STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	R 04/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE	**1471 SUNGATE DRIVE KISSIMMEE, FL 34746**

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

0000 - Initial Comments

A revisit to the biennial survey was conducted at Good Samaritan Society - Kissimmee Village on . . . . . Deficiencies were identified at the time of survey.

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

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews, and interview, the facility failed to ensure a health assessment (form 1823) was accurate for 1 of 3 sampled residents (#10).

Findings:

Resident record review for resident #10 revealed a health assessment report AHCA form 1823 dated that listed diagnoses of and high , . According to the report the resident was an elopement risk. The review revealed page 4 of the health assessment report did not have the name, license number, title, address and telephone number of the healthcare provider who completed the form.

The facility manager said in an interview on . . at 11 AM that the information was overlooked.

Class

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

Based on interview and record review the facility failed to ensure that a licensed hospice, in consultation with the facility, developed, completed and implemented an interdisciplinary care plan that specified the services being provided by hospice and those being provided by the facility and that documentation of the requirements was maintained in the resident's file for 1 of 3 sampled residents (#12).

Findings:

During the entrance interview on . . . . at 9:15 AM the facility manager identified resident # 12 as being under the care of hospice.

Resident record review for resident # 12 revealed she was admitted to hospice on . A hospice

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interdisciplinary care plan indicated who would assist the resident with activities of daily living, who was responsible to monitor for , and significant changes. Continued review revealed the rest of the interdisciplinary plan was left blank, did not have dated signatures of hospice or facility staff.

The facility manager said in an interview on at 11 AM that she had not seen the document before.

Class III

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

DEFICIENCY REDMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure 4 of 6 sampled staff (D, E, and F) provided a health care provider statement that indicated freedom from communicable ( ).

Findings:

Individual personnel record review for staff D, E and F revealed a questionnaire. The questionnaires indicated in handwriting "No evidence of communicable ". The questionnaires were filled, dated and signed by a registered nurse, not a healthcare provider. Health care provider means a physician or physician's assistant licensed under chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under chapter 464, F.S.

Personnel record review for staff D, hired revealed a questionnaire dated .

Staff E, the manager, hired , revealed questionnaire dated .

Staff F, the Registered Nurse, hired , revealed a questionnaire dated .

The facility manager said in an interview on at 11:30 AM that she thought the Registered Nurse could provide freedom from communicable statements.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview, the facility failed to ensure that direct care staff received all the required in-service training for 5 of 6 sampled staff (A, B, D, E and F).

Findings:

1. Personnel record review for staff A, was hired and was a caregiver, who at times served food. A certificate dated that indicated she attended a half-hour in-service training on safe food handling practices. There was no evidence she received a 1 hour in-service training regarding safe food handling practices.

2. Personnel record review for staff B was hired and was a caregiver, who at times served food. A certificate dated that indicated she attended a half-hour in-service training on safe food handling practices. There was no evidence she received a 1 hour in-service training regarding safe food handling practices. There was no evidence she attended a training regarding major incident reporting. The review revealed no evidence she attended a 1 hour in-service regarding Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and .

3. Personnel record review for staff D, hired revealed a 2 hour preservice certificate dated and signed by the director of quality assurance and performance improvement/Florida Region. The certificate did not indicate that Resident's rights; and, 2. The facility's license type - Limited Nursing Services (LNS) and services offered by the facility were discussed. There was no evidence that once complete, the employee and the facility administrator signed a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.

4. In an interview with the manager (staff E), on at 10:30 PM who said she worked as a caregiver at times.

Personnel record for staff E, the manager, hired , revealed a certificate dated that indicated she attended a 45 minute in-service training regarding control, universal precautions and facility sanitation procedures. There was no evidence she attended a 1 hour in-service training regarding control, universal precautions and facility sanitation procedures. There was no evidence she was a Home Health Aide (HHA) or a Certified Nursing Assistant (CNA) therefore, exempt from the above training).

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5. Personnel record review for staff F, a Registered Nurse, hired revealed no evidence she received an in -service training regarding major incident reporting.

The facility manager said in an interview on at 12:15 PM that the facility used a computer based training program and the certificates printed the hours of training; she did not realized some hours were short of the requirement.

Class III

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

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record review and interview the facility failed to ensure that 5 of 6 sampled staff (A, B, D, E and F) completed at least a 1 hour in-service training in the facility's policies and procedures regarding ( ).

Findings:

Individual personnel record review for staff A hired , staff B hired , staff E, hired revealed a certificate dated that indicated a half-hour in- service training regarding Advance Directives.

Personnel record review for staff D hired revealed a certificate dated that indicated a half-hour in-service training regarding Advance Directives.

Personnel record review for staff F, hired revealed a certificate dated that indicated a half-hour in-service training regarding Advance Directives.

The review revealed no evidence the staff attended a 1 hour in-service training regarding the facility's policies and procedures regarding .

The facility manager said in an interview on at 12:15 PM that the facility used a computer based training program and the certificates printed the hours of training; she did not realized some hours were short of the requirement and the training needed to be regarding the facility's policies and procedures regarding .

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Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

DEFICIENCY REMAINED UNCORRECTED

Based on observations and interviews the facility failed to: 1. To develop policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and failed to notify in writing, each resident and the resident's legal representative upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval.

Findings:

Review of the facility's emergency power plan on . . . . . at 10:45 AM revealed no evidence that policies and procedures were developed to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source to ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of . . . . . and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

In an interview on at 1 PM with the manager, who said that policies and procedures were not available, had not been developed, nor were residents/ families notified that the plan was submitted for review.

Class III