STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911836	10/19/2016
NAME OF PROVIDER OR SUPPLIER **DEERFOOT MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **374 DEERFOOT ROAD** **DELAND, FL 32720**	

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

0000 Initial Comments

A complaint investigation (CCR #2016010370) was conducted at Deerfoot Manor Assisted Living Facility (License # 4744) on . Deerfoot Manor assisted living facility had deficiencies at the time of the investigation.

0010 Admissions - Continued Residency

Based on observations, record reviews, and staff interview, the facility failed to ensure residents met criteria for continued residency for Resident #2 out 4 residents sampled.

The findings include:

An observation was conducted on at 9:45 AM of Resident #2 lying in a hospital with head of bed elevated to 45 degrees with a clipped to the right side of her bed and draining to a bed side bag.

A record review was conducted for Resident #2 which revealed a Florida Health Assessment form dated . The resident was listed as having a and listed as needing assistance activities of daily living. There is no mention of the resident having a

An observation was conducted on at 12:45 PM of Employee A assisting Resident #2 with her lunch. An interview at this time with Employee A, confirmed the resident she was total assist with eating and had to be fed her meals. She also confirmed she empties and takes care of the for the resident.

An observation was conducted on at 1:15 PM of the Administrator and Employee A tying to get Resident #2 out of bed and the resident was not able to move any extremities on her own. An interview with the Administrator at this time confirmed the resident was total care and was not able to get out of bed without being lifted. The resident was given a due to and trying to keep her dry. The Administrator also confirmed the resident was not receiving hospice services and no longer met criteria for continued residency at the facility.

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CLASS III

0030 Resident Care - Rights & Facility Procedures

Based on observations, record reviews and staff interviews, the facility failed to provide a safe, clean and sanitary environment, post Resident Bill of Rights in full view and easily accessible, ensure the confidentiality of personal health information for residents, ensure all residents are free from physical [redacted], the failure to post the necessary telephone numbers for lodging a complaint, and the failure treat all resident with respect and personal dignity affecting all of the 11 residents currently residing at the facility.

The findings include:

1) A tour was conducted of the facility on [redacted] at 9:35 AM and the facility was found to have a strong odor of incontinence both [redacted] and fecal. The floors, walls and doors were observed to be dirty and have stains. (photographic evidence obtained).

A family interview was conducted on [redacted] at 10:20 AM and they complained that when they come to visit the house, it has a strong smell of [redacted].

A family interview was conducted on [redacted] at 10:35 AM who reported that the facility has a smell of [redacted] and is not clean.

2) During the tour of the facility no evidence was found the facility post the Resident Bill of Rights or required numbers for residents to call to lodge a complaint.

An interview with the Administrator on [redacted] at 3:15 PM confirmed she did not have the necessary information posted.

3) An observation was conducted on [redacted] at 9:50 AM in the main dining [redacted] (where all residents eat) of lab results for Resident #5. (photographic evidence obtained)

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An interview with the Administrator on at 10:10 AM confirmed Resident #5 just had lab work done and she posted it there so she wouldn't forget.

4) An observation was conducted on at 9:50 AM of Resident #2 receiving personal care by the Administrator. The Administrator was then observed obtaining a can of air freshener and spraying it in the residents then proceeded to spray it on the resident on her face and body. The resident was immediately started to and the Administrator was asked if she realized she sprayed the resident in the face with air freshener? She replied "Yes, sorry, I was trying to make it smell better".

5) An observation was conducted of Resident #2 on at 9:50 AM lying in bed with a full side rail in the up position on the right side of the bed.

A record review was conducted for Resident #2 and no order for side rails is found.

An interview with the Administrator on at 11:20 AM confirmed the resident was not ambulatory and the side rails keep her from rolling out. She also confirmed she did not have a current physician order for the side rail.

CLASS III

0081 Training - Staff In-Service

Based on interview with the Administrator and record review, the facility failed to maintain personnel records with documentation of training requirements in , neglect and for 1 Employee (Employee A) out 3 sampled employee records.

The findings include:

An interview with the Administrator on at 1:30 PM was requested to provide the personnel record for Employee A.

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An interview with Employee A on at 1:45 PM confirmed she has been working at the facility since sometime in of 2016.

An interview with the Administrator on at 2:40 PM confirmed the facility did not have an employee personnel file for Employee A and could not provide evidence the employee was trained in , neglect or .

An interview with Employee A, on at 3:05 PM could not confirm she received 1 hour of training in , neglect or .

CLASS III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interviews, the facility failed to provide a safe living environment for Resident #2 out of 11 resident's currently residing at the facility.

