

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965487	(X3) DATE SURVEY COMPLETED 04/08/2019
NAME OF PROVIDER OR SUPPLIER BLOOMFIELD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2774 WESLEYAN DR PALM HARBOR, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A biennial re-licensure survey was conducted at Bloomfield Manor II on Bloomfield Manor II had deficiencies at the time of the survey. (License #9893) 0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC Based on record review and interview, the facility failed to document required notification to a resident's health care provider and family member about a hospital visit and subsequent admission to rehabilitation for one (Resident #3) of two resident records sampled. Findings included: A review of resident records conducted on revealed that Resident #3 was sent to the hospital and then to rehabilitation and returned to the facility on A review of facility documentation showed no documentation that Resident #3's health care provider or family member were notified of the hospital visit or stay in rehabilitation. An interview was conducted with the Owner at 2:56 PM on and they acknowledged that there was no proof that Resident #3's health care provider or family member were notified about the resident's hospital visit and rehabilitation admission. Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were up-to-date and contained information for all medications provided including name of medication, strength, directions for use, and updated immediately after the medication was offered for two (Resident #1 and Resident #2) of three residents sampled. Findings included:		

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A medication review was conducted on [redacted] beginning at approximately 12:15 PM. Staff A was observed providing assistance with self-administered medications to Resident #1. Staff A was observed assisting Resident #1 with the medication [redacted] /Dexametha 0.1% Suspension ([redacted]). At 12:37 PM on [redacted], Staff A stated that the [redacted] were not listed on the MORs and wrote the medication in by [redacted] on to the MORs. When asked about documenting assistance with this medication for Resident #1 for the month of [redacted], Staff A stated that apparently they have not been documenting assisting Resident #1 with the [redacted].

Staff A was observed assisting Resident #2 with medications on [redacted] including [redacted]. Staff A was interviewed at 1:05 PM on [redacted] and stated that the MORs for Resident #2's [redacted] were also lacking documentation of this medication for the month of [redacted].

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medications in a locked cart at all times.

Findings included:

A tour of the facility was conducted beginning at 9:45 AM on [redacted]. Upon entering an unlocked administrative area, an unlocked medication cart containing resident medication was observed in the room (photographic evidence obtained).

An interview was conducted with Staff A at 9:53 AM on [redacted] concerning the unlocked medication cart. Staff A acknowledged that the medication cart was not secured.

Class III

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

Based on record review and interview, the facility failed to provide proof of a written statement from a health care provider, within 30 days of employment, documenting that employees did not have any signs or symptoms of a communicable [redacted] (Communicable [redacted] Statement) for two (Administrator and Staff A) of two employee records sampled.

Findings included:

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A review of employee records conducted on showed that the Administrator had a date of hire of and Staff A had a date of hire of 11/24/18. The review of the two employee records showed a lack of Communicable Statements. The Administrator was interviewed at 3:28 PM and again at 3:56 PM on concerning the lack of Communicable Statements in the Administrator's and Staff A's employee records. The Administrator reviewed the records and stated that the Communicable Statements were not there. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS Based on observation, record review, and interview, the facility failed to provide proof that unlicensed staff that provided residents with assistance with self-administered medications had successfully completed an initial training pursuant to section 429.52(6) Florida Statutes (Med Tech Training) for one (Staff A) of two employee records sampled. Findings included: A medication review was conducted at approximately 12:15 PM on and Staff A was observed providing assistance with self-administered medications to Resident #1, Resident #2, and Resident #3. A review of Staff A's record showed a date of hire of The review of Staff A's record showed a lack of proof of Med Tech Training. The Administrator was interviewed at 3:55 PM on concerning the lack of proof of Med Tech Training in Staff A's record. The Administrator reviewed Staff A's record and stated that they did not see proof of Med Tech Training in Staff A's record. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview, the facility failed to provide proof of training, within 30 days of employment, in the subject of the facility's policy and procedures regarding (. Training) for one (Administrator) of two employee records sampled.		

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Findings included: A review of employee records conducted on showed that the Administrator was hired on The review of the Administrator's employee record showed no proof of Training. The Administrator was interviewed at 3:59 PM on and acknowledged that the was no proof of Training on record. Class III 0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC Based on record review and interview, the facility failed to ensure that employee records included a copy of the employment application with references furnished for one (Administrator) of two employee records sampled. Findings included: A review of employee records conducted on showed that the Administrator was hired on A review of the Administrator's record showed a lack of an application with references. The Administrator was interviewed at 3:25 PM on concerning the lack of an application with references in their employee record. The Administrator reviewed the record and stated the\at the application with references was not present. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to obtain approval from the local emergency management agency of its comprehensive emergency management plan (CEMP). Findings included: A review of facility records conducted on showed no proof of the most recent approval of the facility's CEMP.		

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The Owner was interviewed at 11:56 AM on ... and they stated that they were unable to find the last approval letter from the local emergency management agency for their CEMP. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on attempted record review and interview, the facility did not obtain approval from the local emergency management agency for its emergency environmental control plan (EECP) or develop written policies to ensure that the facility can effectively and immediately operate and maintain the alternate power source and any fuel required in the event of an emergency (Written Policies). Findings included: The Administrator was interviewed at 1:32 PM on ... and was asked to provide the facility's EECP. The Administrator did not provide the EECP and stated that the EECP had not yet been approved by the local emergency management agency. The Administrator also stated that the facility had not developed Written Policies. No records, policies or additional documentation were produced during survey. 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 employee records that included proof of an affidavit of compliance with background screening requirements (Affidavit) for one (Administrator) of two employee records sampled. Findings included: A review of employee records conducted on ... showed that the Administrator's most recent level 2 background screening had the eligibility date of ... The review of the Administrator's record showed no proof of a signed Affidavit. The Administrator was interviewed at 3:20 PM on ... and acknowledged that there was no Affidavit in their record.		

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