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	AL11965786	07/29/2019
NAME OF PROVIDER OR SUPPLIER **FOUR SEASONS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **5080 WAYSIDE DRIVE** **SANFORD, FL 32771**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

A re-licensure survey with Limited Nursing Service (LNS) was conducted at Four Seasons Assisted Living Facility on . . . . Deficiencies were identified at the time of the survey.

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

Based on record reviews and interview, the facility failed to ensure the 1823 health assessment form was complete for 2 of 2 sampled residents (#8 and #10).

Findings:

Resident #8's record revealed a facility admission date of . . . . . Page 5 of the resident's current 1823, dated , was not completed.

On at 3:12 p.m. the administrator confirmed the finding.

Resident #10's record revealed a facility admission date of . Page 5 of the resident's current 1823, dated , was not completed.

At 3:27 p.m. the administrator confirmed the finding.

Photographic evidence obtained.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record reviews and interview, the facility failed to obtain a new 1823 health assessment form when 1 of 2 sampled residents (#10) experienced a significant change.

Findings:

Resident #10's record revealed a facility admission date of . . . . and a hospice admission date of . Her current 1823 was dated therefore, a new 1823 was required when she was admitted to hospice services, which is a significant change.

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On at 3:26 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on observations and interviews, the facility failed to treat 1 of 2 sampled residents (#8) with personal dignity and the need for privacy by failing to have an operable bathroom door.

Findings:

Observations made on at 9:20 a.m. revealed resident #8's bathroom had a plastic partition in place of a door however, the partition was taped together in an open position. The resident said she was unable to close the partition for privacy when using the bathroom and she would like to be able to have privacy.

At 1:15 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC; 429.41(1)(a)3 & 3.(I)

Based on record reviews and interviews, the facility failed to ensure all direct care staff participated in the facility's elopement drills.

Findings:

On at 11:18 a.m. caregiver A said she worked at the facility since and said since that time, she has participated in elopement drills once or twice.

Review of the documented elopement drills provided by the administrator revealed drills were conducted on , , , and however, caregiver A did not participate in any of them.

At 4:12 p.m. the administrator confirmed the findings.

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Photographic evidence obtained.

Class III

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

Based on observations, record reviews, and interview, the facility failed to centrally store a medication for a resident (#8) who received assistance with self-administration of medications.

Findings:

Observations made on . . . . at 9:20 a.m. revealed resident #8 had a bottle of . . . . 600 plus D3 on her bedside table. She said she takes two tablets twice a day and said the facility stores her medications.

Resident #8's record revealed a facility admission date of . . . . . Her current 1823 health assessment form, dated , indicates that she requires assistance with self-administration of her medications. Her diagnoses include . . . . . and she's forgetful and . . . . . at times.

At 1:15 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the personnel record for 2 of 4 sampled staff (B and administrator) contained documented evidence of a negative ( ) exam on an annual basis.

Findings:

Caregiver B was hired on . .

The administrator was hired on . . . . . .

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Both personnel records contained a negative exam dated and neither contained documented evidence of a negative exam for 2019, as required.

On at 2:34 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 4 sampled staff (C) received the required in-service training as described in 58A-5.0191( ) FAC.

Findings:

Nurse C was hired on . Her personnel record did not contain documented evidence to indicate she received a minimum of 1-hour in-service within 30 days of employment that covered reporting adverse incidents and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

On at 3:07 p.m. the administrator confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure the person designated as responsible for the facility's food service and the day-to-day supervision of food service obtained, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings:

On at 3 p.m. the administrator identified herself as the person responsible for the facility's food service and the day-to-day supervision of food service. Her personnel record contained a certificate of training for 2-hours of nutrition training dated therefore, she should have had the continuing education training in 2017 and 2018.

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At 3:15 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 3 of 3 direct care staff (A, B, and C) received at least one hour of training in the facility's policy and procedures regarding ( ) that included information in Rule 58A-5.0186, F.A.C.

Findings:

Caregiver A was hired on .

Caregiver B was hired on .

Both caregiver's personnel record contained a signed acknowledgement of training on , dated however, the records did not contain a certificate of training and no documented evidence to indicate they received at least one hour of training.

Nurse C was hired on . Her personnel record did not contain documented evidence to indicate she received at least one hour of training in the facility's policy and procedures regarding .

