STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965636	**06/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
JENNIFER GARDENS	**7334 JENNIFER STREET PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on .

The Jennifer Gardens, Assisted Living Facility, had deficiencies at the time of this visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, interview, and record review, the facility failed to ensure that all Resident Health Assessments for Assisted Living Facilities (AHCA Form 1823) include whether the individual will require assistance with medication and, if so, whether the resident needs assistance with self-administration of medications or medication administration.

Findings Include:
Surveyors observed Staff D providing residents with medications on beginning at approximately 11:30am and conducted resident record reviews on beginning at approximately 1:30pm. 2 of 9 Resident Health Assessments reviewed for medication needs do not specify residents' medication assistance needs, and 1 of the 9 Resident Health Assessments reviewed states the resident needs medication administration.
Surveyors observed Staff D provide Residents #10 & #12 their 12pm medications on . Staff D took Resident #10's medication cup into the dining ' was observed not informing Resident #10 of the medication that was being handed to her in a medication cup. Surveyors observed Staff D handing the medication cup to the resident and immediately turning and leaving the table. Staff D did not observe Resident #10 swallow medications.
Surveyors observed Staff D retrieving 3 medications for Resident #12 from the medication cart and popping the medications into a cup. Staff D walked into the dining ' placed Resident #12's cup of medications on the table near her. Surveyors observed Staff D immediately turning and leaving the table. Staff D did not inform Resident #12 of the medications being given to her and did not observe Resident #12 taking her medications.
Per record review, Resident #10's Health Assessment dated states Resident #10 needs medication administration; Resident #10's Medication Observation Record indicates provision of medications by facility staff.
Per record review, Resident #12's Health Assessment dated / states Resident #12 needs help with taking her medications - whether resident needs assistance with self-administration or medication administration is not specified. Per record review, Resident #8's Health Assessment dated does not specify whether Resident #8 requires assistance with medication and, if so, whether Resident #8 needs assistance with self- administration of medications or medication administration -- the section for physician instructions regarding medications is blank.
Per record review, all 3 of these residents have diagnoses of as well as other medical conditions.
Surveyors discussed medication observations and findings with the facility Administrator (at approximately 5:00pm). Per interview, the Administrator was unaware of the incomplete and inaccurate Health Assessments.

Class III

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0030 Continued From page 1

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

Based on observation and interview the facility failed to honor the resident rights for 28 of 28 residents.

Findings Include:

During a tour of the facility on beginning at approximately 11:00AM, it was observed the tables in the dining not all have salt and pepper shakers. Some of the salt shakers had a lot of rice and a little amount of salt and some of the salt shaker did not have any salt in them just rice. A couple of the tables did not have salt or pepper on the table.
The kitchen staff stated they were aware of the situation and it was that way to prevent the residents from having access to salt when they are on a no added salt diet. The facility does not add salt or seasoning to the food. The facility does not have a substitution available for the salt. The residents are not all sitting together based on no added salt.

During an interview on at approximately 2:00PM with the dietary director it was confirmed a resident that does not have a salt restricted diet and is sitting at a table with someone who does have no added salt they order then they both don't have salt available at meals.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. The facility failed to follow control practices for 7 of 7 residents observed, failed to follow physician orders for 1 of 7 residents, and failed to observe 6 of 7 residents receiving assistance with self-administration of medications taking their medications.

Findings include:
On beginning at approximately 11:30am, 2 AHCA Surveyors observed Staff D providing medications for 7 residents receiving assistance with self-administration of medication.
On at approximately 11: 35am, Surveyors observed Resident #9 and Staff D in the medication supplies were lying on the table (no barrier noted). Resident stuck finger with lancet and placed drop of on strip. Staff D read machine (362) while Resident #9 wiped his finger with an wipe. Staff D placed syringe and bottle on table and stated to Resident #9 that he needed to give himself 10 units of Resident #9 drew up 10 units of and self-administered into his abdomen. Per record review, Resident #9 is independent with with staff guidance. At no time was hand sanitizing witnessed for either Resident #9 or Staff D by the 2 Surveyors, and neither Resident #9 nor Staff D wore gloves while handling and administering the equipment and medication.

