner and everyone seems to be helpful. Resident #10 said the only exception is the dining room. Resident #10 felt they don't pay them well, so there was no incentive to accelerate, so they are a little slow and a lot of times you sit 20-25 minutes before anyone even speaks to you.

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During an observation of lunch service on beginning at 11:47 a.m., the following was noted:

Residents #11 and #12 were seated along with a family member at 11:55 a.m. At 12:42 p.m. their meals were served.

Resident #8 was seated at 12:04 p.m., his order was taken at 12:11 p.m. His toasted sandwich was delivered at 12:34 p.m.

Resident #7 was seated at 12:12 p.m. His sandwich was served at 12:44 p.m.

Resident #6 was seated at 12:12 p.m. At 12:45 p.m., Resident #6 was served a ham sandwich. Resident #6 said she can't eat ham due to her diet and that she had ordered turkey. Wait staff responded that she was told that was turkey. Wait staff did not offer an alternative until she heard resident being asked if she was offered anything else. At that time Resident #6 responded that she wanted a turkey sandwich. At 1:07 p.m., Resident #6 was told they will not have turkey until that evening. Resident #6 got up from the table and said she was leaving as she was not going to wait another 45 minutes until they fixed something else.

A review of the facility grievance file showed a grievance filed by Resident #7 on related to wait staffing and food quality. On at 12:05 p.m., Resident #7 said they hold a menu chat every week. The residents go and discuss issues with service but nothing ever gets done. Resident #7 said at this time the service remains poor.

On at 2:43 p.m., the Executive Director (ED) said the Dining Services Director was on vacation. The ED said they do hold a menu chat with residents which she attends. They bring the menu and tell them what they like and don't like and if they can change it they will. The Executive Director admits servers and wait times are issues that have been brought up repeatedly and that is something that probably should have been addressed as a grievance because they have multiple complaints about service and wait times.

Class III

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

Based on record review and interview, the facility failed to ensure that within 30 days of employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable for 4 (Administrator, Staff A, B, and C) of 4

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staff reviewed.

The findings included:

The Administrator was hired . The Administrator's file contained no statement from a health care provider that she had no signs or symptoms of communicable .

Review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file contained no statement from a health care provider that they had no signs or symptoms of communicable .

Review of Staff B's employee file revealed a hire date of as a licensed practical nurse. Staff B's file contained no statement from a health care provider that they had no signs or symptoms of communicable .

Review of Staff C's employee file revealed a hire date of as a resident aide. Staff C's file contained no statement from a health care provider that they had no signs or symptoms of communicable .

On at 3:30 p.m., the Business Office Manager said when the old owners left they took all their personnel files with them. She said the current personnel files had no documentation of a communicable statement.

Class III

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

Based on record review and interview, the facility failed to ensure facility employees complete the in-service training required by Florida Administrative Code within 30 days of employment for 3 (Staff A, B, and C) of 3 employee files reviewed. The facility also failed to provide at least a 2 hour preservice orientation prior to interacting with residents for 3 (Staff A, B & C) of 3 staff reviewed hired after .

The findings included:

Review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to

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interacting with residents. Staff A's file did not contain documentation of having completed a 3 hour in-service on activities of daily living and behavioral needs. Staff A's file did not contain documentation of in-service training regarding the facilities resident elopement response policies and procedures. Staff A's file did not contain documentation of completing a 1 hour in-service training in reporting major incidents, reporting adverse incidents and facility emergency procedures including chain of command and staff roles relating to emergency evacuation. Staff A's file did not contain documentation of having completed a 1 hour incident report training.

