STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910310	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **941 VILLAGE TRAIL PORT ORANGE, FL 32127**	

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

0000 - Initial Comments

A biennial relicensure survey was conducted, along with EPP monitoring survey at Countryside Lakes on , . Deficient practice was identified during the survey.

0076 - ( ) - 58A-5.0186 FAC

Based on record review and interview the facility failed to include documentation in the resident's record indicating whether a DH Form 1896 (Do Not Resuciatate Order/) has been executed, for one of eleven sampled residents (Resident #11).

The findings include:

A record review was conducted for Resident #11 and revealed a physician order, dated , with instructions to "please be sure she had on file."

On at 2:40 PM an interview was conducted with the Director of Nursing (DON). She reviewed the electronic medical record system and stated that the code status should be in the system, but if it is not in there, it is in a book down stairs. She was then asked to bring the book in for review.

On at 2:52 PM an interview was conducted with DON when she brought in the book, and she stated that Resident #11 was not a and did not have one in the book. She was then asked about the physician order that was in place from , and she stated that she had not seen that, the nurses deal with that. She stated that it should have been addressed by the nurse. She stated that she would go see if the resident had a on the of her door, and print the order out and follow up with the nurse. She was then asked about the process. She stated that there is no way to enter the order in the electronic system so they keep all of the 's in the book at the nurses station, and some of the residents keep them on the of their doors.

On at 3:02 PM an interview was conducted with Resident #11 and she stated that she wanted her code status to be a . She stated, "Oh please me, I want to be a ".

On at 3:20 PM DON came in and confirmed that the nurse had signed off the order as noted and stated that she had assumed that the order had been taken care of. She stated that she has a call out to the doctor to obtain the order.

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Class III

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

Based on a review of employee records, and interview with staff, the facility failed to provide or arrange for required training in the facility's emergency procedures including chain-of- command and staff roles relating to emergency evacuation for 2 of 3 sampled employees (Employees D and E) whose files were reviewed.

The findings include:

A personnel file review for Employee D revealed she was hired as a Resident Care Aide on . The file contained no evidence the employee received the required training on emergency procedures including chain-of-command and staff roles relating to emergencies within 30 days of hire, as required.

A personnel file review for Employee E revealed she was hired as a Resident Care Aide on . The file contained no evidence the employee received the required training on emergency procedures including chain-of-command and staff roles relating to emergencies within 30 days of hire, as required.

An interview was conducted with the Administrative Manager at 4:00 pm on . She reviewed the files, and confirmed the missing emergency evacuation training for Employees D and E.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on a review of facility records and staff interview, the facility failed to maintain an admission and discharge log that listed the reason for the resident's discharge, and identification of the facility or home address to which the resident was discharged.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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During an interview with the Administrator at 9:15 am on . . . . . , he stated the facility's admission and discharge log was electronically maintained.

A review of the log revealed it did not reflect the reasons for resident's discharge, or the facilities or home addresses to which residents had been discharged. The only information the log reflected was a general discharge location, such as board and care/assisted living/group home, nursing home, private home/apartment with home health services, funeral home, or home. There were no fields for recording the required information.

In an interview with the Administrator at 3:30 pm on , he confirmed the log did not reflect the reason or exact location of discharge for residents no longer residing in the facility. He stated he would probably need to go to a handwritten log for recording the required information for resident discharges.

Class

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

Based on a review of employee records, and interview with staff, the facility failed to ensure personnel records for each staff member contained a copy of their job description pursuant to Rule 58A-5.019, F.A.C. for 2 of 3 employees whose records were reviewed (Employees D and E).

The findings include:

A personnel file review for Employee D revealed she was hired as a Resident Care Aide on . . . . . The file contained no evidence the employee received a copy of her job description per the requirement for facilities with a capacity in excess of 17 residents.

A personnel file review for Employee E revealed she was hired as a Resident Care Aide on . . The file contained no evidence the employee received a copy of her job description per the requirement for

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

facilities with a capacity in excess of 17 residents.

An interview was conducted with the Administrative Manager at 4:00 pm on . She reviewed the files, and confirmed the missing job descriptions for Employees D and E.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on a review of employee records, and interview with staff, the facility failed to obtain a new level 2 background screening prior to hire following a 90 day break in employment from a position requiring AHCA level 2 clearance, for 1 of 3 sampled employees whose records were reviewed (Employee D).

The findings include:

A personnel file review for Employee D revealed she was hired as a Resident Care Aide on . Her AHCA level 2 background screening eligibility determination for Employee D was dated . Review of Employee D's employment application revealed she was last employed in a position requiring an AHCA level 2 clearance in , .

An interview was conducted with the Administrative Manager at 4:00 pm pm . She reviewed the file, and said she was not aware of the requirement for a level 2 re-screening prior to, or upon hire, after a 90 day break in employment. She confirmed Employee D had more than a 90 day break in employment and required re-screening prior to hire.

Unclassified