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0052 Continued From page 2

On at approximately 11:45am, Surveyors observed Staff D retrieving 3 medications for Resident #12 from the medication cart and popping the medications into a cup. Staff D walked into the dining placed Resident #12 ' s cup of medications on the table near her. Surveyors observed Staff D immediately turning and leaving the table. Staff D did not inform Resident #12 of the medications being given to her, did not observe Resident #12 taking her medications, and at no time was Staff D observed sanitizing her hands or wearing gloves.
On at approximately 11:47am, Surveyors observed Staff D retrieving medications for Resident #5 from the medication cart and popping the medications into a cup. Staff D walked into the dining placed the medication cup into Resident #5's hand. Surveyors observed Staff D immediately turning and leaving the table. Staff D did not inform Resident #5 of the medications being provided, did not observe Resident #5 taking the medications, and at no time was Staff D observed sanitizing her hands or wearing gloves.
On at approximately 11: 50am, Surveyors observed Staff D open a bottle labeled < Resident #10> Fish Oil 1000mg cap (Omega-3 / Take one capsule twice daily) and pour one capsule into her bare hand. Staff D then read the MOR, stated that the medication was for later in the day, and placed the capsule back into the bottle from her bare hand. At no time was Staff D observed sanitizing her hands or wearing gloves.
Staff D took Resident #10's medication cup into the dining was observed not informing Resident #10 of the medication that was being handed to her in a medication cup. Surveyors observed Staff D handing the medication cup to the resident and immediately turning and leaving the table. Staff D did not observe Resident #10 swallowing medications. Also, at no time was Staff D observed sanitizing her hands or wearing gloves.
On at approximately 11: 55am, Surveyors observed Staff D walk into the dining ask Resident #4 if he was in pain and needed his pain medication. Resident #4 stated yes. Surveyor observed Staff D open separate lock box, retrieve medication pack, pop the / 5-325mg from the pack into her bare hand, and then drop the medication into a medication cup. Surveyors observed Staff D take the medication cup to Resident #4, seated in the dining other residents, and hand the medication cup to Resident #4. Surveyors observed Staff D immediately turning and leaving the table. Staff D did not observe Resident #4 swallowing the medication and at no time was Staff D observed sanitizing her hands or wearing gloves.
On at approximately 12:00pm, Surveyors observed Staff D remove a stack of 10 packs (Resident #11's) from the medication cart drawer, pop one capsule from the bottom pack into her bare hand, and place the capsule in a medication cup. Surveyors observed Staff D take the medication cup to Resident #11, seated in the dining other residents, and hand the medication cup to Resident #11. Surveyors observed Staff D immediately turning and leaving the table. Staff D did not observe Resident #11 swallowing the medication and at no time was Staff D observed sanitizing her hands or wearing gloves.
On at approximately 12:00pm, Surveyors observed Staff D open a bottle (Resident #1's) labeled Sucralfate 1 gm -Take one tablet by mouth twice daily 1/2 hour before lunch and dinner. Surveyors observed Staff D stick her fingers into the bottle, remove one tablet, and place the tablet in a medication cup. Surveyors observed Staff D take the medication cup to Resident #1, seated in the dining other residents, and hand the medication cup to Resident #1, instructing resident to " Take that one first. " Surveyors observed Staff D immediately turning and leaving the table. Staff D did not observe Resident #1 swallowing the medication and at no time was Staff D observed sanitizing her hands or wearing gloves.
Per review of Resident #1's Sucralfate prescription label and physician orders, the medication is to be provided 1/2 hour before lunch and 1/2 hour before dinner. Surveyors observed Staff D providing this medication at 12:00pm

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while Resident #1 was eating lunch. Per review of Resident #1's Medication Observation Record, this medication is scheduled to be provided at 11:00am. When Surveyor asked Staff D about timing of medications, Staff D stated she was late giving the medication today and acknowledged that residents are already eating lunch. Staff D did not document medication given at noon with lunch instead of ½ hour prior as ordered.
Surveyors discussed medication observations and findings with the facility Administrator (at approximately 5:00pm). Per interview, the Administrator stated: "<Staff D> can take medications to residents in their before lunch. That <medications> is all she has to do. She doesn't provide any direct care."

Class III

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

Based on record review and interviews, the facility failed to ensure all staff have testing within 30 days after beginning employment, annual documentation of freedom from , and that newly hired staff submit within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings Include:
Per record reviews and interviews conducted at the facility on beginning at approximately 10:30am, 2 of 3 employee records reviewed contained no evidence of testing within 30 days after beginning employment; 2 of 3 employee records reviewed contained no evidence of annual documentation of freedom from ; and 1 of 3 employee records contained no written statement from a health care provider documenting not having any signs or symptoms of a communicable including .
Staff A was hired as a Resident Aide/Med Tech on -employee ' s records contained 2 statements of freedom from communicable dated & and certification of negative testing on . As of review, there was no evidence of annual testing conducted by .
Staff B was hired as a Resident Aide/Med Tech on / -employee ' s records contained no evidence of testing and no statement of freedom from communicable .
Staff C was hired as a Resident Aide/Med Tech on -employee ' s records contained a statement of freedom from communicable dated . There was no evidence of testing within the previous six months of hire date. Per interview with the Administrator, she stated she would contact Staff C during AHCA visit ( ) to ensure testing has been completed. The Administrator provided documentation on at 3:35pm of Staff C having a negative chest x-ray 2:21:52pm.
Findings of additional missing items as indicated above were discussed with the Administrator during exit interview conducted beginning at approximately 5:00pm.