Review of Staff B's employee file revealed a hire date of as a licensed practical nurse. Staff B's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to interacting with residents. Staff B's file did not contain documentation of in-service training regarding the facilities resident elopement response policies and procedures. Staff B's file did not contain documentation of having completed a minimum of 1 hour in-service training that covers resident rights in an assisted living facility and recognizing and reporting resident , neglect and . Staff B's file did not contain documentation of having completed a minimum 1 hour in-service in safe food handling practices

Review of Staff C's employee file revealed a hire date of as a medication technician. Staff 's file did not contain documentation of having completed at least a 2 hour preservice orientation prior to interacting with residents. Staff C's file contained no documentation of having completed a 1 hour control training. Staff C's file contained no documentation of having completed a 3 hour in-service on activities of daily living and behavioral needs. Staff C's file did not contain documentation of in-service training regarding the facilities resident elopement response policies and procedures. Staff C's file did not contain documentation of completing a 1 hour in-service training in reporting major incidents, reporting adverse incidents and facility emergency procedures including chain of command and staff roles relating to emergency evacuation. Staff C's file did not contain documentation of having completed a 1 hour incident report training.

On at 3:30 p.m., the Business Office Manager said when the old owners left they took all their personnel files with them. She said she will have to work on getting the trainings in the files.

Class III

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

Based on record review and interview, the facility failed to ensure facility employees complete a one time education course on and

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(/) and maintain documentation of completion for 2 (Administrator and Staff A) of 4 employee files reviewed.

The findings included:

The Administrator's file revealed a hire date of . The Administrator's employee file contained no documentation of having completed a course on / .

Staff A's employee file revealed a hire date of . Staff A's employee file contained no documentation of having completed a course on / .

On at 3:30 p.m., the Business Office Manager said when the old owners left they took all their personnel files with them. She said she will have to work on getting the trainings in the files.

Class III

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

Based on record review and interview, the facility failed to ensure facility employees complete at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment and maintain documentation of completion for 1 (Staff B) of 4 employee files reviewed.

The findings included:

Review of Staff B's employee file revealed a hire date of as a licensed practical nurse. Staff B's file contained no documentation of having completed an in-service on .

On at 3:30 p.m., the Business Office Manager said when the old owners left they took all their personnel files with them. She said she will have to work on getting the trainings in the files.

Class III

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

Based on record review and interview, the facility failed to issue and maintain training certificates in the facility's personnel files upon successful completion of trainings as required by Florida rule for 3 (Staff A, B, and C) of 4 employee files reviewed.

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The findings included:

Staff A's employee file revealed a hire date of as a resident aide. Staff A's employee file was of multiple certificates documenting completion of trainings as required per Florida statute.

Staff B's employee file revealed a hire date of as a licensed practical nurse. Staff B's employee file was of multiple certificates documenting completion of trainings as required per Florida statute.

Staff C's employee file revealed a hire date of as a medication technician. Staff C's employee file was of multiple certificates documenting completion of trainings as required per Florida statute.

On at 3:30 p.m., the Business Office Manager said when the old owners left they took all their personnel files with them. She said she will have to work on getting the proper documentation of trainings in the files.

Class III

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

Based on observation and interview the facility failed to note menu substitutions before or when the meal is served and keep a log of these substitutions on file in the facility for 6 months. The facility also failed to have on a 3-day supply of nonperishable food, based on the number of weekly meals the facility has with the residents to serve.

The findings included:

On at 2:05 p.m., Resident #5 said sometimes what's on the menu, isn't what they have available. You order something and they tell you they don't have it.

On Resident #8 was seated at 12:12 p.m. At 12:45 p.m., Resident #8 was served a ham sandwich. Resident #8 said she can't eat ham due to her diet and that she had ordered turkey. At 1:07 p.m., Resident #8 was told they will not have turkey until that evening. Resident #8 got up from the table and said she was leaving and she was not going to wait another 45 minutes until they fixed something else. A review of the facility's all day menu choices revealed turkey and cheese (grilled or) was listed for the lunch menu.

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During an observation of lunch service on beginning at 11:47 a.m., the posted menu and the menus on the tables listed green beans. Residents were served peas and carrots. Residents were not told of the substitution until their plates were served at the table.

A review of the substitution log provided by the facility contained 2 sheets of paper. One sheet listed the Thanksgiving menu and the other sheet listed the Thanksgiving menu. No other substitutions were documented.

