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	AL11964934	**03/12/2018**
NAME OF PROVIDER OR SUPPLIER **CABOT RESERVE ON THE GREEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **4450 8TH STREET** **SARASOTA, FL 34232**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and staff interview, the facility failed to ensure 3 (Staff C, D, and E) of 4 records reviewed had accurate background screening completed at the time of their hire date.

The findings included:

1. A review of Resident Aide Staff C's personnel record showed she was hired on as a resident assistant, who provides direct care services to residents. A review of her background screening showed a completion date of . Her application shows her last employment was on . There is more than a 90 day break in service from until her hire date on .

2. A review of Med Tech Staff D's personnel record showed she was hired on as a resident assistant, who provides direct care services to residents. A review of her background screening showed the results were "pending." There was no other information in Med Tech Staff D's file.

3. A review of Resident Aide Staff E's personnel record showed she was hired on as a resident assistant, who provides direct care services to residents. A review of her background screening showed it was competed on as "eligible." However, on her application she showed she was working at a nursing home with no start date but is still working there. She also worked at another assisted living facility from , to with no date. Resident Aide Staff E was not able to show if there was a 90 day break in service or not.

4. On at 12:00 p.m. the business office manager said she will contact administration for all information for these personnel files.

Unclassfied

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0000 - Initial Comments

An unannounced biennial survey was conducted on at Cabot Reserve On The Green, an assisted living facility (license #9381) in Sarasota, Florida.

The following is description of the deficiencies found at the time of the visit.

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

Based on observation, staff and resident interview, and record review, the facility failed to assist with the self administration of medications appropriately for 4 (Residents #10, #13, #9, and #14) of 5 residents observed during medication pass.

The findings included:

1. On at 9:09 a.m., Licensed Practical Nurse (LPN) Staff J was observed assisting Resident #10 with medications. The medication package for said take 1 tablet by mouth every morning 30 minutes before food or medications for 6 a.m. Resident #10's Medication Observation Record (MOR) shows scheduled for 8:00 a.m. with directions to take 1 tablet by mouth every morning 30 minutes before food or medications.

During an interview on at 9:17 a.m., LPN Staff J said Resident #10 had just walked back from finishing breakfast. She said she is aware is supposed to be given before food. LPN Staff J said she did notice the difference in times but was told she is not allowed to change the time medications are given and when staff noticed something like that they have to call the pharmacy and have the pharmacy change it. LPN Staff J said she comes on at 8:00 a.m. and is unsure why the night shift doesn't give this medication.

2. On at 9:27 am, LPN Staff J was observed assisting Resident #13 with medications. Resident #13's medication package and MOR indicated take 1 tablet by mouth once a day for and was scheduled on the MOR for 8:00 a.m. Resident #13's medication package and MOR also indicated Sucralfate take 1 tablet by mouth 4 times a day for (before meals and at bedtime) at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 7:00 p.m.

On at 9:31 a.m., Resident #13 said he had finished breakfast 15-20 minutes ago. LPN Staff J said she was aware these medications were to be given before meals.

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During an interview on at 11:40 a.m., the facility pharmacist said should be given before meals preferably 2 hours before meals in order to absorb properly and be effective. The pharmacist also explained Sucralfate helps with stomach secretions and should be given before meals to be effective.

During an interview on at 1:35 p.m., the facility Physician Assistant (PA) said has to be given at least 2 hours before meals to be effective. The PA said staff at the facility are aware of this as she had gone over this with them previously regarding a different patient who was not receiving it at the correct time. The PA also said Sucralfate should be given before the meal for it to be effective.

3. The facility policy for Injection/Glucometer Readings (no date or policy number, states Family Extended Care in top left corner) lists 14 bullet points for injection. The 1st bullet point stated: Wash hands. The 6th bullet point stated: apply gloves. The 13th bullet point stated: Remove gloves and wash hands. The facility policy also states: "Regular" is typically administered 30 minutes prior to a meal or snack. This allows the to begin its important work as glucose is being absorbed into the body.

On at 9:41 a.m., LPN Staff B entered Resident #9's gave him his oral medications. After Resident #9 took his oral medications, LPN Staff B informed him she was going to check his sugar levels which resulted at 401. LPN Staff B then informed Resident #9 he would receive 10 units of (fast acting regular to control sugar levels). LPN Staff B donned gloves, measured the appropriate amount of into the syringe, wiped Resident #9's left thigh with , and injected the into Resident #9's left thigh. She then removed her gloves, gathered all the supplies, returned to her med cart, and began passing medications to other residents. At no time prior to, during, or following the interaction with Resident #9 did LPN Staff B wash or sanitize her hands.

During an interview on at 9:50 a.m., Resident #9 said breakfast had finished about an hour before.

