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	AL11967421	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1471 SUNGATE DRIVE KISSIMMEE, FL 34746**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

The re-licensure survey with Limited Nursing Services (LNS) was conducted on . Good Samaritan Society- Kissimmee Village, license #11484 had deficiencies at the time of the visit.

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

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

Findings:

During staff interviews on , resident #10 was mentioned to be a " " by both staff B and staff C who are each often scheduled to work the 10 PM-6 AM shift alone.

Resident record review for resident #10, revealed a health assessment form AHCA recommended form 1823 , and was dated . The 1823 was incomplete for the following: indication of elopement risk and type of assistance required with medications. These sections were left blank. Most of the sections on page 1 (diagnoses, limitations, status, nursing requirements) had "see attached" written, but there was no documentation attached to the form.

A health assessment form AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, was not available for review.

On at 3:20 PM the facility manager confirmed the finding.

Class III

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

Based on personnel record review and interview the facility failed to ensure 4 of 6 sampled staff (A, B, C and E) provided a health care provider statement that indicated freedom from ( ) yearly and that 3 of 6 (D, E, and F) provided freedom from communicable statement.

Findings:

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1. Personnel record review for staff B (unlicensed caregiver, hired) revealed the most recent documentation to confirm freedom from was dated . There was no statement from 2018 available.

2. Personnel record review for staff C (unlicensed caregiver, hired) revealed the most recent documentation to confirm freedom from was dated . There was no statement from 2018 available in the record,

3. Personnel record review for staff D (administrator, hired) revealed an unsigned, undated form indicating freedom from communicable . The form also indicated " , results" to show freedom from , but there were no , results in the record.

Individual personnel record review revealed:

4. Staff A, hired , had a negative test result dated . There no evidence to confirm the staff obtained/provided freedom from yearly thereafter.

5. Staff E, hired , revealed a negative test result dated . There no evidence to confirm the staff obtained/provided freedom from yearly thereafter. The continued review revealed no evidence to confirm freedom from communicable .

5. Staff F hired revealed no evidence to confirm the staff obtained/provided a freedom from communicable statement.

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings and were not able to locate any additional documentation. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, interviews and record review, the facility failed to maintain sufficient staffing during the hours of 10:00 PM to 6:00 AM providing adequate supervision and assistance.

Findings:

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Observations during a tour of the facility on found the residents in the assisted living facility were spread out in 3 separate hallways (1100, 1200 & 1300) that radiate out from a central common area. Each hallway contains 11 apartments. Some are private and some have 2 residents. It is not possible to see activity in adjacent hallways while in any part of a hallway.

On at 9:44 AM, staff C expressed concern about staffing levels overnight. She stated there used to be at least 2 people working, but it was cut to only one caregiver covering all 3 separate hallways by themselves. She said it was impossible to see all the hallways at the same time or to always know when someone was up and about. "We have one lady who goes to bed early (right after dinner) and by 1AM or 2 AM she's up and fully dressed and all over the facility. When I work overnight alone, I am worried I won't know if she leaves". (She identified resident #10) She said there was at least one resident in each hallway who needed extra care.

On at 12:10 PM, staff B stated "I work alone with all 28 residents. I would feel more comfortable if there were more staff. If there is an emergency, I would have to get everyone out of the facility by myself. There is no one to call. We are not allowed to call the skilled nursing building for help". When asked if there has been anyone who eloped, she said not that she was aware of, but "resident #10 around the facility at night. "I can't be everywhere, so I am concerned she might leave sometime when I am busy with another resident".

In an interview on at 10:30AM with staff A, who worked the 6 AM to 1:30 PM shift, who said "No I do not think there is enough staff but I can take of them (residents), only a few need help, most can take of themselves.

In an interview on at 3 PM with the manager, who said because census was low she revised the schedules and staff hours. No staff had spoken to her about feeling unsafe when they worked alone.

Class III

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

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

Findings:

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1. Personnel record review for staff B (unlicensed caregiver, hired . . . . .) did not reveal any evidence of training in incident reporting or nutrition & safe food handling.

2. Personnel record review for staff C (unlicensed caregiver, hired) did not reveal any evidence of training in incident reporting. Further review did not find training in the facility's policies and procedures regarding elopement or emergency procedures, including chain of command.

3. Personnel record review for staff D (administrator, hired) did not reveal a certificate for the required 2 hour pre-service orientation. Further review did not find training in the facility's policies and procedures regarding elopement, emergency procedures, including chain of command, or recognizing & reporting . . . . . & neglect.

4. Personnel record review for staff A, a caregiver, hired . . . . . revealed a transcript of trainings dated to . The transcript listed a training on regarding the dealing with at risk of elopement residents. Another training dated indicated training on elopement. There was no evidence she attended/received an in-service training regarding the facility's elopement policies and procedures. The continued review revealed the transcript also listed a training on . . . . . regarding emergencies and natural disasters, the list included a training on for disaster and emergencies. There was no evidence she received a 1- hour in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and reporting adverse incidents. There was no evidence she received an in-service training regarding safe food handling practices.