Class III

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

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Based on record review and interview, the facility failed to ensure that all staff who provides direct care to residents receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents; a minimum of 3 hours of in-service training within 30 days of employment that covers resident behavior and needs and providing assistance with the activities of daily living; receives a copy of the facility's resident elopement response policies and procedures and in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment, and demonstrates an understanding and competency in the implementation of the elopement response policies and procedures; a minimum of 1 hour in-service training within 30 days of employment that covers the facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation; a minimum of 1 hour in-service training within 30 days of employment that covers reporting major and adverse incidents; a minimum of 1 hour in-service training within 30 days of employment that covers Resident Rights in an Assisted Living Facility and recognizing and reporting resident , neglect, and for 3 of 3 (Staff A, B & C) employees reviewed.

Findings Include:
Per record reviews and interviews conducted at the facility on , the facility employs Resident Care Aides to provide direct care to residents; none of the Aides are nurses, certified nursing assistants, or home health aides. Staff A was hired as a Resident Aide/Med Tech on ; Staff B was hired as a Resident Aide/Med Tech on / ; Staff C was hired as a Resident Aide/Med Tech on . Per review of employee files, there is no documentation of required staff in-service training as follows:
1 of 3 (Staff C) records reviewed contained no documentation of completion of Control training that is required prior to providing personal care to residents and no evidence of completion of training.
3 of 3 (Staff A & B & C) records reviewed contained no documentation of 3 hours of in-service training covering Resident behavior and needs and providing assistance with Activities of Daily Living. Staff A ' s record includes a certificate for 2 hours of training dated . Staff B ' s record contains a form with Staff B ' s name, undated & not signed by a trainer. Staff C ' s record includes a certificate for 2 hours of training dated .
1 of 3 (Staff B) records reviewed contained no documentation of training in facility ' s Elopement policy & procedures.
1 of 3 (Staff B) records reviewed contained no documentation of completion of training in facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. Staff B ' s record contains a form with Staff B ' s name, undated & not signed by a trainer.
3 of 3 (Staff A & B & C) records reviewed contained no documentation of training in reporting major incidents & adverse incidents. Staff B ' s record contains a form with Staff B ' s name, undated & not signed by a trainer.
2 of 3 (Staff B & C) records reviewed contained no documentation of training in Resident Rights in an Assisted Living Facility and Recognizing and Reporting resident , neglect, and . Staff B ' s record contains a form for each training with Staff B ' s name, undated & not signed by a trainer.
Per interview with the facility Administrator (beginning at approximately 5:00pm), the Administrator stated that it is very difficult <for the facility> to keep up with all the training requirements as staff stay only temporarily and new staff have to be continuously trained. The Administrator stated that she provides training in emergency procedures and elopement response together; she was reminded that the 2 are separate trainings, each requiring a certificate,

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such as was provided by the Administrator for Staff C on . The Administrator was also informed of the need for 3 hours of training in resident behavior and needs and providing assistance with the activities of daily living, not the 2 hours shown on certificates in employee records.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 2 of 4 staff who provide assistance with self-administration of medications have completed the required annual 2-hour update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. The facility also failed to maintain documentation of initial 4-hour training completed by 1 of 4 staff.

Findings Include:
A review of employee files was conducted at the facility on beginning at approximately 10:30am.
Staff A was hired as a Resident Aide/Med Tech on and completed initial 4-hour training in providing assistance with self-administration of medications on . Staff A's file contained a training certificate for completion of an annual 2-hour update on - As of record review, there was no evidence of the required annual update having been completed by .
Staff D was hired on and is currently the Resident Care Supervisor. Per interview with Staff D on at approximately 1:30pm, she completed 4-hour training in providing assistance with self-administration of medications several years ago and has had many 2-hour updates. Per record review, Staff D's file contained no evidence of initial 4-hour training, but several training certificates for completion of annual 2-hour updates on providing assistance with self-administration of medications. The most recent training certificate in Staff D's file for completion of an annual 2-hour update was on - As of record review, there was no evidence of the required annual update having been completed by .
Per interview with the facility Administrator (beginning at approximately 5:00pm), the Administrator stated that it is very difficult <for the facility> to keep up with all the training requirements as staff stay only temporarily and new staff have to be continuously trained.