On at 9:40 a.m., an observation with the Maintenance Director of the room containing the emergency supply of food revealed:
3 - 2 oz boxes oatmeal cream pies
1 - box 500/2 count packages Zesta saltine
2 - boxes 24 count each cheese crackers with peanut butter
2 - box 120 count .89 oz granola bars
6 - 29.5 oz cans chunk chicken in water, 12 servings per can (72 servings)
84 - cans fruits/vegetables, 24 servings per can (2016 servings)
12 - cans chili con carne, 12 servings per can (144 servings)
18 - cans of pudding - 24 servings per can (432 servings)
6 - cans beef stew - 13 servings per container (76 servings)
12 - cans sloppy joe - 12 servings per container (144 servings)
12 - gallons of water. The maintenance director said they also had 5 gallon to fill with water, but was unsure of the number of or where they were stored.

The residents receive 3 meals per day. Based on the current census of 90 residents the facility would be required to have 270 meals available on per day, for a total of 810 meals.

On at 2:43 p.m., the Executive Director (ED) explained the Dining Services Director is on vacation. The ED said she guessed the substitution log was it, but she guesses he hasn't been keeping it if there have been substitutions.

On at 11:08 a.m., The ED said they facility is with residents to serve 3 meals per day and she would get enough food ordered for the 3 day emergency supply.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

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Based on record review and staff interview, the facility failed to revise the submitted comprehensive emergency management plan within 30 days of receiving notice the plan must be revised. In addition, the facility failed to submit an emergency management plan within 30 days of obtaining a license as a result of an ownership change.

The findings included:

On record review revealed ownership of the facility was transferred and the facility obtained a provisional license effective . A comprehensive emergency management plan was not submitted to the county until . On , the county requested the plan be revised.

On at approximately 9 a.m., the facility maintenance director confirmed he did not have a comprehensive emergency plan approved by the county. He said he submitted the original plan on , On he said the county asked for further information but he "hadn't taken the time to finish it."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and staff interview, the facility failed to ensure an alternate power source such as a generator was readily available at the facility. In the event of the loss of primary electrical power, it will ensure the facility air temperature will be maintained at or below 81 degrees Fahrenheit for a minimum of 96 hours. In addition the facility failed to provide evidence of written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. This has the potential to lead to serious health complications.

The findings included:

On at approximately 11:30 a.m., observation revealed no evidence of an alternate power source at the facility.

On at 11:39 a.m., in an interview the facility maintenance director said, "As it stands right now, all we have is a dirt , no generator. We have a contract with the generator company for a portable generator if needed." He added it would be a 2 day turn-around time to obtain the portable generator because "It comes on a semi." At the time of the interview, proof of written policies and procedures to

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ensure the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source was requested but not obtained.

On ... at 9:06 a.m., in a phone interview, the maintenance director said the contractors told him because he had a contract with the generator company to supply a portable generator, he did not need to maintain a generator on site.

On ... at approximately 9:00 a.m., in a phone interview, the maintenance director said he did not actually know how long it would take to have the portable generator delivered. At the time of the interview, proof of written policies and procedures to ensure the facility can effectively and immediately operate and maintain the alternate power source and any fuel required for the operation of the alternate power source was again requested and not obtained.

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Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview the facility failed to maintain the signed attestation in the employee's personnel file for 4 (Administrator, Staff A, B, and C) of 4 personnel files reviewed.

The findings included:

Review of Administrator's file revealed a hire date of . The Administrator's employee file failed to contain a signed attestation.

Review of Staff A's employee file revealed a hire date of as a resident aide. Staff A's employee file failed to contain a signed attestation.

Review of Staff B's employee file revealed a hire date of as a licensed practical nurse. Staff B's employee file failed to contain a signed attestation.

Review of Staff C's employee file revealed a hire date of as a medication technician. Staff C's employee file failed to contain a signed attestation.

On at 12:28 p.m., the Business Office Manager said the previous owner of the facility took all their personnel files with them. Business Office Manager said the new owners said they used a different provider for background screening and not the Agency for Healthcare Administration.

