STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967736	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Zion's Assisted Living Facility, Inc	2029 Jupiter Blvd, Sw Palm Bay, FL 32908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And [redacted] S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= G
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= B
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure Survey including Limited Mental Health was conducted at Zion's Assisted Living Facility on [redacted]

There were deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations and interview the facility did not ensure the use of physical [redacted] was limited to half-rails for 2 of 6 sampled residents (#2 and #5).

Findings:

During the tour of the facility on [redacted] at approximately 9:30 AM revealed that resident #2 and #5 had full rails on their beds. Staff A the administrator/owner stated that resident #2 and #5 were both was on hospice.

The administrator stated on [redacted] at approximately 2 PM she was not aware full rails could not be used.

Class III

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0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on staff schedule review and interview the facility failed to maintain the minimum staffing hours per week.

Findings:

The administrator/owner stated on at approximately 9:30 AM that the current census was 6 residents.

Review of the staff schedule for the month of revealed that there were three shifts are 7 AM to 3 PM, 3 PM to11 PM and 11 PM to 7 PM. Further review of the schedule revealed that there was only one staff listed that worked each shift daily for a total of 168 hours weekly. The facility was required to have 212 weekly staff hours.

The administrator/owner reviewed the schedule and stated on at approximately 1:00 PM that she was not aware that it was not enough staffing hours.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 3 sampled staff (B and C) received the required in-service training.

Findings:

Review of the staff scheduled for revealed that staff B and C worked alone at the facility providing care to the residents.

Personnel Record review for Staff B hired in 11/11and Staff C hired in11/09 revealed that there was no documentation to confirm that they were Certified Nursing Assistants (CNA's). Further record review revealed there was a letter in each of their charts that noted that they had attended 1 hour training in residents needs and ADLs. There was no documentation to confirm that the staff who were not CNA's had received 3 hours of in-service training within 30 days of employment that covered Resident behavior and needs and providing assistance with the activities of daily living.

The administrator/owner was given the opportunity to provide the evidence via email and on she provided via email a typed paper with the facility's name on it that noted ALF

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basic in-service and all of the trainings listed were for1 hour. The letter did not have the name of the employee who had received the in-service.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on review of personnel files and interview the facility failed to ensure that 1 of 3 sampled staff (A) had evidence that she completed a one-time education course on and

Findings:

Personnel record review and interview for Staff A (Administrator/Owner) hired on revealed that there was no documentation to confirm that she had completed a one-time education course on and

The Administrator/Owner stated on at approximately 3 PM that she had received the training and she did not have the documentation in her record.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review, observations and interview the facility failed to have evidence that a staff member (A) who had completed courses in First Aid held a currently valid card documenting completion of such courses was working in the facility at all times.

Findings:

Observations on at approximately 9:30 AM revealed that Staff A Administrator/Owner was working alone at the facility with a census of 6 residents.

Personnel record review revealed that there was no documentation to confirm that she had completed a First Aid Course.

Staff A stated on at approximately 4:45 PM that she had received a First Aid course and would send the documentation via Email.

On that Administrator/Owner provided a certificate via email for a 1 hour course

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taken online on . She did not provide a card documenting she had completed a course in First that was current.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to have evidence that 2 of 3 sampled unlicensed staff (A & B), who provided assistance with the resident's medications had obtained initial 4 hours training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) that were not fraudulent.

Findings:

Staff A, the administrator/owner was observed on providing assistance with the self-administration of medications. A telephone interview with Staff B on at approximately 12:30 PM revealed she also assisted with the self-administration of medications.

Personnel record review for Staff A and Staff B revealed that there was no documentation to confirm that they had received the 4 Hour Medication training.

The Administrator/Owner stated on at approximately 3:15 PM that she and Staff B had the training and would provide the documentation via email.

On an email was received from the administrator/owner that included medication certificate from a pharmacy that conducts training for the area. The certificate for Staff A was dated for 4 hours and for Staff B a certificate for a 4 hour training certificate dated 27 and 28 2011 and another medication certificate that was dated for 2 hours the date on that certificate was altered. Further review of the medication certificates revealed that the signatures of the trainer and the staff's name that was written on top of the Certificate were different handwritings.

A telephone call was made to the Pharmacy on at approximately 3 PM that provided the training to ask if Staff A and Staff B attended the training on the dates that were on the certificates. The representative requested a copy of the certificates to review.
Each of the certificates was sent to the representative in a separate email for review.
An email was received from the Pharmacy representative on at approximately 3:45

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PM, the representative replied to each e-mail with the following response:" This person was not found in our records on this date attending the classes listed". A telephone interview was conducted with the Pharmacy representative on at 4 PM who stated that regarding the certificate that was dated there was no medication training given on that day.

A telephone interview was conducted with the administrator/owner on at approximately 4: 30 PM to inform her of the findings. She was given the opportunity to contact the Pharmacy representative to discuss the finding if she and Staff B had indeed attended the training.

A telephone interview was conducted with the administrator/owner on at approximately 9:45 AM, who stated she had not contacted the Pharmacy to discuss their findings nor to obtain some type of documentation to confirm that the certificates were not fraudulent.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on menu review and interview the facility did not keep the menus as served on file in the facility for 6 months.

Findings:

Review of the facility's menu's on at approximately 12 PM revealed that there were not 6 months of the menus on file for review.

The administrator/owner stated on at approximately 1 PM that she could not located the 6 months of menus.

Class

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 3 of 3 sampled residents. (#1, #2 and #3)

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Findings:

Resident record review including contracts for residents #1,#2 and #3 revealed that their contracts did not include a statement to inform the residents or responsible party that all residents must be assessed upon admission, every 3 years thereafter, or after a significant change, whichever comes first.

The administrator/owner stated on at approximately 2:30 PM the above information was not included in contracts.

Class

L243-LMH - Training 58A-5.0191(8) FAC
Based on Personnel Record review and interview the facility failed to ensure that 1 of 3 sampled staff (A and C) had received a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially and provided a fraudulent certificate for 1 of 3 sampled staff (A).

Findings:

Personnel record review for Staff A-the administrator/owner and C revealed that last documentation to confirm that they had attended a LMH training was dated
On the administrator/owner provided a LMH certificate for herself that was altered, the original name on the certificate was changed and typed in with a different font than the other wording on the certificate.

On at approximately 3:15 PM a telephone interview was conducted with the administrator/owner, she was informed that the certificate appeared altered and she was requested to provide some other type of documentation that she had attended the training.

A telephone interview was conducted with the administrator/owner on at approximately 9:45 AM, she was asked if she had obtained any documentation to confirm that she had attended the LMH training and she stated that she had not.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Zion's Assisted Living Facility, Inc
2029 Jupiter Blvd, SW
Palm Bay, FL 32908

Dear Administrator:

Re: Biennial w/LMH

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **, 2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998