Class III

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

Based on record reviews and interviews, the facility failed to ensure that all direct care staff receive at least one hour of training in the facility's policies and procedures regarding ( ) within 30 days after employment.

Findings Include:
Per record reviews and interviews conducted at the facility on , 1 of 3 employee records reviewed contained

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no evidence of training in the facility ' s policies and procedures regarding
Per record review, Staff B was hired as a Resident Aide/Med Tech on / . Staff B ' s employee file contained no documentation of training in the facility ' s policies and procedures regarding . Staff B ' s record contains an incomplete form with Staff B ' s name, undated & not signed by a trainer.
Per interview with the facility Administrator (beginning at approximately 5:00pm), the Administrator stated that it is very difficult <for the facility> to keep up with all the training requirements as staff stay only temporarily and new staff have to be continuously trained.

Class III

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

Based on observation, record review and interview, the facility failed to ensure provision of therapeutic diets as prescribed by the health care provider for 2 of 2 residents observed.

Findings Include:

During the dining observation on at approximately 11:45 AM it was revealed that Resident #13 is listed on the kitchen diet sheet as needing a diet, mechanical soft, cut up, with thick it liquid. Resident #8 was not listed on the kitchen diet sheet but has a health assessment dated that states mechanical soft diet and thick in liquid. Per observation, both residents were served chicken cut off the bone but not mechanical soft consistency.
Per interview, the staff in the kitchen stated they were not told that resident #8 was to receive a mechanical soft diet and Resident #13's diet orders were ignored because the kitchen did not know what the consistency of mechanical soft is. They thought if the food was cut up for the resident it was alright.

Per observation, the dining salt and pepper shakers on most of the tables but the salt shakers had very little salt and a lot of rice. A couple of the tables did not have any salt or pepper shakers. The nurse stated the reason they don't have salt shakers is to prevent the residents from adding salt because of the diet restrictions that have no added salt. Everyone sitting at the table goes without salt if one resident sitting with them has a no added salt diet restriction. The nurse stated the kitchen staff prepares the thick it in the liquid for the resident who requires it.
The kitchen staff stated the nurse had prepared the thick it liquid for the residents that required it.

During an interview on at approximately 12:30 PM with the facility's nurse it was stated she is also the director of dietary for the facility. The nurse and the administrator stated Resident #8 has not been with them very long, just a few weeks, and they have not had the opportunity to add the resident to the kitchen's diet list. They also stated that they believed if the kitchen was cutting the food into pieces it would be the correct consistency.

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The facility does not provide the residents with information pertaining to an alternative available in the event they do not like the entree being served at each meal. During the noon meal two of the residents were not eating and stated they didn't like (dark meat) and chicken served on the bone. The residents stated they did not know if there was an alternative available. The staff asked some of the residents if they would prefer a chicken leg or thigh but never asked if they wanted chicken or offered an alternative. The residents both sat at the table while the staff walked around assisting the other residents. The staff never stopped to question why the residents were not eating. After it was brought to the kitchen staff's attention, they offered the residents a ' l cut sandwich.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has deemed eligible for employment all employees providing personal care or services directly to residents or having access to client funds, personal property, or living areas. Failure to ensure residents receive care and services safely, securely and from persons who have not committed offenses that preclude them from employment, directly placed the residents at risk for exposure to persons whom the Florida Legislative has deemed inappropriate to provide care or services

Findings Include:
Per record reviews and interviews conducted at the facility on beginning at approximately 10:30am, 1 of 3 records reviewed did not contain evidence of eligibility for employment per Level II background screening. Staff A was hired as a Resident Aide on and works 1st & 2nd shifts at the facility providing residents with personal care services and assistance with self-administration of medications. Staff A's employee file contains documentation of Level I employment eligibility effective . The Agency for Health Care Administration Background Screening website states Staff A's Screening Completion Date was -- A New Screening is Required. Per AHCA regulations, individuals for whom the last screening conducted was between , 2005, and , 2008, must be rescreened by , 2014. Staff A was originally due for 5-year rescreening by ; the deadline was extended to / . As of , Staff A has not completed the required rescreening. Per discussion of findings with the Administrator during exit interview conducted beginning at approximately 5:00pm, the Administrator stated she thought Background Screenings were good for ten (10) years and stated that she had better check long-term employees' screening records.

Unclassed

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Jennifer Gardens
7334 Jennifer Street
Port Richey, FL 34668

Dear Administrator:

This letter reports the findings of a biennial state licensure 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. **Please forward documentation of correction to the Field Office.** 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 Patricia Reid Caufman
Field Office Manager

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

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