STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965241	**05/17/2018**
NAME OF PROVIDER OR SUPPLIER **STANLEY HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 WALTON RD** **DEFUNIAK SPRINGS, FL 32433**	

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

0000 - Initial Comments

An unannounced biennial survey with a Limited Nursing Services was conducted on & at Stanley House, state license #9616, an assisted living facility in Defuniak Springs, FL. At the time of the survey, deficient practice was identified.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record reviews and interviews, the facility failed to ensure residents met the minimum criteria for admission for 1 of 3 sampled residents (#2).

The findings include:
On a record review was conducted for resident #2. The Resident Health Assessment for Assisted Living Facilities (Form 1823) for resident #2 , dated , stated the professional opinion of the physician was the residents needs could not be met in an assisted living facility related to needing help with medication administration and activities of daily living.

On at approximately 12:30 PM, an interview was conducted with the facility social worker (SW). The SW stated the resident was previously a resident at the facility and felt the Form 1823 was erroneous. The SW stated she took the Form 1823 to the hospital and spoke to a nurse, who made corrections to the form. The nurse made the corrections to reflect the resident not needing medication administration and not needing a specialized diet, no correction was made to the physician statement of needs not being able to be met in an assisted living facility. The SW stated she observed the nurse make the corrections but was not sure if the hospital nurse contacted the physician for clarification. She confirmed that but she did accept the original Form 1823, and that resident #2 had been admitted to the facility prior to corrections being made to the form. She also confirmed the form still stated the resident's needs could not be met in an assisted living facility.

Class III

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

Based on review of personnel records and interview, the facility failed to ensure 2 of 3 sampled staff (A and C) had a written statement from a health care provider documenting they did not have any signs or symptoms of communicable within 6 months prior to hire or 30 days since hire to the facility.

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The findings are:

Record review for sampled staff A, a licensed practical nurse (LPN), revealed a hire date of . Record review of her personnel record revealed a health care provider statement which confirmed she was free of signs and symptoms of or signed and dated by the physician on . Record review and interview with the facility's executive director on at approximately 12:13PM confirmed the staff's communicable statement was not done within the 30 days of hire.

Record review for sampled staff C, a licensed practical nurse (LPN), revealed she with a hire date of . Review of her personnel record revealed a health care provider statement which confirmed she was free of signs and symptoms of or signed and dated by the physician on .
Record review and interview with the facility's executive director on at approximately 12:15PM confirmed the staff's communicable statement was not done within the 30 days of hire.

Class III

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

Based on review of the personnel records and interview, the facility failed to ensure 1 of 3 direct care staff (C) received the 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility.

The findings are:

Review of the personnel record for sampled staff C, a licensed practical nurse, revealed she was hired on date of . Review failed to reveal documentation this direct care staff had received the required 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility.
Interview and record review with executive director on at 12:05 PM revealed the staff had not received this training.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record reviews and interviews, the facility failed to ensure that nursing services were conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice

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in the nursing community, for 1 of 2 residents (#2) sampled for Limited Nursing Services (LNS).

The findings are:

On a review of the LNS monthly nurse assessment and progress notes were reviewed. The assessments and progress notes were signed by the Clinical Manager (CM) who was a licensed practical nurse (LPN). Under the CM signature was the contracted registered nurse (RN) signature.

A review of the RN contract for LNS was reviewed and stated that part of the RN resposibilities was to observe and assess residents on LNS monthly.

On at approximately 2:30 PM an interview was conducted with the CM. The CM stated she conducted the nursing assessments and completed the progress notes for the resident, then once a month the RN came to the facility, they meet and discussed the progress of the resident and assessment findings then the RN would counter sign the forms. The CM stated the RN did not see the resident unless there were negative findings or changes. When asked to clarify if the RN actually performed the nursing assessment or observed the residents, the CM stated, "not usually, she sees the residents sometimes."

On at approximately 10:15 AM, a telephone interview was conducted with the RN. The RN stated she went to the facility once a month and met with the CM to review the LNS resident assessments and progress notes and signed off on the completed forms. When asked if she performed direct assessment of the residents on LNS or made observations on the LNS residents, the RN stated she only saw them sometimes and most of the time she just signed off on the form the CM had filled out.

On at approximately 2:00 PM an interview was conducted with the Administrator. The Administrator stated the RN did not always see the residents when she came and usually met with the CM to discuss the care of residents on LNS. The Administrator stated she was not aware the RN had to observe and assess the residents each time, at least once monthly. The Administrator stated the facility did not have a policy for LNS and used the regulations to guide the program.

Class III