STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967884	R 05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHIDS HOME	**2960 MEADOWS OAKS DR S** **CLEARWATER, FL 33761**

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

0000 - Initial Comments

Assisted Living

A fourth Revisit to 09/17/18 Abbreviated Re-licensure Survey with Limited Mental Health was conducted at Orchids Home Assisted Living Facility on 05/24/19. Deficiencies were identified at the time of survey.

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on record review and interviews, the Facility failed to comply with fire safety requirements of the local building codes as mandated by the Fire Inspector and required in Section 429.41 Florida Statutes.

Findings Included:

During an interview with the local Fire Inspector, conducted on at 02:15pm, the Fire Inspector stated that the Facility was mandated to have an inspection by a fire protection contractor to conduct the required annual inspection as "their last annual fire system inspection expired in , [2019]".

A review of the Fire Inspector's inspection report, conducted on , revealed that the required annual fire systems inspection was due , . The Fire Inspector ordered the Facility to be in compliance upon receipt of the Fire Inspector's notice (See Photographic Evidence1).

During an interview with the Administrator, conducted on at 08:15am, the Administrator was unable to provide documented evidence that the Facility obtained an inspection of the fire systems through a Fire Protection Contractor as required and ordered by the Fire Inspector.

Class III

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

Based on record review and interviews, the Facility failed to have an up-to-date Admission and Discharge Log, which identified one Resident (#4) of one-sampled Residents admitted into the Facility for Respite Care. Furthermore, the Facility failed to have an emergency management plan and approval by the local county maintained on the premises and readily available by the Facility staff.

Findings Included:

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the local Fire Inspector, conducted on at 02:15pm, the Fire Inspector stated that the Facility failed to provide an approved evacuation and emergency management plan during the Fire Inspector's inspection on . The Fire Inspector ordered the Facility to be in compliance upon receipt of the Fire Inspector's notice (See Photographic Evidence1). The Fire Inspector stated that during the inspection, there was one resident that was wheelchair bound and that the Facility did not have a sprinkler system and would be mandated by the Fire Inspector to have a sprinkler system installed.

A review of the Facility's Admission and Discharge Log, conducted on , revealed that there were no residents on the Admission and Discharge Log by Resident #4's name. There were no residents listed on the Admission and Discharge Log identified as receiving Respite Care.

During an interview with the Administrator, conducted on at 08:00am, the Administrator stated that the Facility's emergency management plan was at the local "Emergency Management" office awaiting approval and "no, I do not have the evacuation book" or the emergency management plan at the Facility. At 08:40am, the Administrator stated that the resident that was in a wheelchair during the fire inspection was Resident #4 and that the resident received services at the Facility for Respite Care. No further documentation provided.

Class III

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

Based on record review and interview, the Facility failed to obtain a complete Health Assessment Form, Agency for Health Care Administration Form 1823 (1823) by a Health Care Provider within thirty days after admission and as described in Rule 58A-5.0181, Florida Administrative Code, for two Residents (#1 and #3) of three sampled residents admitted into the Facility.

Findings Included:

A record review for Resident #1, conducted on , revealed that Resident #1 had an 1823 dated with two different styles of handwriting and two different pen ink colors in the assessment portions of the resident's 1823. Resident #1 was admitted into the Facility on .

A record review for Resident #3, conducted on , revealed that Resident #3 had an undated 1823 with two different styles of handwriting and two different pen ink colors in the assessment portions of the resident's 1823. Resident #3's 1823 did not include the resident's diet, physical or sensory

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SUMMARY STATEMENT OF DEFICIENCIES
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limitations, elopement risk, the Examiner's telephone number and address, or the date of the examination as required. Resident #3 was admitted into the Facility on [redacted].

During an interview with the Administrator and Staff A, conducted on [redacted] at 08:15am, the Administrator stated that Staff A (an unlicensed Medication Technician) "filled out what was missing on both resident's 1823s". At 08:20am, Staff A verified that the staff filled in the missing information on Resident #1 and #3's 1823s.

Class III