

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER ALDER TERRACE ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	

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

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

Based on record review and interview, the facility failed to maintain Agency for Healthcare Administration (AHCA) Affidavit of Compliance with Background Screening Requirements in the employees personnel file for 3 (Administrator, Staff B, and Staff C) of 4 personnel files reviewed.

The findings included:

A review of the Administrator's personnel file did not reveal a signed Affidavit of Compliance with Background Screening Requirements.

Staff B was hired as a caregiver on Staff B's file did not reveal a signed Affidavit of Compliance with Background Screening Requirements.

Staff C was hired as a caregiver on Staff C's file did not reveal a signed Affidavit of Compliance with Background Screening Requirements.

On at 1:09 p.m., the Assistant Administrator agreed the documents were not in the files.

Unclassified

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER ALDER TERRACE ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted ... at Alder Terrace Adult Care Center, an assisted living facility in Punta Gorda, Florida.

The following is description of the deficiencies.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27

Based on record review and staff interview, the facility failed to ensure a copy of the Resident Bill of Rights was included in the admission package for 3 (Residents #1, #2, and #3) of 3 records reviewed.

The findings included:

On ..., record review revealed no documented evidence a copy of the Resident Bill of Rights was included in the admission package for Resident #1, #2, and #3.

On at 1:12 p.m., the Assistant Administrator confirmed a copy of the Resident Bill of Rights was not included in the admission package for Resident #1, #2, and #3.

Class III

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

Based on record review and interview, the facility failed to ensure that within 30 days of employment, newly hired staff submit a written statement from a health care provider documenting the individual does not have any signs or symptoms of communicable and annually thereafter document freedom from () for 4 (Administrator, Staff A, B, and C) of 4 personnel records reviewed.

The findings included:

The Administrator's personnel file revealed no documentation from a health care provider that he was free from communicable .

Staff A was hired as a caregiver on 11/11/07. Staff A's file revealed a negative exam dated . There were no negative exams in the file beyond that date.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 03/27/2019
---------------------------	---	---

NAME OF PROVIDER OR SUPPLIER ALDER TERRACE ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983
--	--

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

Staff B was hired as a caregiver on Staff B's file revealed a negative exam dated There were no negative exams in the file beyond that date.

Staff C was hired as a caregiver on Staff C's file revealed no statement from a health care provider that she was free from communicable

On at 1:09 p.m., the Assistant Administrator said she was aware of this and had set up an for this to be taken care of in the coming month.

Class III

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

Based on record review and interview, the facility failed to ensure staff who provide direct care to residents receive at least a 1 hour in-service within 30 days of employment regarding resident rights for 1 (Staff C) of 3 employee files reviewed.

The findings included:

Staff C was hired as a caregiver on Staff C's file revealed no documentation of having completed in service training in Resident Rights.

On at 2:00 p.m., the Assistant Administrator said she was aware some trainings were missing.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure all staff complete a one-time course on and (/) for 2 (Administrator and Staff C) of 4 personnel files reviewed.

The findings included:

The Administrator's personnel file contained no documentation of having completed an in-service in /

Staff C was hired as a caregiver on Staff C's file contained no documentation of having

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER ALDER TERRACE ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
completed an in-service in / . On at 2:00 p.m., the Assistant Administrator said she was aware some trainings were missing. Class III 0083 - Training - First Aid and - 58A-5.0191(5) FAC Based on record review and interview, the facility failed to ensure a staff member who has completed courses in first aid and () and holds a valid card is in the facility at all times for 1 (Staff C) of 3 employee files reviewed. The findings included: A review of the previous 2 weeks schedule revealed Staff C is occasionally alone in the facility with the residents. Staff C's personnel file revealed a document she had completed an online video with no in person return demonstration that she is able to perform . On at 2:00 p.m., the Assistant Administrator said she was aware this course was not sufficient. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on record review and interview, the facility failed to ensure menus are planned and dated at least one week in advance. The facility also failed to ensure substitutions are noted before or when the meal is served and keep a file of substitutions for 6 months. The facility also failed to ensure there was an adequate supply of nonperishable food and water on to provide 3 meals a day for 3 days. The findings included: A tour of the facility revealed a three week cycle of menus posted on the bulletin board . The menus were not dated and there was no way to know which menu was meant for the current week. On at 10:30 a.m., the chef said he was not serving what was listed on the menu for the day. There was no substitution noted on the menu. The chef also said he did not have a substitution log and explained a dietician was coming in the following month and they would be getting new menus.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953263	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER ALDER TERRACE ADULT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 26563 SANDHILL BLVD. PUNTA GORDA, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
A tour of the supply closet for the emergency food supply revealed there was not an adequate supply of non perishable food on . . . to serve 3 meals a day for 3 days. On at 2:00 p.m., the Assistant Administrator said they had a dietician coming in the following month to prepare a new cycle of menus. Class III 0162 - Records - Resident - 58A-5.024(3) FAC Based on record review and staff interview, the facility failed to ensure the resident record contained a . . . record or evidence of informed consent the facility employs unlicensed staff to assist with self-administration of medication for 3 (Resident #1, #2, and #3) of 3 records reviewed. The findings included: On at 1:45 p.m., the facility Assistant Administrator said the facility has 9 care staff of which 9 are medication technicians and does not have any nurses employed. On , record review revealed no documented evidence of . . . records or informed consent that unlicensed staff in the form of medication technicians assist with self-administration of medications in the record of Resident #1, #2, and #3. On at 1:52 p.m., the facility Assistant Administrator confirmed there was no evidence of . . . records or informed consent that unlicensed staff assist with self-administration of medications in the records for Resident #1, #2, and #3. Class III		