STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	**06/24/2019**
NAME OF PROVIDER OR SUPPLIER **GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1707 WEST OAK STREET KISSIMMEE, FL 34741**	

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0000 - Initial Comments

A re-licensure survey was conducted at The Gentle Shepherd on . . . . . Deficiencies were identified at the time of survey.

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

Based on record review and interview the facility did not obtain a complete and accurate AHCA form 1823, Resident Health Assessment for Assisted Living Facilities, ... for 1 of 2 sampled residents (2).

Findings:

Resident record review for resident # 2 revealed an AHCA recommended form 1823 dated that did not address the resident's needs regarding medications. That portion of the form was blank. The review revealed no evidence to confirm the facility obtained a completed Resident Health Assessment for Assisted Living Facilities, ...

In an interview with the administrator on . . . . . at 4 PM who said the form was overlooked, he did not realize the form used was not the correct version.

Class III

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 (#1) had a -to- medical examination by a health care provider when he was admitted to hospice, which was a significant change and, 1 of 2 had an accurate health assessment (#2).

Findings:

1. During the entrance conference, resident #1 was identified as being under the care of hospice.

Resident record review for resident #1 revealed he was admitted to hospice on . Continued review revealed a health assessment AHCA form 1823 dated . . . . . . There was no evidence the facility obtained a -to- medical examination by a health care provider when he was admitted to hospice,

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which was a significant change.

In an interview with the administrator on at 4 PM who said the form was overlooked, he did not realize a new assessment was needed.

2. Resident # 2 had a health assessment dated that listed diagnoses of ( ) and . She was non-verbal and was . According to the report she needed assistance with eating and needed total care with bathing, , grooming, toileting, transferring and ambulation. The assessment did not address the resident's needs regarding medications, that portion of the assessment was blank.

The resident was observed during the survey on walking, eating and toileting with assistance. She sat in the common area with/other residents and watched TV.

In an interview with the administrator on at 4 PM who said the form was incorrect.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention or other changes that resulted in the provision of additional services, for 1 of 2 sampled residents (#1).

Findings:

During the facility entrance on at 9 AM staff A identified resident #1 as receiving hospice care.

Resident record review for resident #1 revealed he was admitted to hospice on . Continued review revealed a health assessment AHCA form 1823 dated , 29 days prior to admission to hospice. The review revealed no written notations that indicated about the resident's health decline that necessitated him to be admitted to hospice, which was a significant change.

In an interview with the administrator on at 9:30 AM who said the resident declined.

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0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observations, record review and interview the facility failed to ensure the use of physical restrains was limited to half-bed rails and with a healthcare provider's order for 1 of 2 sampled residents (#1).

Findings:

During the facility entrance on at 9 AM staff A identified resident #1 as receiving hospice care.

Observations during the facility tour on at 9:30 AM noted the bed of resident #1 had full bed rails.

Resident record review for resident #1 revealed he was admitted to hospice on . Continued review revealed no evidence to confirm that a healthcare provider's order for the use of half-bed rails had been obtained. Continued review revealed a health assessment AHCA form 1823 dated that indicated diagnoses that included .

In an interview with the administrator on at 9:30 AM who said the bed was brought by hospice.

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 4:30 PM AM noted unlicensed staff A, took an envelope from the medication cart of , oral and mixed it with water and sat it on the table where resident #1 would have dinner. She left the mixed medication on top of table and she took another resident to the bathroom. Continued observations noted the envelope indicated prescription only (only). The envelopes were in a bag and neither had a pharmacy label. She took the medications from the cart and put them in a cup , put the bubble packs away in the medication cart drawer, put the medications on top of medication cart .The resident requested to be taken to the bathroom, the administrator took him. At 4:40 PM she left the medications on top of the dining table and took a resident to the bathroom , after she returned,

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she took medications to kitchen . At 4:50 PM resident #1 returned from the bathroom , she told him "Your medication".