On at 2:29 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class III

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

Based on observations, record review, and interview, the facility failed to note menu substitutions before or when a meal was served and failed to have a 3-day supply of water on at all times or have a plan for obtaining water in an emergency.

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Findings:

Observations made during the lunch meal on at 11:34 a.m. revealed the residents were served a ham, cheese, lettuce, and tomato sandwich, fruit cocktail, and cream of chicken soup.

The posted menu indicated that ham, cheese, lettuce, and tomato sandwich, baby carrots, and fruit cocktail would be served.

The substitution of cream of chicken soup instead of baby carrots was not noted before or when the meal was served, as required.

At 3:45 p.m. the administrator confirmed the findings.

The facility's census was eleven residents therefore, the facility was required to have 33 gallons of water on however, observations made at 3:50 p.m. revealed there was only 25 gallons on . The administrator confirmed the findings and said the facility did not have a contract or plan to obtain water in an emergency.

Photographic evidence obtained.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances were maintained in good working order.

Findings:

Observations made on at 8:50 a.m. revealed a broken plug outlet cover on the hallway wall between resident .

At 1:15 p.m. the administrator confirmed the finding.

Photographic evidence obtained.

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Class III

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

Based on record reviews and interview, the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents.

Findings:

On at 8:40 a.m. caregiver B said there were currently eleven residents living at the facility.

Review of the facility's admission and discharge log at 8:53 a.m. revealed only seven "current" residents were listed.

At 9:50 a.m. the administrator confirmed the finding and said the seven "current" residents listed on the log were no longer residents and current residents #1 through #11 were never added to the log.

Photographic evidence obtained.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record reviews and interview, the facility failed to ensure the residency agreement for 2 of 2 sampled residents (#8 and #10) contained all of the required and accurate information.

Findings:

Resident #8's residency contract was dated .

Resident #10's residency contract was dated .

Both contracts indicated that scheduled activities shall be available at least five days a week for a total of not less than ten hours however, the facility is required to provide activities at least six days a week for no less than twelve hours.

In addition, resident #10's contract did not contain the required provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change.

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On at 3:27 p.m. the administrator confirmed the findings.

Photographic evidence obtained.

Class

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

Based on record reviews and interview, the facility failed to review its emergency management plan on an annual basis.

Findings:

Review of the facility's Comprehensive Emergency Management Plan (CEMP) revealed its most recent approval letter from the county was dated .

On at 4:50 p.m. the administrator confirmed the finding and said the facility had neither an approval letter for 2019 or documented evidence to indicate the facility reviewed its plan in 2019.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record reviews and interview, the facility failed to maintain a copy of its approved emergency environmental control plan readily available at the licensee's physical address for review, failed to acquire a monoxide alarm, and failed to, within five business days, notify in writing 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 and again within five business days upon final implementation of the plan.

Findings:

Review of Florida health finder on at 9 a.m. revealed the facility's plan was approved by the county on and was implemented by the facility on .

A request was made to review the facility's plan, the written notification provided to each resident and the resident's legal representative upon submission of the plan for review and approval and when the plan

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was implemented, and the location of the facility's monoxide alarm.

At 4:03 p.m. the administrator said the facility did not acquire a monoxide alarm, as required.

At 4:10 p.m. the administrator's husband said he was unable to locate the plan within the facility, that perhaps he took the plan home.

At 4:43 p.m. the administrator said written notification was not provided to each resident and representative, as required.

Class III

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

Based on review of the facility's online background clearinghouse employee roster, personnel record reviews, and interview, the facility failed to update the employment status for 1 of 4 sampled staff (A) within 10 business days of a change.

Findings:

Caregiver A was hired on .

Review of the facility's online background clearinghouse roster on at 1:50 p.m. revealed she was not listed.

At 2:27 p.m. the administrator confirmed the finding.

Photographic evidence obtained.

Unclassified

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

Based on personnel record reviews and interview, the facility failed to ensure 2 of 4 sampled staff (A and B) completed An Attestation of Compliance with Background Screening Requirements.

Findings:

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Caregiver A was hired on .

Caregiver B was hired on .

Neither of their personnel records contained an attestation of compliance with background screening requirements.

On at 2:27 p.m. the administrator confirmed the findings.

Unclassified