STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911320	**04/09/2019**
NAME OF PROVIDER OR SUPPLIER **SUMMER TIME LODGE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **909 NORTH WYMORE ROAD** **WINTER PARK, FL 32789**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health was conducted on . . . . Summer Time Lodge, Inc. Assisted Living Facility, License #5492 had deficiencies at the time of the visit.

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

Based on review of the elopement drills and interview, the facility failed to ensure that all direct care staff participated in a minimum of two resident elopement prevention and response drills per year.

Findings:

Review of the facility's elopement policy and procedures revealed it noted the following:

"A minimum of two annual resident elopement prevention and response drills must be conducted with accompanying documentation."

On during staff interviews from 11:30 AM-12:30 PM, it was revealed that staff A, B and C who were direct care staff all hired over a year ago, all stated they had not participated in the elopement drills annually.

Review of the elopement drills for 2018 and one for revealed that staff A, B and C were not listed as participating in the drills.

On at 2 PM, the administrator confirmed the findings.

Class III

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

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) was properly updated for 1 of 2 sampled residents (#7) who received assistance with self-administered medications.

Findings:

Resident #7 was admitted to the facility on . A current 1823, dated , indicated that she

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required assistance with self-administration of her medications. The resident's , MOR contained an entry for 1,000 micrograms (mcg) 1 tablet by daily at 8 a.m. however, it was not signed as given from through .

A review of her medication containers at 1:15 p.m. revealed she did have the medication available. The administrator confirmed the findings and said the staff mistakenly did not sign the MOR.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 4 of 4 sampled staff (A, B, C and D) received the required in-service training.

Findings:

Personnel record review for staff A, a caregiver, hired , staff B, a caregiver hired , Staff C, a caregiver hired and staff D, the administrator hired , revealed there was documentation that was signed by each employee that noted in their record that they had been provided a copy of the facility's resident elopement response policies and procedures. There was no documentation to confirm they had received an in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment.

On at 2 PM, the facility's manager said the staff did received the in-service training and she thought the policies and procedures that the staff had signed was the correct documentation for the in-service training.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on fire inspection report and county health department report review and interview, the facility failed to maintain an annual fire and county health department inspection reports that were satisfactory.

Findings:

Review of the group care county health department inspection report revealed it was dated (due).

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Review of the fire inspection report dated . . . . revealed it was not satisfactory because of the building department permit for the facility's generator.

On . . . at 11 AM, staff E, the maintenance staff said the generator was working, however he facility was waiting on the building department to return to inspect it. He said the fire department would not give a satisfactory report until the building department did their inspection for approval.

On . . . at 11:30 AM, the facility's manager said the county health department did not conduct a group care inspection for 2018.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on personnel record review, the agency for health care administration's background screening website and interview, the facility did not initiate all criminal history checks through the clearinghouse before employment and failed to report changes within 10 business days.

Findings:

Review of the facility's background screening roster on . . . at 8 AM, revealed the administrator and staff E, the maintenance staff were not listed.

On . . . 12:45 PM review of the facility's background screening roster again revealed it was updated to include the administrator and staff E.

On . . . at 1:50 PM, staff A and staff E both stated they were hired on . . . . Both Staff A and E background screenings were dated . . . eligible.

On at 2 PM, the facility's manager said she had just updated the facility's roster to include the administrator and staff E. She confirmed both staff were hired on . . . .

Unclassified.