Resident #9's MOR indicated to test glucose twice a day at 8:00 a.m. and 5:00 p.m. The MOR also indicated to administer per sliding scale at 8:00 a.m. and 5:00 p.m. based on the results of the glucose test.

During an interview on 9:59 a.m., LPN Staff B said she usually tests the glucose when she first gets in the building around 8:00 a.m. or 8:15 a.m. LPN Staff B said that morning she had to take care of another resident and couldn't catch Resident #9 before breakfast. On at 12:42 p.m., LPN Staff B said she was not aware of the facility policy for Injection/Glucometer readings and

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that she did not have an orientation when she was hired. LPN Staff B also said the facility will not supply them with hand sanitizer because residents get into it.

During an interview on at 11:40 a.m., the facility pharmacist said is a regular (fast acting) and should be given before or with meal to absorb properly and provide maximum effect.

4. On at 9:40 a.m., LPN Staff B was observed preparing medications for Resident #14 using a paper MOR dated for the month of 2018. LPN Staff B explained there was a problem with the computer system and they had to work off very small screens on the telephones to see the current MOR. LPN Staff B said if there had been any changes to the medications since the previous MOR, she had been working with the same residents for the past few days and knew what medications they received.

Review of the facility policy for Medication Management Policy 6.009 (no date) states under Administration: An up to date Medication Administration Record must be maintained.

Class III

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

Based on record review and staff interview, the facility failed to ensure 2 (Staff D and E) of 6 personnel records reviewed are free from signs and symptoms of communicable .

The findings included:

1. A review of Med Tech Staff D's personnel record showed she was hired on . A review of the physician's communicable statement dated showed the physician made a check mark in between the statements: the staff is free from communicable and the staff is "placed on medical hold pending." This did not indicate Staff D was free from signs or symptoms of communicable .

2. A review of Resident Aide Staff E's personnel record showed she was hired on . There was no documentation showing she was free from signs or symptoms of communicable .

3. On at 12:00 p.m., the business office manager said she will notify the administrative staff for missing information from personnel records.

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

Based on record review and staff interview, the facility failed to ensure 3 (Staff C, D, and E) of 6 personnel records reviewed had the required training for their job duties.

The findings included:

1. A review of Resident Aide Staff C's personnel record showed she was hired on . She is a resident assistant providing assistance with activities of daily living. There was no documentation she had training in: control, activities of daily living and behavioral needs, elopement, emergency preparedness and evacuation, incident reporting, nutrition, and safe food handling.

2. A review of Med Tech Staff D's personnel record showed she was hired on . She is a resident assistant providing assistance with activities of daily living. There was no documentation she had training in: control, activities of daily living and behavioral needs, elopement, emergency preparedness and evacuation, incident reporting, nutrition, and safe food handling.

3. A review of Resident Aide Staff E's personnel record showed she was hired on . She is a resident assistant providing assistance with activities of daily living. There was no documentation she had training in: control, activities of daily living and behavioral needs, elopement, emergency preparedness and evacuation, incident reporting, nutrition, and safe food handling.

4. During an interview on at 2:00 p.m., the business office manager produced a document for Resident Aide Staff C, Med Tech Staff D, and Resident Aide Staff E showing they had a 2 hour training in some of these areas. However, the required training they received amounts to 6 hours. This documented training does not meet this regulation.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and staff interview, the facility failed to ensure 3 (Staff C, D, and E) of 6 personnel records reviewed received training in / training within 30 days of their hire date.

The findings included:

A review of Resident Aide Staff C, Med Tech Staff D, and Resident Aide Staff E's personnel records

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showed they were hired on , and respectively. There was no documentation showing they all received the required training of / .

During an interview on at 12:00 p.m., the business office manager said she will notify the administrative staff to obtain all training in the employee files.

Class

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review, review of the facility staff schedule, and staff interview, the facility failed to ensure there is at least one person in the facility who is certified in First-Aid and , ( ) on the third shift.

The findings included:

A review of the staff schedule shows Resident Aide Staff E, Resident Aide Staff G, and Med Tech Staff H work on the 3rd shift (11:00 p.m. through 7:00 a.m.). A review of their personnel records showed Resident Aide Staff G does not have documentation she is certified in First-AID and and Med Tech Staff H's personnel record showed her certifications expired in , 2017.

A review of the facility's staff schedule dated , 2018 through , 2018 both Resident Aide Staff G and Med Tech Staff H worked on the third shift together 8 times with no other staff (, , , , , , and). The facility did not have a staff, who is certified in First-Aid and , on these days during the 3rd shift.

On at 12:00 p.m., the business office manager said she will notify the administrative staff to obtain training information for these staff. The facility was not able to obtain their certifications.

