STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT** **LONGWOOD, FL 32750**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on , . Cascade , license #5753, had deficiencies at the time of the survey.

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

Based on observations, record reviews, and interviews, the facility failed to follow a health care provider's order for 1 of 3 sampled residents (#13).

Findings:

Observations made of resident #13 on at 1 p.m. revealed he was sitting at a dining room table eating lunch and he coughed throughout the meal. He was served a regular diet and he had a glass full of thin milk and a glass full of thin water.

Resident #13's record revealed his prescribed diet was regular however, the record contained a health care provider's order, dated , for a fluid restriction of 1500 milliliters (50 ounces.)

On at 1:05 p.m. dietary staff E said the dietary staff poured the resident's drinks for them and she pointed to a posted list of resident names and their ordered diets and said the list was used by the dietary staff to determine whether a resident was on a special or modified diet. The list was dated and did not indicate that resident #13 was prescribed a fluid restriction.

On at 1:07 p.m. the director of dining services provided a binder that he said held any dietary orders given to him by the nursing staff. The binder did not contain the order for resident #13's fluid restriction. He reviewed the order and said he knew nothing about the order and said the drinking glasses given to resident #13 each held 10 ounces of fluid.

On at 1:30 p.m. nurse F was present, said she was the nurse who noted the fluid restriction order on , and said she did nothing with the order because "we don't do fluid restrictions here." She said she did not inform the health care provider that the order would not be followed.

Resident #13's current 1823 health assessment form was dated . His diagnoses included , , , and mild memory .

Photographic evidence obtained.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT LONGWOOD, FL 32750**	

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

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 1 of 4 sampled staff (A) contained a signed statement by the employee and administrator to indicate the employee completed the preservice orientation.

Findings:

Caregiver A's personnel record revealed a hire date of .

The record contained a certificate of training, dated , for 2-hours preservice orientation however, the certificate was not signed by the administrator and employee and a signed statement by the employee and administrator to indicate the employee completed the preservice orientation was not located elsewhere in the record.

On at 2:45 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class

0180 - Emergency Management - 58A-5.026(1) FAC

Based on facility records review and interview, the facility failed to prepare a written comprehensive emergency management plan (CEMP.)

Findings:

Review of the facility's provisional license, following a change of ownership, revealed the effective date was .

On at 9:15 a.m. a request was made to review the facility's CEMP and its most recent approval letter from the county.

Review of the plan and approval letter provided by the administrator revealed that both were prepared by

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT LONGWOOD, FL 32750**	

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

the former owner and that plan was approved on .

On at 1:15 p.m. the administrator said a CEMP was not prepared and submitted to the county for review and approval since the change of ownership.

Photographic evidence obtained.

Class III

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

Based on facility record reviews and interview, the facility failed to submit an emergency management plan (CEMP) for review and approval to the local emergency management agency within 30 days after obtaining a license.

Findings:

Review of the facility's provisional license, following a change of ownership, revealed the effective date was .

On at 9:15 a.m. a request was made to review the facility's CEMP and its most recent approval letter from the county.

Review of the plan and approval letter provided by the administrator revealed that both were prepared by the former owner and that plan was approved on .

On at 1:15 p.m. the administrator said a CEMP was not prepared and submitted to the county for review and approval since the change of ownership.

Photographic evidence obtained.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility records review and interview, the facility failed to prepare a detailed emergency environmental control plan and failed to submit a plan to the local emergency management agency for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT** **LONGWOOD, FL 32750**	

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

Findings:

Review of the facility's provisional license, following a change of ownership, revealed the effective date was .

On at 9:15 a.m. a request was made to review the facility's emergency environmental control plan and its most recent approval letter from the county.

Review of the plan and approval letter provided by the administrator revealed both were prepared by the former owner and that plan was approved on .

On at 1:15 p.m. the administrator said a plan was not prepared and submitted to the county for review and approval since the change of ownership.

Photographic evidence obtained.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910115	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **CASCADE**	STREET ADDRESS, CITY, STATE, ZIP CODE **160 ISLANDER COURT** **LONGWOOD, FL 32750**	

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 review and interview, the facility failed to obtain a Background Screening (BGS) Level 2 Attestation of Compliance affidavit, AHCA Form 3100-0008 for 1 of 4 sampled staff (C) as required.

Findings:

Staff C's personnel record review revealed hire date . . . . . and there was no documented evidence of the Attestation of Compliance for BGS Level 2 in the file.

On at 2:30 PM, an interview with the Business Office Manager confirmed the finding after given the opportunity to review staff C's personnel record.

Unclassified