The findings include:

An observation was conducted on at 2:25 PM of a large whole in the wall by the bed of Resident #2 and an electrical outlet that is broken and not in good repair. (photographic evidence obtained)

An interview with the Administrator on at 2:27 PM confirmed the whole in the wall and the broken electrical outlet and stated It needed to be repaired.

CLASS III

0160 Records - Facility

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and staff interview, the facility failed to maintain an up to date admission/discharge log for the 11 residents currently residing in the facility

The findings include:

Upon entering the facility on at 9:05 AM the Administrator confirmed the current census in the facility is 11. The Administrator was then asked for the facility admission / discharge log.

A review was conducted of the facility Admission/discharge log revealed only 9 residents currently living in the facility.

An interview with the Administrator at 9:30 AM confirmed all the resident in the facility with their name in the book and 2 resident's were not listed, Resident # 6 & #7. (Photographic evidence obtained)

Upon further review of the Admission / discharge log residents #1 and #13 were not listed in the log.

An interview with the Administrator on / at 9:40 AM confirmed Resident #1 and #13 were not listed.

CLASS III

0161 Records - Staff

Based on interview with the Administrator and record review, the facility failed to maintain personnel records with dates of hire, evidence of eligible Level II background screening and all training requirements for 1 Employee (Employee A) out 3 sampled employee records. In addition the facility failed to maintain a monthly staffing schedule for 5 out of 5 employees currently working at the facility.

The findings include:

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An interview with the Administrator on at 1:30 PM was asked for personnel record for Employee A.

An interview with Employee A on at 1:45 PM confirmed she has been working at the facility since sometime in of 2016.

An interview with the Administrator on at 2:40 PM confirmed the facility did not have an employee personnel file for Employee A.

2)

Upon entering the facility the Administrator was asked to provide a staffing schedule.

An interview with the Administrator on at 12:45 PM confirmed she did not have a printed facility staffing schedule. She stated that the staff know what they are going to work and they don't need one.

CLASS III

0162 Records - Resident

Based on resident record review and interviews with the Administrator, the facility failed to maintain a complete resident record for 3 Resident's (Resident #1, #6, and #13) out of 4 resident records sampled.

The findings include:

A record review for Resident #1 was conducted and no evidence of a signed resident contract or informed consent for unlicensed staff to assist with medications was found in the resident record.

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An interview with the Administrator on at 10:55 AM confirmed the facility does not have a signed resident contract or consent for unlicensed staff to assist with medications for Resident #1.

2) A record review was conducted for Resident #13 and no evidence of informed consent for unlicensed staff to assist with medications was found in the resident record.

An interview with the Administrator on at 2:14 PM confirmed the facility does not have evidence of signed informed consent for unlicensed staff to assist with medications for Resident #13.

3) A record review was conducted for Resident #6 and no evidence of informed consent for unlicensed staff to assist with medications was found in the resident record.

An interview with the Administrator on at 2:20 PM confirmed the facility does not have evidence of signed informed consent for unlicensed staff to assist with medications for Resident #6 .

CLASS III

Z813 Results of Screening & Notification in File

Based on record review and staff interview, the facility failed to evidence of an eligible Level II background screening for Employee A out of 3 employee records that were sampled.

The findings include:

An employee record review was attempted for Employee A but the facility was not able to produce an employee personnel file at the time of survey.

An interview with Employee A on at 1:45 PM confirmed she has worked at the facility since of 2016.

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A review was conducted of the Agency for Health Care Administration (AHCA) background screening website on at 2:25 PM for Employee A which reveals an eligible date of .

UNCLASSIFIED

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and staff interview, the facility failed to obtain an updated Level II Background Screening for 2 (Employee's B & C) out of 5 employees currently working at the facility.

The findings include:

An employee personnel review was conducted for Employee B, which reveals a hire date of .
No evidence of an eligible level II background screening for the employee is found.

An employee personnel review was conducted for Employee C, which reveals a hire date of .
No evidence of an eligible Level II background screening is found.

A review was conducted of the Agency for Health Care (AHCA) background screening website on at 2:30 PM for Employee's B & C which revealed "A New screening is required " for both employees. (photographic evidence obtained)

An interview with the Administrator on at 2:45 PM confirmed the facility did not have an Eligible Level II background screening for Employee's B & C.

UNCLASSIFIED

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Deerfoot Manor ALF
374 Deerfoot Road
DeLand, FL 32720

RE: CCR #2016010370

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2016 by representatives 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 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.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida