Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967480	A. BUILDING: _____ B. WING _____	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A PLACE LIKE HOME ALF, INC	1971 PORT MALABAR BLVD PALM BAY, FL 32905

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A Complaint Investigation #2019002188 was conducted on [redacted]. A Place Like Home had deficiencies at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider	A 025		

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A 025	Continued From page 1 and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to notify a health care provider and document in the record when 3 of 4 sampled residents experienced an illness that resulted in medical attention (#1, 5 & 6). Findings: 1. Resident #1's current 1823 health assessment form, dated . . . . , indicated that she has a diagnoses of and Type 2 . A facility note signed by caregiver C and dated . . . . indicated "she had four episodes of [, where the bed , was soiled, even though she ran to bathroom]. I gave her activated to stop it, waited two hours, then gave her nighttime meds." On . . . . . at 12:20 p.m., caregiver C said on resident #1 had four episodes of within two hours and she wanted to make the resident feel comfortable, so she gave her activated . . . . . She said she did not contact a health care provider when the resident had	A 025		

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A 025	Continued From page 2 , as she described, and prior to giving the activated . On at 12:33 p.m., the administrator said she knew caregiver C (unlicensed staff) gave the resident activated for and said a health care provider nor hospice were notified. 2. Resident #5's record revealed a facility admission date of and a discharge date of . Her diagnoses included Severe , Regurgitation, , , Hyponatremia, and generalized . Her record contained a hospital history and physical, dated , that indicated she presented there after a . A hospital note, dated , indicated that she was admitted for exacerbation. Her record did not contain facility documentation to indicate a health care provider was notified either time she was sent to the hospital. On at 11:20 a.m., the administrator confirmed the findings and was unable to provide additional documentation. 3. Resident #6's record revealed a facility admission date of and a discharge date of . Her diagnoses included Rhabdomyolysis, , , abnormal gait, , and symbolic . The record did not contain documentation to indicate the resident was ever sent to the hospital from the facility.	A 025		

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A 025	Continued From page 3 On . . . . . at 12:58 p.m., the administrator said the resident was sent to the hospital on following one or two days with . . . . . She confirmed there was no facility documentation to indicate a health care provider was notified. A hospital emergency room note, dated . . . . , indicated that resident #6 was admitted for . . . . that started that day. Photographic evidence was obtained. Class III	A 025		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known . . . . . the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of	A 054		

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A 054	Continued From page 4 each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to update the Medication Observation Record (MOR) when 1 of 4 sampled residents (#1) was given a medication. Findings: Resident #1's current 1823 health assessment form, dated , indicated that she has a diagnoses of and Type 2 . She required assistance with self-administration of medications. A facility note signed by caregiver C and dated indicated "she had four (where was soiled, even though she ran to bathroom.) I gave her activated to stop it, waited two hours, and then gave her nighttime meds." Resident #1's MOR did not contain documentation to indicate she was given the activated . At 12:20 p.m. caregiver C said on resident #1 had four episodes of within two hours and she wanted to make the resident feel comfortable so she gave her activated . She said she did not contact a health	A 054		

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A 054	Continued From page 5 care provider when the resident had . . . . . , as she described, and prior to giving the activated . . . . . . At 12:33 p.m. the administrator said she knew caregiver C gave the resident activated for . . . . . , said a health care provider nor hospice were notified, and confirmed caregiver C did not update the resident's MOR, as required. Photographic evidence obtained. Class III	A 054		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of	A 078		

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A 078	Continued From page 6 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents,	A 078		

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A 078	Continued From page 7 pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing an unlicensed caregiver (C) to give a medication that required judgement and discretion to 1 of 4 sampled residents (#1.) Findings: Resident #1's current 1823 health assessment form, dated , indicated that she has a diagnoses of and Type 2 . She required assistance with self-administration of medications. A facility note signed by caregiver C and dated indicated "she had four (where , was soiled, even though she ran to bathroom.) I gave her activated to stop it, waited two hours, and then gave her nighttime meds." At 12:20 p.m. caregiver C said on resident #1 had four episodes of within two hours and she wanted to make the resident feel comfortable so she gave her the activated . She said she did not contact a health care provider when the resident had , as she described, and prior to giving the activated . When caregiver C gave the activated because she wanted the resident to feel comfortable, she used her own judgement and discretion, which an unlicensed person is not permitted to do.	A 078		

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A 078	Continued From page 8 At 12:33 p.m. the administrator said she knew caregiver C gave the resident activated . . . . . for . Photographic evidence obtained. Class III	A 078		