STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE ORLANDO, FL 32828**	

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

0000 - Initial Comments

The re-licensure survey was conducted at White Flowers on . . . . . Deficiencies were identified at the time of survey.

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 as part of the continued residency criteria, 1 of 2 residents (#2) had a . . . -to- . . . medical examination by a health care provider after she was admitted to hospice, which was a significant change.

Findings:

During the entrance interview on at 9:15 AM staff A identified resident #2 as being under the care of hospice.

Resident record review for resident #2 revealed she was admitted to hospice on . The last health assessment report available for review was dated . The review revealed no evidence to confirm the facility obtained a health assessment, after the resident's significant change in health that warranted admission to hospice.

The administrator said in an interview on at 1 PM that the new assessment was overlooked.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations and interview the facility failed to ensure the unlicensed staff (A) who assisted 1 resident (# 1) with self-administration of medications followed the correct procedure.

Findings:

Observations on at 9:50 AM noted unlicensed staff A, washed her , took medications out of secure cabinet, wore gloves, checked Medication Observation Record (MOR), read the label, took 1 pill and put in cup, signed MOR, and continued to do this for all 4 pills. She went to resident, told her this is your medication for high . . . , ... She did not read the label out loud to the resident and signed the MOR before the resident took the medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE ORLANDO, FL 32828**	

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

In an interview with the administrator on . . . . . at 11 AM, who offered no comment.

Class III

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

Based on personnel record review and interview the facility failed to ensure the 1 of 4 personnel records contained a healthcare provider statement that indicated freedom from communicable . . . . . (D) and that a negative examination was documented on an annual basis for 2 of 4 (C and D).

Findings:

1. Personnel record review for staff C hired revealed a healthcare provider statement dated . . . . that indicated negative and negative communicable . . . . . The review revealed no evidence to confirm that a freedom from was documented yearly thereafter.

2. Personnel record review for staff D, the administrator, revealed a negative result dated 11/07/17. The review revealed a healthcare provider that indicated freedom from communicable . . . . . and , however the statement was not dated. The review revealed no evidence to confirm that a freedom from was documented yearly thereafter.

The administrator said in an interview on . . . . . at 2:30 PM she did not realized her exam was not dated and the for staff C was overlooked.

Class III

0080 - Training - Core & Competency Test - 429.52( ) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview the administrator (D) failed to have evidence to confirm completion of 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Personnel record review on for staff D, the administrator, revealed no evidence to confirm she attended a total of 12 hours as required.

In an interview with the administrator on at 2:30 PM, who confirmed the findings.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	05/01/2019
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE** **ORLANDO, FL 32828**	

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 records review and interview the facility failed to ensure 1 of 4 sampled staff (B) received a preservice orientation and the mandated in-services training.

Findings:

Personnel record review for staff B hired and was a caregiver, revealed no evidence to confirm she received a 2 hour preservice orientation prior to interacting with residents. In addition to topics chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. the facility's license type and services offered by the facility. There was no evidence she attended assisted living CORE training, therefore exempt from this requirement.

Continued review revealed certificates of training regarding elopement policies and procedures and reporting major incidents, the certificates were dated and were from another facility. There was no evidence she attended a one hour in-service training regarding the facility's elopement policies and procedures and reporting major incidents.

In an interview with the administrator on at 2:30 PM, who said she did not know the training had to be specific to the facility's policies and procedures.

Class III

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

Based on observations and interviews the facility did not provide or arrange for 1 of 4 staff (B) to receive a one hour in-service training regarding the facility's ( ).

Findings:

Personnel record review for staff B, a caregiver and hired revealed a certificate of training dated from another facility. There was no evidence she attended a one hour in-service training regarding the facility's policies and procedures.

In an interview with the administrator on at 2:30 PM, who said she did not know the training

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE ORLANDO, FL 32828**	

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

had to be specific to the facility's policy and procedures.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interviews the facility failed to: 1. Install functioning . . . . . monoxide detectors, 2. Notification within 5 business days, notify 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, 3. Obtain sufficient fuel, and safe maintenance of that fuel at the facility and 4. Obtain the services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.

Findings:

During the review of Emergency Power Plan (EPP) review on . . . . . at 11 AM the administrator that the residents had not been notified when the plan was submitted or when the plan was approved, as she was not aware of the requirement. . . . . monoxide detectors had not been installed. Her son who assisted her in the facility was out of the country and evidently did not send out letters.

Observations on the facility's garage noted there were a multitude of items stored. After searching, the administrator found the generator under a pile of items (bed frames / furniture). The generator was not accessible, and therefore had not been tested. She also though there were tanks of propane, but was only able to locale a single tank, stored in the garage as well.

Class III

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

Based on record review and interview the facility failed to maintain the employment status of all employees within the BGS clearinghouse.

Findings:

Personnel record review for staff B, caregiver, revealed she was hired on . . . . . She was eligible on .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE ORLANDO, FL 32828**	

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

Review of the Agency's BGS roster on . . . . . at AM revealed that staff B was not listed as current employee.

In an interview with the administrator on at 2:30 PM who said staff C was usually responsible for that, and he was out of the country.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on personnel, facility record review and interview the facility failed to ensure 1 of 4 staff (C), who was in a role that required a background screening (BGS) did not have any disqualifying offenses and was allowed the staff to continue to work without a current screening.

Findings:

In an interview on at 10 AM with the administrator who said staff C, her assistant was out the country of family business.

Personnel record review for staff C, hired . . . /2007 revealed a BGS report printed . . . . that indicated eligible.

Review of the facility's BGS roster on . . . at 10:30 AM at revealed staff C was listed and indicated the last BGS was done . . . . ., greater than 5 years ago, therefore a new BGS was needed by . . . . .

The Agency's BGS site indicated on . at 11 AM that the . , were not retained and the BGS was done . . . . .

In a telephone interview on . . . . . at 10:24 AM with the administrator who was made aware of the findings. She said she would call the BGS unit.

In a telephone call to the Agency's BGS unit on at 10 AM, who explained the last BGS staff C had was on . . . . ., his prints were not retained, and therefore he must submit a new background screening.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966934	**05/01/2019**
NAME OF PROVIDER OR SUPPLIER **WHITE FLOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **801 ARDENLEIGH DRIVE ORLANDO, FL 32828**	

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

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview the facility failed to ensure that 2 of 4 personnel records (C and D) contained an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, [illegible].

Findings:

Personnel record review for staff C, the assistant administrator hired [illegible] revealed no evidence he completed an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, [illegible].

Personnel record review for staff D, the administrator /owner revealed no evidence she completed an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008.

In an interview with the administrator on at 2:30 PM who said staff C was usually responsible for that, and he was out of the country and no AHCA staff ever asked for that document before.

Unclassified