STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	**01/22/2018**
NAME OF PROVIDER OR SUPPLIER **FOUNTAINS OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4451 STACK BLVD** **MELBOURNE, FL 32901**	

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

0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on , 2018. Fountains of Melbourne, license #8624, had deficiencies at the time of the survey.

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

Based on record reviews and interview, the facility failed to ensure a health assessment form 1823 was complete for 1 of 4 sampled residents (#3).

Findings:

Record review for resident #3 revealed a health assessment form 1823 that was dated on .

The question on the form that pertained to whether resident #3 was an elopement risk was not answered. In addition, the telephone number and address for the health care provider was not listed on the form, as required.

On at 2:36 pm, the nursing director confirmed the findings.

Class III

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

Based on observations, record review, and interview, the facility failed to ensure the unlicensed staff who assisted a resident (#15) with self-administered medications followed the correct procedure.

Findings:

Observations made during a medication pass for resident #15 on at 12:30 pm revealed staff F, an unlicensed caregiver, sanitized her hands and unlocked the medication cart. Staff F removed a medication box from the cart and locked the cart. She took the box to resident #15, who was in her . While in the presence of the resident, staff F placed a capsule from the box into a medicine cup. Resident #15 took the capsule without assistance.

Staff F did not read the prescription label in the presence of the resident, as required.

On at 12:45 pm, staff F confirmed that she did not read the label.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of a health assessment form 1823, dated on , for resident #15 revealed she required assistance with self-administration of her medications.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observations, record reviews, and interview, the facility failed to ensure a medication container was properly labeled for a resident (#15) who received assistance with self-administered medications.

Findings:

Observations made during a medication pass for resident #15 on at 12:30 pm revealed staff F, an unlicensed caregiver, sanitized her hands and unlocked the medication cart. Staff F removed a medication box from the cart and locked the cart. She took the box to resident #15, who was in her . While in the presence of the resident, staff F placed a capsule from the box into a medicine cup. Resident #15 took the capsule without assistance.

Review of the medication box revealed it contained , 250 milligram (mg) capsules. However, the box did not contain a prescription label.

On at 12:45 pm staff F confirmed the finding and said the pharmacy sent two boxes of , and a label was only on the other box.

Review of a health assessment form 1823, dated on , for resident #15 revealed she required assistance with self-administration of her medications.

Class III

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

Based on record review and interview the facility failed to have evidence that 1 of 5 sampled staff (Staff D) had documentation of annual assessment for ( ) and 2 of 5 sampled staff (Staff A and D) had freedom a freedom from communicable statement that was completed by their health care providers.

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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1. Personnel record review for staff D the administrator revealed there was no documentation of an annual assessment and a freedom from communicable statement that was completed by her health care provider.

On at 2 PM, the administrator said she had worked at the facility for 20 years. She confirmed the documentation was not in her record.

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2. Staff A's record review revealed date of hire on and had no documentation of the freedom from communicable statement from the healthcare provider.

On at 2:30 PM, an interview with the Nurse Manager who confirmed the finding.

Class III

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

Based on dietary record review and interview, the facility failed to maintain a log of substitutions made to the menu provided by the registered dietician.

Findings:

Review of the menu provided to residents on for lunch and dinner revealed the following menu options: cream of asparagus soup or beef vegetable soup, house salad or caprese salad, seasonal fresh fruit, all beef hot dog with chili, turkey divan, stuffed shells, baked flounder, baked sweet potato, Italian Herbed rice, sautéed green beans, Brussel sprouts, assorted ice creams, tiramisu and sugar free desserts.

Review of the menu prepared by the registered dietician revealed the lunch/dinner menu options for were: chicken tetrazzini, tortellini with sauce and cheese, blackened fish filet, garlic herbed pasta, herbed rice pilaf, beets, green peas, ice cream, carrot cake, sugar free desserts and assorted beverages.

In an interview with the dietary manager on at 12:15 PM, he stated he was not aware that he needed to keep a substitution log.

Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean & decent living environment for 1 of 3 sampled residents (#4) pursuant to Section 429.28(1) (a) Florida Statutes.

Findings:

Observation on at 10:30 AM, resident #4 ( ) had a large carpet stain in the her 1/2 rail hospital bed.

On at 12:30 PM, an interview with the Housekeeper aide who confirmed the finding.

On at 2:30 PM, an interview with the Support Supervisor who confirmed the finding.

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record reviews and interview, the facility failed to ensure the staff records contained a copy of the job description and a job application with references for 1 of 5 sampled staff (D.)

Findings:

Personnel record review for staff D the administrator revealed there was no documentation to confirm she was provided a job description and there was not a copy of her job application with references.

On at 2:30 PM, the business office manager confirmed the findings.

Class

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record reviews and interview, the facility failed to ensure nursing progress notes were maintained for a resident (#3) who received a Limited Nursing Service (LNS).

Findings:

On at 10 am, the nursing director identified resident #3 and said he received LNS for a

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Review of the record for resident #3 revealed an order from a health care provider, dated on , for nursing to check the placement of his bag and empty it twice daily, monitor the and skin integrity and report any breakdown to the physician.

Review of the , 2018 LNS progress notes for resident #3 revealed that on and , progress notes were written only one time on those dates and not two times to indicate the health care provider order was followed.

On at 2:37 pm, the nursing director confirmed the findings and was unable to provide an explanation.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on personnel record reviews, review of the Agency's online background screening clearinghouse, and interview, the facility failed to maintain the employment status for 1 of 5 sampled staff (B).

Findings:

Personnel record review for staff B, a caregiver, revealed a hire date of .

Review of the Agency's online background screening clearinghouse revealed staff B was not listed on the facility's roster, as required.

On at 3 pm, the human resource director confirmed the finding.

Unclassified

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on interview and record reviews, the facility failed to obtain prior approval from the Agency Central Office prior to increasing the facility capacity.

Findings:

Review of the facility's license revealed it was licensed for a capacity of 100.

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On at 10 am, the administrator provided a facility census that indicated there were 89 current residents. In addition, she provided a list that contained 12 names of residents who were independent and therefore were not counted in the facility census.

However, the administrator said those 12 residents resided in beds that were licensed for assisted living, which increased the facility census to 101 and one resident over capacity.

On at 10:15 am, the administrator said she did not obtain prior approval from the Agency to increase the facility's capacity, as required.

Unclassified