STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911437	03/18/2019
NAME OF PROVIDER OR SUPPLIER **PLYMOUTH HOME FOR ADULTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 PLYMOUTH STREET** **JACKSONVILLE, FL 32205**	

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

0000 - Initial Comments

A biennial survey was conducted at Plymouth Home for Adults on . There was deficient practice found at the time of investigation.

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

Based on observation and interview the facility staff failed to adhere to the facility's policy and procedures for control when assisting with the self-administration of medication for three of three residents sampled for medications pass (Residents #6, #7, and #8).

The findings include:

A record review of the facility's policy on Self-Administration of Medication revealed that staff should "Exercise universal precautions and Plymouth Home for Adults Inc. control policies and procedures by washing and wearing gloves."

On at 10:06am, an observation was made of Employee D providing assistance with the self-administration of medication to Resident #7. She failed to exercise universal precautions by washing her and wearing gloves.

On at 10:10am, an observation was made of Employee D providing assistance with the self-administration of medication to Resident #6. She failed to exercise universal precautions by washing her and wearing gloves.

On at 10:17am, an observation was made of Employee D providing assistance with the self-administration of medication to Resident #8. She failed to exercise universal precautions by washing her and wearing gloves.

During an interview on at 3:15pm the administrator confirmed that facility staff providing assistance with the self-administration of medication should wash their and wear gloves.

During an interview on at 3:46pm Employee D confirmed that she failed to follow the facility's policy on providing assistance with the self-administration of medication by failing to wash her and wearing gloves prior to providing the assistance.

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

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to acquire and maintain a monoxide alarm and to provide written notification of the emergency power plan implementation to each resident and the resident's legal representative within five (5) business days.

The findings include:

During a tour of the facility on , there were no monoxide alarms observed.

During an interview on at 3:21pm with the administrator, he confirmed that there were no monoxide alarms in the facility.

During an interview on at 3:24pm with the administrator, he confirmed that notification of implementation of the Emergency Power Plan was not provided to the residents and/or their representatives within five business days.

Class III