STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932639	09/29/2016
NAME OF PROVIDER OR SUPPLIER **DIVINE GALLO HOUSE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **9110 STAR TRAIL** **NEW PORT RICHEY, FL 34654**	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Change of Ownership survey with Limited Mental Health services (CHOW Provisional License issued for the period to) was conducted on , in conjunction with an unannounced Complaint survey (CCR #2016008027 & 2016010301- Aspen JLG011).

The Divine Gallo House ALF, Assisted Living Facility (License #6665), had deficiencies at the time of this visit.

0054 Medication - Records

Based on record review and interview, the facility failed to ensure correct and complete maintenance of a Medication Observation Record (MOR) for 11 of 11 residents who receive assistance with self-administration of medications, recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.

Findings included:

Per review of the facility ' s Medication Observation Records for the month of , 2016, there was no indication that 11 of 11 residents received their 8:00am medications on and / . Per record reviews and interview with the facility Administrator, all 11 residents referenced have diagnoses including medical & ; the facility is licensed to provide Limited Mental Health services. Medications not initialed as provided to the residents at 8:00am, as prescribed, on and / included, but were not limited to: ( ), , Tizandine, Trihevyphenidyl, and Vesicare.
Per interview with Staff A on at 1:00 pm, Staff A stated: " Those days were hectic and I probably forgot to initial. " There was no indication that the 11 residents received their medical/ medications as prescribed on either of the 2 days.
Further review of the facility ' s Medication Observation Records for the month of , 2016, revealed considerable additional errors and omissions, including, but not limited to:
Resident #8 was not provided as prescribed on & , as well as no provision on & / . There was no information provided on reverse of the MOR regarding the medication not having been provided as prescribed.

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Resident #9 was additionally not provided at 8pm on and at 8am on & ; at 8pm on 9/4, , & ; at 8pm on 9/4, , & ; and , at 8pm on 9/4, , & ; there was no information provided on reverse of the MOR regarding these medications not having been provided as prescribed. Resident #9 was also prescribed with instructions to take 2 tabs every 12 hours (8am & 8pm): This medication was not initialed as provided at 8pm on 9/4; Code " D " for drug not given, per chart on reverse of MOR, is written in the 8pm spaces for 9/5, 9/6, 9/7, 9/8, & 9/9; and staff initials circled for at 8pm; there was no information provided on reverse of the MOR regarding the medication not having been provided as prescribed and no indication of contacting resident ' s physician regarding the medication not being provided as ordered. Resident #9 was also prescribed Isentress with instructions to take 1 tab every 12 hours (8am & 8pm) and with instructions to take 1 tab every 12 hours (8am & 8pm): In addition to no indication of provision of these medications at 8:00am on and , these medications were not initialed as provided at 8pm on 9/4; Code " D " for drug not given, per chart on reverse of MOR, is written in the 8pm spaces for 9/5, 9/6, 9/7, 9/8, & 9/9; not initialed as provided at 8pm on & ; and staff initials circled for at 8pm; there was no information provided on reverse of the MOR regarding these medications not having been provided as prescribed and no indication of contacting resident ' s physician regarding these medications not being provided as ordered. Resident #9 was also prescribed with instructions to take 1 tab twice daily (8am & 8pm): In addition to no indication of provision at 8am on & , this medication is not initialed as having been provided at 8am on , , & ; Code " D " for drug not given, per chart on reverse of MOR, is written in the 8am spaces for & ; and this medication was not initialed as provided at 8pm on 9/4, , , , & ; there are 2 notes written on reverse of the MOR regarding this medication: " 9/8 finished " and " med ordered to pharm; " there was no other information provided on reverse of the MOR regarding this medication not having been provided as prescribed and no indication of contacting resident ' s physician regarding this medication not being provided as ordered. Resident #9 was also prescribed with instructions to take 1 tab at bedtime (8pm): medication was not initialed as provided at 8pm on 9/4, 9/9, , & , scribbled on 9/8, unclear if provided, and not initialed as provided , , , & . Code " I " for hospital, per chart on reverse of MOR, is written in the 8pm medication spaces for ; no additional info provided.

Per interview with the Administrator and Staff A on at 2:00pm, the company " Liaison, " a Registered Nurse, instructed unlicensed staff to not write medication information (e.g., missing meds, med refusals, as needed meds, etc.) on the Medication Observation Records because the space is for Nurses ' notes only and they are not nurses.

On at 2:30pm, Resident #9 ' s Power of Attorney came to the facility to take the resident to a doctor for recheck. Per interview, the POA stated that the facility is not giving Resident #9 ' s medications properly, not filling prescriptions timely, that the situation is dangerous because resident needs the medications; facility ran out of sleeping pills 2 weeks ago & refill just came in today, ran out of meds for 8 days, just got needed medications less than a week ago. The POA further stated that

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the Administrator took resident to Pasco County Health Clinic-kept being delay, pharmacy changed dosing from 2 to 3 pills; [illegible]-2 days ' worth left on card, 2 days later, out of [illegible]-called in refill, then informed no refill without new prescription, days later still no prescription. The POA stated she is taking resident to doctor today, went to ER Tuesday-sent home with prescription-not filled until this morning; also out of [illegible] today. The POA stated that Resident #9 told her the MOR does not show all the times he missed meds.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure annual documentation of freedom from [illegible] for 1 of 5 staff providing 12 residents with direct personal care services.