In an interview with the administrator on at 5 PM , who said the staff was nervous.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain an up to day Medication Observation Record (MOR) for 5 of 5 sample residents (1, 2, 3, 4, and 5).

Findings:

In an interview with staff A on at 9 AM , who said all the residents needed assistance with self-administration of medications and had all taken their morning medications for the day.

In an interview with resident #5 on at 9:30 AM , who said the facility staff assisted him with self-administration of mediations.

In an interview with resident #4 on at 9:50 AM , who said the facility staff assisted her with self-administration of mediations.

Residents 1, 2 and 3 were and unable to self -administer medications.

Review of the Medication Observation Records (MORs) revealed the MORs for residents # and 5 the MOR were blank for all medications from AM to AM (survey date).

The MORs for residents # 2, 3 and 5 were blank for all medications from AM to AM .

The administrator stated in an interview on at 4 PM that the staff must have forgotten to sign the MORs.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to ensure medications were kept in a locked

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cabinet, locked cart, or other locked storage receptacle, room, or area at all times, out of sight of other residents.

Findings:

Observations on at 9 AM noted the medication cart was unlocked. An inhaler sat on top of medication cart .

In an interview with staff A on at 9 AM , who said resident #5 had just used the inhaler and she needed to put it away.

Class III

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

Based on personnel record review and interview the facility failed ensure 2 of 3 sampled staff (A & B) obtained a healthcare provider statement that indicated freedom from communicable statement and freedom from ( ) was documented yearly.

Findings:

1. Personnel record review for staff A (unlicensed caregiver, hired) revealed no evidence she obtained healthcare provider statement that indicated freedom from communicable statement 30 days from hire.

In an interview on at 2:30 PM with staff B who said she worked at the facility for 2 years.

2. Personnel record review for staff B (unlicensed caregiver, hired) revealed no evidence she obtained healthcare provider statement that indicated freedom from communicable statement. The review revealed a test result dated that indicated negative for . Continued review revealed no evidence she obtained a test result for 2019.

In an interview with the administrator on at 4 PM who said the documentation was not available .

Class III

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

Based on personnel record review and interview, the facility failed to ensure 2 of 3 unlicensed staff (A & B) received all the required training.

Findings:

1. During the facility entrance on at 9 AM staff A said she was the sole giver present with the facility residents.

Personnel record review for staff A, hired , revealed no evidence she received at least a 2-hour preservice orientation before interacting with residents. There was no evidence she completed the assisted living facility core training and was therefore exempt from the preservice requirement.

2. In an interview on at 2:30 PM with staff B who said she worked at the facility for 2 years, assisted residents with self-administration of medications, and prepared and served food.

Personnel record review for staff B (unlicensed caregiver, hired 2 years ago, date uncertain) revealed no evidence she received:

1. A 1-hour in-service training on Reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation., including emergency power plan.
2. An in-service training regarding the facility's resident elopement response policies and procedures.
3. A minimum of 1-hour in-service training regarding 1. Resident rights in an assisted living facility and 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training.
4. A minimum of 1-hour-in-service training in safe food handling practices.

There was no evidence she completed the assisted living facility core training and was therefore exempt from the Resident rights in an assisted living facility and 2. Recognizing and reporting resident , neglect, and , and safe food handling practices in-services
In an interview on at 2:30 PM with staff B who said she worked at the facility for 2 years.

In an interview with the administrator on at 4 PM who said the documentation was not available .

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Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on interviews and record review the facility failed to ensure the person in charge of food services completed 2 hours of continuing education annually in topics pertinent to nutrition and food service.

Findings:

Personnel record review for the administrator, responsible for the day -to - day food service revealed no evidence to confirm she completed 2 hours of continuing education annually in topics pertinent to nutrition and food service yearly.

In an interview with the administrator on at 4 PM, who he thought he had taken a class but evidently, he did not .

Class III

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

Based on personnel record review and interview the facility failed to ensure that 2 of 3 staff (A & B) completed at least a 1-hour in-service training in the facility's policies and procedures regarding the facility's ( ).