5. In an interview with the manager (staff E), on at 1:30 PM who said she worked as a caregiver at times.

Personnel record for staff E, the manager, hired . . . . . , had no evidence to confirm she attended /received the following:

1- Hour in-service training regarding control, universal precautions and facility sanitation procedures, before providing personal care to residents
3- hours of in-service training regarding 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. 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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The continued review revealed a certificate dated that indicated she received an in-service training regarding disaster and emergency planning, hours of training were not indicated, nor was there a signature. There was no evidence she received a 1- hour in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and reporting adverse incidents. A certificate of training regarding elopement was dated , it did not indicate the in-service was regarding the facility's resident elopement response policies and procedures.

6. Personnel record review for staff F, a Registered Nurse, hired revealed a certificate dated that indicated she received an in-service training regarding disaster and emergency planning, hours of training were not indicated, nor was there a signature. There was no evidence she received a 1-hour in-service training regarding the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and reporting adverse incidents. An unsigned certificate dated indicated she attended an in-service regarding resident's rights and elder justice act. The review revealed no evidence to confirm she attended a 1 hour in-service training regarding 1. Resident rights in an assisted living facility and 2. Recognizing and reporting resident , neglect, and , . A certificate of training regarding elopement was dated . It did not indicate the in-service was regarding the facility's resident elopement response policies and procedures.

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings and were not able to locate any additional documentation. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure 2 of 6 direct care staff (B and E) completed a one-time education course on (,) and (Acquired -Deficiency ,).

Findings:

1. Personnel Record review for Staff B (unlicensed caregiver, hired) did not reveal any evidence of training in / .

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2. In an interview with the manager, staff E , on at 1:30 PM who said she worked as a caregiver at times.

Personnel record review for staff staff E, the manager, hired , had no evidence to confirm she attended /received a one-time education course on / . There was no evidence staff B or E were exempt from this requirement, per section 456.033, F.S.

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on staff schedule review, personnel record review and interview, the facility failed to ensure that at least one staff member who had completed courses in First Aid and (,) and held a currently valid card documenting completion of such courses was in the facility at all times when residents were present.

Findings:

1. Personnel record review for staff B (unlicensed caregiver, hired), who was often scheduled to work alone on the 10 PM-6 AM shift did not reveal any evidence of training in First Aid or .

2. Personnel record review for staff C (unlicensed caregiver, hired), who regularly worked alone from 10 PM-6 AM, did not reveal any evidence of training in First Aid.

Review of the staff schedule and personnel records review revealed the following:

3. Staff A, caregiver who worked from 6 AM to 1:30 PM had and First Aid that expired in . She worked with a Licensed Practical Nurse (LPN) (staff G) during that shift. The LPN (staff G) who worked from 6 AM to 2:30 PM had that expired .

4. The manager (staff E) who was not on the schedule worked from Monday to Friday 8 AM to 5 PM

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had valid that expired but no evidence of having First Aid certification.

There was no staff present between the hours of 6 AM to 2 PM with current First Aid and .

6. An LPN (staff H) worked from 2 PM - 10 PM. She had that expired , however it was on -line certification.

7. Staff B, a caregiver who worked from 4 PM to 10 PM and had no /First Aid certification.

8. Staff C, a caregiver worked from 10 PM to 6 AM and had no evidence of First Aid. Her was valid until .

When staff C worked alone there was no staff present between the hours of 10 PM to 6 AM with current First Aid and .

The facility RN worked 7 hours a week over several days and was not on the schedule as well.

On , , during the 10 PM to 6 AM shift, staff C was the sole caregiver, there was no staff present between the hours of 10 PM to 6 AM with current First Aid and .

On , , when staff A and G worked together there was no staff present between the hours of 6 AM to 2 PM with current First Aid and .

On during the 10 PM - 6 AM when staff B was the sole caregiver there was no staff present with current First Aid and .

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on personnel record review and interview, the facility failed to have evidence that 2 unlicensed staff (C and E) in a sample of 6, who provided assistance with self- administration of medications received the required training for providing assistance with self-administered medications and safe

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medication practices in an Assisted Living Facility (ALF).

Findings:

In an interview on at 9:45 AM with staff C, who said she assisted residents with self -administration of medications.

Personnel Record review for Staff C (unlicensed caregiver, hired), revealed an initial 4- hour training dated . The most recent 2 hr. update found in the record was dated

In an interview with the manager, staff E, on at 1:30 PM who said she worked as a caregiver at times and assisted residents with self- administration of medications.

Personnel record review for staff staff E, the manager, hired , revealed a certificate of training dated that indicated she attended a 4 hour class on providing assistance with self-administration of medications.

