AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965634	**05/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ELMCROFT OF CARROLLWOOD	**2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY.

A Complaint Investigation (CCR#2015001001) was conducted on

The Elmcroft at Carrollwood had deficiencies found at the time of this visit.

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

Based upon record review & staff interview, the facility failed to ensure a written record was maintained detailing interventions & monitoring for 1 (#6) of 3 residents reviewed.

Findings Include:

A review of facility records revealed resident #6 was found on the floor of her a position on at 3:45am. The in-house report noted that the resident was assisted up, re-dressed & put back in bed. The report did not indicate any further interventions, or that the health care practitioner or family member was notified.

A review of the residents record & progress notes revealed no additional information as to whether the resident was assessed for injuries.

Only a progress note was on record dated at 2:30pm which stated "son notified of resident being found on floor at 4am this morning" no injuries. low bed under Hospice Care".

It appeared from review that this referenced progress note concerned a subsequent on although during interview with a facility nurse (3:30pm) it was stated this note was in follow up to the incident which occurred on a Saturday. She said when she saw the report she made family contact right away.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based upon observation the facility failed to ensure medications were administered only by a licensed staff member for 1 (#4) of 5 residents.

Findings Include:

During the survey of at approximately 10:30 am, a facility staff member, who was not a licensed nurse was observe to engage in a practice reserved to only licensed nurses in that the staff who was trained to assist residents with medications administered a treatment to resident #4.

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0053 Continued From page 1

The staff opened the vial of medications, poured the medication into the receptacle & turned the nebulizer machine on, the med tech then handed resident #4 the mouth piece to begin inhaling.

The other medications that resident #4 received were given in accordance with acceptable procedures allowed for un-licensed trained staff. However, the practice involving the residents treatment into the category of administration of medications.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide required in-service training for employees for 1 (B)of 3 staff reviewed.
Findings include:
A complaint survey was conducted on An employee record review showed that 1 of 3 records (Employee B) did not contain proof of training concerning Elopement Response, Emergency Preparedness & Evacuation, Incident Reporting, and Recognizing/Reporting Neglect and
The administrator and business office manager were interviewed on this date concerning the missing training certificates. They stated that they could not produce proof of training for this employee.
Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on interview and record review, the facility failed to provide required employee training concerning ' s and related for 2 (A & B) staff.
Findings include:
A complaint survey was conducted on An employee record review showed that 2 of 3 records (Employees A and B) did not contain proof of training concerning s and related . Staff A ' s file was missing a training certificate for the required s Training Level II. Staff B ' s file was missing a training certificate for Training Level I. Staff B works in the facility ' s memory care unit.
The administrator and business office manager were interviewed on this date(5:00pm) concerning the missing training certificates. They stated that they could not produce proof of training for these employees.
Class III

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

Based on interview and record review, the facility failed to provide required training concerning policies and procedures for handling for 3 (A, B & C) of 3 staff records reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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ELMCROFT OF CARROLLWOOD	2626 WEST BEARSS AVENUE CARROLLWOOD, FL 33618	

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

0090 Continued From page 2

Findings include:
A complaint survey was conducted on . . . . . An employee record review showed that 3 of 3 records (Employees A, B, and C) did not contain proof of training concerning the facility ' s policies and procedures on . . . . . .

The administrator, business office manager and resident service director were interviewed (5pm) on this date concerning the missing training certificates. They all stated that they could not produce proof of training for these employees.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Elmcroft Of Carrollwood
2626 West Bearss Avenue
Carrollwood, FL 33618

RE: CCR #2015001001

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
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St. Petersburg, FL 33701
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