Findings:

1. In an interview on at 1:35 PM with staff A hired , who said she forgot what was and added that she would perform -, ( ) to a resident with a valid .

Personnel record review for staff A revealed a certificate dated that indicated she attended an in-service training regarding the facility's policies and procedures regarding the facility's policies and procedures.

2. In an interview on at 2:35 PM with staff B hired 2 years ago, who said she forgot what was.

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Personnel record review for staff B revealed no evidence to confirm she attended an in-service training regarding the facility's policies and procedures regarding the facility's policies and procedures.

In an interview with the administrator on at 4 PM who said the staff were trained.

Class III

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

Based on observations, facility record review and interviews the facility failed to ensure: 1. Regular and therapeutic menus as served, with substitutions noted before or when the meal was served, and 2. That regular and therapeutic menus were dated for the week in use.

Findings:

Observations on at 10 AM noted the menu posted by dining room was dated for the previous week (and). The menu posted indicated the lunch meal to be served was : jerked pork with mango salsa, rice and beans, corn bread, fruit cobble and drink of choice.

Observations of the lunch served on at 12:15 PM noted the lunch to be pork, rice, beans, veggies, salad and juice.

Staff A said on at 12 PM that she followed the menu posted dated to . The night staff sometimes planned the menu, in which she did for today and she prepared and served. She did not serve or offer corn bread or fruit cobble.

In an interview with the administrator on at 4 PM who said the staff wanted to please the residents as they enjoyed the meal served.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview the facility failed to review its comprehensive emergency management plan (CEMP) on an annual basis. Any substantive changes must be submitted to the local emergency management office for review and approval.

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Findings:

In an interview on at 11:30 AM with the administrator/owner who stated he did not have the CEMP. The person who was helping him with the plan must have taken it, as he was unable to locate it. There was no evidence the CEMP was ever approved by the local office of emergency management or that it was reviewed annually.

In an e mail dated to the facility administrator from the local emergency management office indicated "I don't have a CEMP on file from your facility for 2018, so please get in to me as soon as possible".

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interviews the facility failed to: 1. Notify within 5 business days, each resident and the resident's legal representative that the plan was submitted to the local emergency management agency for review and approval, and once the plan was approved 2. 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 and, 3. Failed to develop policies and to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source.

Findings:

During the review of Emergency Power Plan (EPP) review on at 11 AM the administrator said that the residents had not been notified when the plan was submitted or when the plan was approved, as he was not aware of the requirement. He also added that written documentation to verify the generator was tested periodically was not available. He did not know that policies and procedures were needed.

There was no evidence the facility developed and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures need to ensure that residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility

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during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:
1. 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.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review and interview the facility failed to ensure 1 of 3 staff (A), whom 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 the results of a current screening.

Findings:

Personnel record review for staff A hired revealed no evidence of the results of the BGS. The Agency's BGS site indicated at 9:22 AM that staff A was eligible on .

The administartor provided a printed BGS result. The bottom of the page indicated the result was printed on at 12:28 PM, the day of the relicensure survey.

In an interview with the administrator on at 4 PM who said he had forgotten to get the result.

Unclassified

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 background screening (BGS) clearinghouse.

Findings:

Review of the facility's BGS roster on at 2:30 PM revealed that:

Staff A- hired was not listed on log.

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Staff B - hired 2 years ago (date unknown) was not listed on log
Staff D - was not listed on log

All 3 staff were eligible for employment.

In an interview with the administrator on . . . . at 4 PM who said staff D was still employed by the facility; the log was overlooked.

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 1 of 3 personnel records (C) contained an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, ...

Findings:

Personnel record review for staff A, a caregiver hired . . . . (date uncertain) revealed no evidence he completed an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, ...

In an interview with the administrator on . . . . at 4 PM, who said she thought the form was in the personnel record but after reviewing the record, he was unable to locate the form.

Unclassified