Findings included:

Per [illegible] Employee record reviews and staff interviews, Staff A was hired as a Caregiver on [illegible]. Staff A ' s employee records contained evidence of [illegible] testing negative on [illegible]. There was no documentation of annual [illegible] testing having been conducted by [illegible]. Per interview with the Administrator on [illegible] beginning at 5:00pm, the Administrator acknowledged that Staff A ' s record did not include evidence of annual [illegible] testing.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record reviews, and interviews, the facility failed to ensure that all unlicensed staff providing residents assistance with self-administration of medications complete an initial 4-hour training and a minimum of 2 hours of training annually on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility.

Findings included:

Per observation, record reviews, and interviews conducted at the facility on [illegible], 5 of 5 unlicensed staff providing 12 current residents assistance with self-administration of medications have not completed training as required. Per review of the facility ' s Medication Observation Records, all 5 unlicensed staff have provided residents assistance with self-administration of medications throughout current month of [illegible], 2016.

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Per observation, record review, and interview, Staff A is an unlicensed staff person who provides residents assistance with self-administration of medications. Per record review, Staff A completed 4 hours of training in providing assistance with self-administration of medications on . There was no documentation of Staff A having completed an annual 2-hour update by . Staff A was observed providing residents assistance with self-administration of medications on the day of visit ( ).

Per record review, Staff B was hired on and is an unlicensed staff person who provides residents assistance with self-administration of medications. Per interview with Staff A on , Staff B has provided residents ' medications since the 4th day of employment start, initially with staff E training. Per review of the facility ' s Medication Observation Records, Staff B began providing residents assistance with self-administration of medications on . Per employee record review, there was no evidence of Staff B having completed initial 4 hours training prior to providing residents assistance with self-administration of medications.

Per record review, Staff C was hired on and is an unlicensed staff person who provides residents assistance with self-administration of medications. Per employee record review, Staff C ' s file contained a certificate for " Assistance with Self Administration of Medication Lecture & Training " signed by a Registered Nurse & dated / / . The certificate does not specify length of training (number of hours) and there is no indication that training was specific to providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility.

Per record review, Staff D was hired on and is an unlicensed staff person who provides residents assistance with self-administration of medications. Per employee record review, Staff D ' s file contained a certificate for " Assistance with Self Administration of Medication Lecture & Training " signed by a Registered Nurse & dated / / . The certificate does not specify length of training (number of hours) and there is no indication that training was specific to providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility.

Per record review, Staff E was hired on / / and is an unlicensed staff person who provides residents assistance with self-administration of medications. Per employee record review, Staff E completed 4 hours of training in providing assistance with self-administration of medications on and an annual 2-hour update on . There was no documentation of Staff E having completed an annual 2-hour update due by .

Per review of the facility ' s Medication Observation Records for the month of , 2016, resident records contained many errors and omissions. Per interview with the Administrator and Staff A on at 2:00pm, the company " Liaison, " a Registered Nurse, instructed unlicensed staff to not write medication information (e.g., missing meds, med refusals, as needed meds, etc.) on the Medication Observation Records as required. There was no indication that unlicensed staff are being provided training in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility in accordance with ALF regulations.

Per interview with the Administrator on beginning at 5:00pm, the Administrator acknowledged

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that employee records do not contain medication training certificates as required.

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for 2 of 6 employees providing direct care services for a current census of 12 in-house residents.

Findings included:
Per employee record reviews conducted at the facility on , Staff A was hired by the facility on to provide resident care services; Staff D was hired by the facility on to provide resident care services. Per review of the facility ' s weekly Staff Schedule dated , Staff A is scheduled to work 5 days per week from 7am-1pm; Staff D is scheduled to work weekends from 7am-11pm. Per review of the facility ' s Medication Observation Records, both Staff A & Staff D provided residents ' medications throughout the month of , 2016.
Per interview with Staff A on at 9:00am, Staff A stated he began employment at the facility on and has worked 40 hours per week until hours were recently reduced from 40-30, and works additional hours to do facility shopping. Staff A was observed providing resident care services on the day of facility visit ( ).
Per review of the facility's Employee Roster on the AHCA Background Screening site, Staff A & Staff D are not listed as employees of the facility.
Per interview with the Administrator on beginning at 5:00pm, the Administrator stated that the company Liason between staff & owners is responsible for completing the employee roster when an employee is hired.

Unclassed

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Divine Gallo House ALF
9110 Star Trail
New Port Richey, FL 34654

RE: CCR# 2016008027 & CCR# 2016010301 & CHOW with LMH

Dear Administrator:

This letter reports the findings of two complaint surveys and a change of ownership (CHOW) state licensure survey with limited mental health (LMH) that was conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

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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/kpr

Enclosures: State Forms 5000-3547

XG90