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

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

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:

Personnel Record review for staff B (unlicensed caregiver, hired) and staff D (administrator, hired) did not reveal any evidence of training in the facility's policies and procedures regarding

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Individual personnel record review revealed that:

Staff A, a caregiver, hired had a transcript of trainings dated to . The transcript listed an in service on Resident's Rights /Advance directives on . There was no evidence to confirm she attended/received at least a 1- hour in-service training regarding the facility's policies and procedures regarding .

Staff E, the manager, hired had no evidence to confirm she attended/received at least a 1- hour in-service training regarding the facility's policies and procedures regarding .

Staff F, a Registered Nurse, hired had no evidence to confirm she attended/received at least a 1- hour in-service training regarding the facility's policies and procedures regarding .

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview, the facility failed to ensure that all training certificates met the requirements as specified in 58A-5.0191(12) FAC for 3 of 6 sampled staff (A, E and F).

Findings:

1. Personnel record review for staff A, a caregiver, hired revealed a transcript of trainings dated to . The transcript listed Resident's Rights training completed on , recognizing , neglect and , completed on and / completed . The review revealed no evidence that certificates of training were available.

2. Personnel record review for staff E, the manager, hired revealed a certificate of training regarding elopement dated , however the certificate did not contain the training provider's name, dated signature and credentials and professional license number, if applicable

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3. Personnel record review for staff F, a Registered Nurse, hired revealed a certificate of training regarding elopement dated , however the certificate did not contain the training provider's name, dated signature and credentials and professional license number, if applicable.

In an interview on with the Human Resources (HR) staff at 3:30 PM, who confirmed the findings. The HR supervisor said he and the 2 staff were fairly new employees and were not aware of all the requirements for assisted living.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, dietary record review and interview, the facility failed to 1) maintain a log of substitutions to the dietician approved menu, and 2) did not implement an accurate method to know what dietary restrictions or therapeutic diets had been prescribed by the residents' physicians.

Findings:

Request to review the substitution log for the previous 6 months found a log with a of items listed. When the dietician provided menu was compared to the menu choices the facility provided to the residents on several days in , it was noticed that the facility made frequent changes to the menu that were not documented on the substitution log. The changes were nutritionally equivalent to the original menu.

On at 1:30 PM, the dietary manager stated he misunderstood how to use the substitution log in an assisted living setting, and was using it like he would in the restaurant world. He stated he logged foods they ran out of, and what they offered instead. He stated he was not aware he needed to document all the changes he made to the menu provided by the dietician. The dietary manager confirmed he had not maintained an accurate substitution log.

A tour of the kitchen and serving areas did not reveal any posted information regarding resident 's diets and restrictions.
When asked how the kitchen knows which residents have restrictions, or therapeutic diets, the dietary staff all said "the servers know."

On at 12:45PM the lead server at lunchtime stated she had been there a long time and just "remembers who has or what preferences each resident has."

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On at 1:30PM, the dietary manager stated the nurses are supposed to inform him when a resident has an order from a physician for a restriction, etc. He stated they did not have any restrictions or at this time. During a review of a small sample of resident records, it was observed that a few residents did have , or calorie restricted diets. The dietary manager stated he was unaware and had not received that information from the nurses.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interviews the facility failed to: 1 Develop an emergency power plan (EPP), 2. To submit the EPP to the local emergency management office for review and approval; 2. To develop and implement policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source.

Findings:

In an interview on at 2:45 PM with the maintenance director who said the facility just became aware. The skilled nursing facility next door made them aware. "We have not done anything".

In an interview on at 3:30 PM with the manager, who confirmed the findings.

Class III

N278 - LNS - Records - 58A-5.031(3) FAC; 429.07 (3)(c)2, FS

Based on record review and interview the facility failed to ensure nursing progress notes were maintained for 1 of 1 sampled residents (#1) resident who received Limited Nursing Services (LNS).

Findings:

In an interview on at 9:30 AM the manager said there was no resident receiving LNS.

In an interview on at 11 AM resident #1 said the facility nurses checked on his for weeping , put the cream on and then put the Velcro wraps on in the morning and the nurses remove them at night.

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Resident record review for resident #1 revealed a health assessment report form 1823 dated that listed diagnoses of , lymphedema, and . He was alert/oriented to person , place and date. Healthcare provider's order dated 2// 11 indicated circaid juxtra fit lite , on in am and off at night. The continued review revealed no evidence that nurses' progress notes were maintained. The , and Medication Observation Record (MOR) listed circaid juxtra fit lite , on in am and off at night and was indicated as applied and removed, as evident by the nurses initials.

In an interview with the facility Registered Nurse , who said "I have done the warps once a 1 week. The day shift should document , I will do weekly assessment. The order is for on in AM and off at night , showers, then goes to bed, off all night". She confirmed that nurses' progress notes were not maintained.

Class III