Unclassified

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

Based on record review and interview the facility failed to maintain the employment status of all employees on the facility roster and failed to report any changes on the facility roster of status within 10 business days for 12 (Administrator, Staff A, B, C, D, E, F, G, H, I, J, K, L, and M) of 12 employees reviewed for the Background Screening Clearinghouse.

The findings included:

The Administrator was hired . The Administer was not listed in the Clearinghouse on the facilities roster.

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Staff A was hired as a resident aide on . Staff A was not listed in the Clearinghouse on the facilities roster.

Staff D was hired as a resident aide on . Staff D was not listed in the Clearinghouse on the facilities roster.

Staff E was hired as a resident aide on . Staff E was not listed in the Clearinghouse on the facilities roster.

Staff F was hired as a licensed practical nurse (LPN) on . Staff F was not listed in the Clearinghouse on the facilities roster.

Staff G was hired as a resident aide on . Staff G was not listed in the Clearinghouse on the facilities roster.

Staff H was hired as a LPN on . Staff H was not listed in the Clearinghouse on the facilities roster.

Staff I was hired as a dining server on 11/27/18. Staff I was not listed in the Clearinghouse on the facilities roster.

Staff J was hired as a resident aide on . Staff J was not listed in the Clearinghouse on the facilities roster.

Staff K was hired as a dining server on . Staff K was not listed in the Clearinghouse on the facilities roster.

Staff L was hired as a resident aide on 11/23/18. Staff L was not listed in the Clearinghouse on the facilities roster.

Staff M was hired as a resident aide on . Staff M was not listed in the Clearinghouse on the facilities roster.

On at 11:03 a.m., the Business Office Manager said she used to do the Agency for Healthcare Administration (AHCA) background screening with the previous owner, but when the new owners took over they said she didn't have to do that anymore and they were only using a certain provider for the checks. The Business Office Manager said she had not maintained the AHCA roster since.

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Unclassified

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

Based on record review and interview the facility failed to obtain an Agency for Healthcare Administration (AHCA) background screen prior to hiring, selecting or otherwise allowing an employee to have contact with any person that would place the employee in a role that requires background screening until the screening is complete for 6 (Staff D, E, H, I, K, and L) of 12 staff reviewed for background screening.

The findings included:

Staff D was hired as a resident aide on . A review of the Agency for Healthcare Administration (AHCA) background screening (BGS) website revealed a background screen that had expired .

Staff E was hired as a resident aide on . A review of the AHCA BGS website revealed no background screening was conducted through the agency.

Staff H was hired as a licensed practical nurse on . A review of the AHCA BGS website revealed a new screening was required.

Staff I was hired as a dining server on 11/27/18. A review of the AHCA BGS website revealed a new screening is required.

Staff K was hired as a dining server on . A review of the AHCA BGS website revealed no background screening was conducted through the agency.

Staff L was hired as a resident aide on 11/23/18. A review of the AHCA BGS website revealed no background screening was conducted through the agency.

On at 11:03 a.m., the Business Office Manager said she used to do the Agency for Healthcare Administration (AHCA) background screening with the previous owner, but when the new owners took over they said she didn't have to do that anymore and they were only using a certain provider for the checks.

Unclassified

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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 that persons subject to screening had not had a break in service from a position that requires a level 2 screening for more than 90 days for 1 (Staff A) of 12 staff reviewed for background screening.

The findings included:

Staff A was hired as a resident aide on . A review of the Agency for Healthcare Background Screening website revealed an eligible date of . A review of Staff A's application does not show Staff A had worked in a position that required Level 2 background screening in the prior 90 days.

On at 11:50 a.m., Staff A said she was selling cellular phones prior to working at this facility.

On at 11:03 a.m., the Business Office Manager said she used to do the Agency for Healthcare Administration (AHCA) background screening with the previous owner, but when the new owners took over they said she didn't have to do that anymore and they were only using a certain provider for the checks.

Unclassified