STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966437	**04/15/2019**
NAME OF PROVIDER OR SUPPLIER **WESLEY HOUSE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1146 TIMBER TRACE DRIVE** **WESLEY CHAPEL, FL 33543**	

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

0000 - Initial Comments

A change of ownership (CHOW) licensure survey with limited mental health (LMH) was conducted at Success Care II on . The facility had deficiencies at the time of the visit.

(License #10654)

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to determine the appropriateness for admission and continued residency for a resident that required 24 hour nursing or , , care for one (Resident #4) of two resident records reviewed.

Findings included:

A review of resident records conducted on revealed that Resident #4's health assessment dated indicated that the resident required 24 hour or , , care (photographic evidence obtained).

The Administrator was interviewed at 1:15 PM on concerning Resident #4's health assessment statement the resident required 24 hour nursing and , , care. The Administrator stated that the facility did not provide 24 hour nursing care and would have to discharge the resident.

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 provide proof that the Resident Bill of Rights was included in the admission package for two (Resident #3 and Resident #4) of two resident records reviewed.

Findings included:

A review of resident records conducted on showed no proof that the Resident Bill of Rights was included in the residential contract or admission package for Resident #3 and Resident #4.

The Administrator was interviewed beginning at 12:51 PM on and the issue concerning the lack

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of Resident Bill of Rights in Resident #3's and Resident #4's admission packages was discussed. The Administrator did not provide any proof that the Resident Bill of Rights was provided.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain daily medication observation records (MORs) that was updated each time a medication was offered or administered for one (Resident #1) of four resident MORs reviewed.

Findings included:

A medication review conducted on showed that Resident #1 was prescribed Polyethylene 3350 Powd-with the directions to mix 17 grams of powder and mix with 8 ounces of water and drink daily. A review of Resident #1's MORs showed blank spaces for this medication for the entire month of (photographic evidence obtained).

The Administrator was interviewed at 8:22 AM on concerning the blank spaces on Resident 31's MORs for the medication Polyethylene 3350 Powd. The Administrator stated that the MORs were blank because the resident refused the medication. There was no indication in the MORs that Resident #1 was offered the medication or refused to take it.

Class III

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

Based on observation, record review, and interview, the facility failed to provide medications according to health care providers' orders for one (Resident #4) of four residents observed during a medication review.

Findings included:

A medication review was conducted beginning at 8:00 AM on . Four residents were provided with medications with Resident #4 being the last resident observed.

A review of Resident #4's medication observation records (MORs) showed the medication SOD 25 mcg with the directions to take 1 tablet by daily at 6 AM. The Administrator was observed

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giving this medication to Resident #4 at approximately 8:30 AM on .

The Administrator was interviewed at 8:49 AM on and acknowledged that Resident #4 was not provided their medication , SOD 25 mcg according to the health care provider's orders.

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 two hour pre-service orientation, prior to interacting with residents, for its assisted living facility staff for one (Staff A) of three records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of . A review of Staff A's record showed no proof of a 2 hour orientation. Staff A was observed interacting with residents on .

The Administrator was interviewed beginning at 12:51 PM on concerning the lack of proof of a 2 hour orientation for Staff A. The Administrator did not provide proof of this orientation.

Class III

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

Based on record review and interview, the facility failed to provide proof of training in the facility's policies and procedures regarding (Training), within 30 days of employment, for three (Administrator, Staff A, and Staff B) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that the Administrator, Staff A, and Staff all began employment on . A review of three employees' records showed no proof of Training.

The Administrator was interviewed beginning at 12:51 PM on concerning the lack of proof of Training for the Administrator, Staff A, and Staff B. The Administrator did not provide proof of

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Training for the three employees.

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 that employee records contained proof of an employment application with references furnished for one (Staff A) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A was hired on . A review of Staff A's record showed no proof of an employment application with references. The Administrator was interviewed beginning at 12:51 PM on concerning the lack of an employment application and references for Staff A. The Administrator provided no proof that Staff A had submitted an employment application with references.

Class III

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

Based on record review and interview, the facility failed to obtain approval by the local emergency management agency for its initial comprehensive emergency management plan (CEMP).

Findings included:

A review of a letter from the local emergency management agency dated revealed that the facility's CEMP was not approved (photographic evidence obtained).

The Administrator was interviewed at 7:34 PM on concerning the lack of approval for the facility's CEMP. The Administrator acknowledged that the CEMP was not approved and stated that they needed to contract with a local fuel supplier.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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Based on record review and interview, the facility did not receive approval from the local emergency management agency for its emergency environmental control plan (EECP) or maintain an adequate amount of fuel stored onsite to operate the alternate power source in the event of an emergency.

Findings included:

The Administrator was interviewed at 9:19 AM on concerning the facility's EECP. The Administrator stated that the plan was not yet approved. When asked about the fuel supply stored onsite to operate the alternate power source, the Administrator stated that there was enough fuel to maintain operation of the alternate power source for only 28 hours.

Class III

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 staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for three (Administrator, Staff A, and Staff B) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that the Administrator, Staff A, and Staff B all began employment on . A review of the Employee Roster conducted on showed no entries for the Administrator, Staff A, or Staff B.

The Administrator was interviewed at 12:52 PM on concerning the lack of entries in the Employee Roster for the Administrator, Staff A, and Staff B. The Administrator acknowledged that the Employee Roster did not include the three employees.

Unclassified

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

Based on record review and interview, the facility failed to provide proof that employees that provided direct care to the facility's residents had a level 2 background screening that determined eligibility to work in an assisted living facility (ALF) for one (Staff A) of three employee records sampled.

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Findings included:

A review of employee records conducted on showed that Staff A was hired on . A review of Staff A's record showed no proof of a level 2 background screening that determined eligibility to work in an Assisted Living Facility (ALF).

The Administrator was interviewed at 12:56 PM on and, after reviewing Staff A's record, acknowledged that there was no proof of a level 2 background screening with a determination of eligibility to work in an ALF.

Unclassified