STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969147	**02/19/2019**
NAME OF PROVIDER OR SUPPLIER **LASALLE ASSISTED LIVING ROCKLEDGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3545 MURRELL RD** **ROCKLEDGE, FL 32955**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record reviews and interview, the facility failed to ensure 3 of 4 personnel records (A, B, and C) contained an Attestation of Compliance with Background Screening Requirements.

Findings:

Caregiver A was hired on .

Caregiver B was hired on .

The administrator was hired on .

None of the personnel records contained an attestation of compliance with background screening requirements, as required.

On at 3:15 p.m. the owner confirmed the findings and was unable to provide additional documentation.

Unclassified

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0000 - Initial Comments

The re-licensure survey with Extended Congregate Care (ECC) was conducted on [redacted]. LaSalle Assisted Living Rockledge, license #12979, had deficiencies at the time of the survey.

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

Based on record reviews and interview, the facility failed to ensure an 1823 health assessment form was complete for 1 of 3 sampled residents (#4.)

Findings:

Resident #4's record revealed a facility admission date of [redacted]. A current 1823, dated [redacted], did not indicate whether she required assistance with medications, as required.

On [redacted] at 2:35 p.m. the administrator confirmed the finding.

Photographic evidence obtained.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record reviews and interview, the facility failed to document in the resident's record when 1 of 3 sampled residents (#4) experienced a significant change.

Findings:

Resident #4's record revealed a facility admission date of [redacted]. A hospice demographic form indicated that resident #4 was admitted to hospice services on [redacted]. Her facility record did not contain documentation to indicate she was admitted to hospice, which was a significant change.

On [redacted] at 2:50 p.m. the administrator confirmed the finding and was unable to provide additional documentation.

Class III

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

Based on record reviews and interview, the facility failed to develop written policies and procedures that addressed recognizing resident , neglect, and .

Findings:

On at 3 p.m. a request was made to review the facility's policy and procedures on recognizing and reporting resident , neglect, and .

On at 3:15 p.m. the administrator provided what she identified as the policy however, the policy contained only procedures on reporting , neglect, and and did not contain information on recognizing , neglect, and .

On at 3:35 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(l)

Based on record review and interviews, the facility failed to conduct a minimum of two resident elopement prevention and response drills per year.

Findings:

The facility has been licensed since .

On at 10:02 a.m. caregiver C said she was not aware of the facility having elopement drills.

On at 11:49 a.m. caregiver A said the facility did not have elopement drills.

On at 3:25 p.m. caregiver B said the facility had elopement drills but she never participated in one.

A request was made to review documentation to indicate the facility conducted the required elopement

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drills.

On at 2:09 p.m. the administrator provided a copy of the facility's elopement policy, said the facility never conducted an elopement drill, and said the staff were just given a copy of the elopement policy.

Class III

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

Based on observations, record reviews and interview, the facility failed to ensure the unlicensed caregiver (administrator) who assisted a resident (#3) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #3 on at 1:15 p.m. revealed the unlicensed administrator unlocked a cabinet, removed a properly labeled box of , , - , then she carried it and the Medication Observation Record (MOR) to the resident in his room. She donned gloves, removed a single vial from the box, then she handed the vial to the resident. The resident removed the cap from the vial, poured the solution into the reservoir, then he turned on the and held the piece in his own .

The administrator did not read the prescription label aloud, as required.

On at 1:25 p.m. the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 2 of 5 sampled staff (A and D) received the required in-service training within 30 days of employment.

Findings:

Caregiver A was hired on .

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Nurse D was independently with the facility, since , to provide nursing services. Her record did not contain documented evidence to indicate she received in-service training regarding the facility's resident elopement response policies and procedures, as required.

Caregiver A's personnel record did not contain documented evidence to indicate he received a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation, reporting major and adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and recognizing and reporting resident , neglect, and , , as required. There was no documentation in the record to indicate caregiver A was exempt from any of the trainings.

On at 3:15 p.m. the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 3 of 4 direct care staff (A, B, and C) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

On at 11:49 a.m. caregiver A said he did not know what a was and after he was reminded, he still said he did not know what it was.

Caregiver A was hired on .

Caregiver B was hired on .

Caregiver C was hired on .

None of the personnel records contained documented evidence to indicate any of the caregivers received at least one hour of training in the facility's policy and procedures regarding , as required.

On at 3:15 p.m. the administrator confirmed the findings.

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Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 2 of 4 sampled staff (A and B) contained references.

Findings:

Caregiver A was hired on .

Caregiver B was hired on .

Neither personnel record contained furnished references, as required.

On at 3:15 p.m. the administrator confirmed the findings.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record reviews and interviews, the facility failed to ensure the informed consent to allow unlicensed staff to assist 1 of 2 sampled residents (#1) with self-administered medications indicated whether or not the staff would be overseen by a licensed nurse and failed to record a semi-annual for 1 of 2 residents (#4) who received assistance with the Activities of Daily Living (ADLs.)

Findings:

Resident #1's record revealed a facility admission date of . The record contained an informed consent, dated , allowing unlicensed staff to assist with self-administered medications however, the consent did not indicate whether or not the staff would be overseen by a nurse, as required.

On at 2:15 p.m. the administrator confirmed the findings.

Resident #4's record revealed a facility admission date of . A current 1823 health assessment form, dated , indicated that she required assistance with all of her ADLs. Her record contained recorded on , , and which is not semi-annually, as required.

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On [redacted] at 2:50 p.m. the administrator confirmed the findings and said no other [redacted] were recorded for resident #4.

Photographic evidence obtained.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record reviews and interview, the facility failed to develop written procedures to address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury.

Findings:

On [redacted] at 10 a.m. a request was made to review the facility's emergency environmental control plan and any related policies. A review of the plan and accompanying documents revealed there were no written procedures for wellness checks on the residents by assisted living staff to monitor for signs of [redacted] and heat injury and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

On [redacted] at 10:15 a.m. the administrator confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Class III