STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967740	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL COMMUNITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2222 JOHN MOORE ROAD** **BRANDON, FL 33511**	

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

0000 - Initial Comments

A complaint investigation (complaint #2019003351) was conducted at Living Well Community LLC on in conjunction with a monitoring visit for compliance with emergency power plan. The facility had deficiencies at the time of the survey.

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

Based on record review and interview the facility failed to follow Physician orders for one Resident #4 of five sampled.

Findings included:

A medication observation record review (MOR) for Resident #4 conducted on , revealed that the resident has an order for , 5 milligram (mg), 1 tablet by every day. Do not take if , , is less than 110.

In an interview with Staff A, conducted on at 3:00 PM, Staff A stated that they did not know that the order stated to take Resident #4's , before giving the medication. Staff A stated that the facility was not taking the resident's , before giving the medication.

Class III

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

Based on record review and interview, the facility failed to provide proof of training, within 30 days of employment, for staff that provided direct care to the facility's residents in the subjects of resident rights in an assisted living facility/recognizing and reporting resident , neglect, and , (Resident Rights Training) and resident behavior and needs/providing assistance with the activities of daily living (ADL Care Training) for one (Staff C) of four employee records reviewed.

Findings included:

A review of the weekly direct care staffing schedule showed that Staff C was scheduled on the 3 PM-11 PM shift. A review of Staff C's record showed no proof of Resident rights Training or ADL Care Training,

An interview conducted with Staff C at 2:05 PM on indicated a date of hire of . An

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interview was conducted with Staff A at 2:24 PM on . . . . and Staff A stated that Staff C did not have Resident Rights Training or ADL Care training yet.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on record review and interview, the facility failed to provide proof that unlicensed staff that assisted residents with self-administration of medication had received the initial six hours of required training (Initial Training) for three (Staff A, Staff B, and Staff C) of three records reviewed. Additionally, the facility failed to provide proof of required two hour annual updates for assistance with self-administered medications (Med Tech Updates) for two (Staff A and Staff B) of three employee records reviewed.

Findings included:

A review of employee records conducted on . . . . . showed that Staff A was hired on 11/1/09, Staff B was hired on /109, and Staff C was hired on . Staff A was observed assisting residents with self-administration of medications on . . . . . Interviews conducted with Staff A at 12:00 PM and 2:23 PM on . . . . indicated that both Staff B and Staff B assisted residents with self-administration of medications.

A review of Staff A, Staff B, and Staff C's employee records showed no proof of Initial Training or a 2 hour additional/supplemental training to meet this requirement. Additionally, the review of Staff A and Staff B's records showed no proof of current Med Tech Updates.

The Administrator was interviewed at 1:23 PM on . . . . . and stated that they did not see Med Tech Updates for Staff A or Staff B. Staff A did not provide any proof of Initial training for Staff A, Staff B, or Staff C prior to exiting the facility at 4:00 PM on . . . . . .

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log listing the names of all residents that had been admitted and discharged from the facility for one (Resident #5) of one resident sampled.

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Findings included:

An interview was conducted with Staff A at 11:37 AM on and they indicated that Resident #4 was admitted and discharged from the facility. A review of the facility's admission and discharge log showed no entries for admission and discharge of Resident #4 (photographic evidence obtained).

Staff A was interviewed at 3:00 PM on and asked to show dates of admission and discharge for Resident #5. Staff A reviewed the admission and discharge log and stated that they did not see Resident #5's name on the admission and discharge log.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to obtain a completed and up-to- date Agency for Healthcare Administration Health Assessment Form 1823 (AHCA 1823) every 3 years or following a change in condition, for 2 of the 4 (# 6 and #7) resident records reviewed.

Findings included:

During a record review for Resident #6, it revealed that the current AHCA 1823 in the resident's chart was dated . No updated 1823 to reflect resident went on hospice.

During an interview with Staff A conducted on at 12:10 PM, Staff A stated that the resident went on hospice and did not know that the resident needed a new AHCA 1823.

During a record review for Resident #7, it revealed that the type of assistance the resident required with medication assistance was blank. Resident #7 AHCA 1823 indicated that the resident had a , on left heel. That has healed.
In an interview with the administrator conducted on /2109 at 1:00 PM the administrator stated that the Resident #7 is able to self-administer their medication.

Class III

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

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee

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Roster), within 10 days of initial employment and 10 days within termination of employment, for two (Staff C and Staff D) of four employees sampled.

Findings included:

A review of employee records conducted on . . . . . showed that Staff C was hired on . . . . . . A review of Staff D's record showed a date of hire of . An interview conducted with Staff A at approximately 2:00 PM on . . . . . indicated that Staff D resigned from their position at the end of . . . . . .

A review of the Employee Roster on . . . . . revealed that Staff C and Staff D were not entered.

An interview was conducted with Staff A at 2:23 PM on . . . . . concerning the Employee Roster and lack of required entries for Staff C and Staff D. Staff A stated that the Administrator handled the requirement of entering staff members in to the Employee Roster.

Unclassified