STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967163	C 03/19/2019
NAME OF PROVIDER OR SUPPLIER **HEIDIS HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **1205 BONAIRE DRIVE** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On , , an unannounced biennial relicensure and Emergency Preparedness Plan (EPP) survey was conducted at Heidi's Haven Bonaire Assisted Living in Leesburg, Florida . Deficient practice was identified during the survey.

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

Based on observation, interview and record review the facility failed to ensure the medication labels were read in the presence of residents receiving assistance with self administration of medication for 2 of 2 sampled residents, Residents #2 and #3.

Findings:

On beginning at 11:42 AM an observation of assistance with self administration of medication showed Staff B, Med Tech gave Resident #2 and Resident #3 their medications without reading the medication labels.

On at 11:49 AM during an interview with Staff B, Med Tech she confirmed she did not read the medication labels to the residents as required for assistance with self administration of medications.

On at 11:49 AM during an interview with the Administrator she confirmed the medication labels are to be read to the resident during assistance with self administration of medications.

Class III.

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

Based on personnel record review and interview the facility failed to ensure a written statement from a health care provider documenting no signs or symptoms of communicable , and failed to ensure evidence of ( ) examination documented within 30 days after beginning employment for 1 of 3 sampled staff, Staff A.

Findings:

Personnel record review for Staff A, Certified Nursing Assistant (CNA) revealed she was hired on . The record did not contain a statement from a health care provider documenting Staff A

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had no signs or symptoms of communicable and did not contain ( ) testing.

On at 11:15 AM an interview was conducted with the Administrator. She stated that Staff A, CNA was hired on and should have a written statement from a health care provider documenting Staff A does not have any signs or symptoms of communicable and should have evidence of a negative examination documented within 30 days of hire. The Administrator confirmed the file did not contain the required documentation.

On at 11: 18 AM an interview was conducted with Staff A, CNA. She stated, "I went to get a test and communicable statement done yesterday and they were out of the solution and told me to call on Wednesday."

Class III

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

Based on interview and personnel record review the facility failed to ensure ( ) training by an instructor or training provider approved to provide training by the American Red Cross, the American Association, the National Safety Council, or by an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education for 1 of 3 sampled staff, Staff B, Medication Technician (MT).

Findings:

Personnel record review for Staff B, MT revealed Basic Life Support (BLS) and training was issued on . The documentation did not indicate the training was approved by the American Red Cross, the American Association, or the National Safety Council.

On at 10:45 AM an interview with Staff B was conducted. She stated she did her online and watched a video and then took a test. When asked if she had a on demonstration of she stated, "No it was all online and you had to answer questions after the video."

On at 10:45 AM an interview was conducted with the Administrator. She stated she did not know had to be on. She thought they could do the online course.

Class III