Class III

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

Based on record review, review of 1 of the facility's brochures, and staff interview, the facility failed to provide 3 (Staff F, G, and H) of 6 personnel records reviewed with information concerning 's and Related (ADRD).

The findings included:

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A review of Licensed Practical Nurse (LPN) Staff F, Resident Aide Staff G, and Med Tech Staff H's personnel records showed they were hired on , , respectively. They provide direct care services to the residents. There was no documentation showing that LPN Staff F, Resident Aide Staff G, and Med Tech Staff H had received the 4 hour initial training within 3 month of hire on ADRD. Also, there was no documentation showing these 3 staff received an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of their employment.

On at 12:00 p.m., the business office manager said she will notify the administrative staff for any additional documentation of training for these staff. No additional training was found.

Class

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

Based on record review and staff interview, the facility failed to ensure 3 (Staff C, D, and E) of 6 personnel records reviewed had training in the facility's policy and procedure.

The findings included:

A review of Resident Aide Staff C, Med Tech Staff D, and Resident Aide Staff E's personnel records showed they were hired on , and respectively. There was no documentation showing they had training on the facility's policy and procedure on .

On at 12:00 p.m., the business office manager said she will notify administrative staff to obtain these trainings.

Class

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

Based on record review and staff interview, the facility failed to ensure 1 (Staff F) of 1 nurse's personnel record reviewed had an up to date nurse's license.

The findings included:

A review of Licensed Practical Nurse (LPN) Staff F's personnel record showed her nursing license

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expired on .

On at 12:00 p.m., the business office manager said she will contact administration staff to obtain all information for the staff files.

At the end of the survey on the up to date nursing license was not obtained.

Class III

E206 - ECC - Service Plans - 58A-5.030(7) FAC

Based on staff and resident interviews and record review, the facility failed to ensure 1 (Resident #9) of 1 resident on Extended Congregate Care (ECC) service had a written service plan. The written service plan takes into account the resident's health assessment and the resident's unique physical, , and social needs to maintain and/or improve the resident's well-being and independence.

The findings included:

On , review of the ECC log noted Resident #9 started on ECC service on for daily sugar checks ( ).

Review of Resident #9's medical records and the ECC binder noted a Service Plan was not developed or created with in 14 days of receiving ECC services.

During an interview on at 10:00 a.m., Resident #9 said he was admitted to the facility on . Since he is unable to check his own sugar, the nurses are checking his sugar for him every day.

During an interview on at 10:40 a.m., Licensed Practical Nurse (LPN) Staff B said Resident #9 is receiving ECC service for daily sugar checks. She said after reviewing Resident #9's medical records and the ECC binder, a service plan was not developed which address the ECC services Resident #9 is currently receiving. LPN Staff B also said she has been working at the facility for almost a year and did not receive ECC training. She was unaware a service plan was needed for residents on ECC services.

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E208 - ECC - Records - 58A-5.030(9) FAC

Based on staff and resident interview and record review, the facility failed to ensure 1 (Resident #9) of 1 resident on Extended Congregate Care (ECC) service had monthly nursing assessment progress notes and a service plan in the medical record. Nursing assessments and service plans are used to ensure the medical care necessary is identified and the appropriate treatments are evaluated at least monthly to maintain and/or improve the resident's well-being and independence.

The findings included:

On , review of the ECC log noted Resident #9 started on ECC services on for daily sugar checks ( ).

Review of Resident #9's medical records and the ECC binder revealed no nursing assessment progress notes on a monthly and/or more times as needed related to the ECC service currently being provided.

During an interview on at 10:00 a.m., Resident #9 said he was admitted to the facility on . Since he is unable to check his own sugar, the nurses are checking his sugar for him every day.

During an interview on at 10:40 a.m., Licensed Practical Nurse (LPN) Staff B said Resident #9 is on ECC services for daily sugar checks. She said after reviewing Resident #9's medical records and the ECC binder she was unable to find documentation the facility had completed a monthly nursing assessments and developed a service plan which address the ECC services Resident #9 is currently receiving.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on staff interview and record review, the facility failed to ensure 1 (Staff B) of 2 employee records reviewed completed a 2 hour course in Extended Congregate Care (ECC) within 6 months of employment.

The findings included:

During an interview on at 10:40 a.m., Licensed Practical Nurse (LPN) Staff B said she has been

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working at the facility for almost a year performing ECC services to the residents without receiving ECC training as of this time.

Review of LPN Staff B's employee record revealed she was hired . There was no documentation she had received the minimum 2 hours of training in ECC within 6 months of hire.

During an interview on at 2:00 p.m., the Bookkeeper said after review of LPN Staff B's employee records, it was confirmed she was hired and is performing ECC services for the residents. She also said she was unable to find documentation LPN Staff B had completed the mandatory ECC training within 6 months of hire.

Class III