

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOE, FL 34761	

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

0000 - Initial Comments

A Change of Ownership Survey with Limited Nursing Services was conducted from ... to ...
Inspired Living Assisted Living Facility License #12906 had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observations, record reviews, and interviews, the facility retained a resident (#6) who exceeded the continued residency criteria in an Assisted Living Facility (ALF.)

Findings:

Review of the facility's posted license revealed the facility held a standard license with Limited Nursing Service (LNS).

On ... at 2 p.m. caregiver B said resident #6 required total assistance with transferring.

Observations made during a transfer of resident #6 on ... at 9 a.m. revealed she was lying in her bed. Both caregivers G and H assisted her to sit up on the side of the bed. They each had to keep one hand on her back to support her because she was rigid and unable to sit up independently. They each placed their arm under her arms and lifted her from the bed into the wheelchair. The resident did not pivot or assist during the transfer. Following the transfer, both caregivers G and H said the resident consistently required total assistance with transferring, which exceeded the continued residency criteria in an ALF.

Resident #6's record revealed a facility admission date of An admission 1823 health assessment form, dated ... , indicated that her diagnoses included left hip Open Reduction Internal Fixation (ORIF), ... , Chronic ... and She was wheelchair dependent. The form indicated that at the time of her admission she required only supervision with transferring. The record did not contain documentation to indicate she received hospice services.

Class III

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

Based on personnel record review and interview, the facility failed to ensure 2 of 5 sampled staff (B and D) had an annual () examination documented on file as required.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOOE, FL 34761	

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

Findings:

1. Staff D's personnel record review revealed date of hire There was no documented evidence of the 2018 annual examination. Last exam on file was dated
2. Personnel record review for staff B hired had no documentation to confirm she was free from annually. The last documentation available for review was dated (due).

On at 2 PM, the director of associate development confirmed the findings.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on personnel record reviews and interview, the facility failed to ensure that 1 of 5 sampled staff (E) received the required in-service training within 30 days of hire.

Findings:

Review of an independant contract, dated, between nurse E and the facility revealed that nurse E provided the services of a registered nurse for the facility's residents who received a Limited Nursing Service (LNS).

Review of nurse E's personnel file revealed it did not contain documentation to indicate she received in-service training that covered reporting major and adverse incidents, facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, resident rights in an assisted living facility and recognizing and reporting resident, neglect, and, as required.

On at 2:30 p.m. the director of associate development confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that before 3 of 3 sampled staff (B, F and G) provided assistance with treatments to 2 of 2 sampled treatment residents (13 and 16) had not received the additional 2 hours of training that focuses on the topics listed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOOE, FL 34761	

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

in sub-subparagraphs (6) (b) 2.h.-n before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6) (b) 2.h.-n. in addition, did not ensure that 1 of 3 sampled staff (G) staff had received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

On [redacted] at 2 PM, Staff B said she assisted resident #13 and #16 with their [redacted] treatment. She said she would pour the medications into the [redacted] machine for the residents. She said she had taken a training a while ago that did not include any training regarding [redacted] or the new updates.

Review of the electronic [redacted] and [redacted] 2018 MORs for Resident #13 revealed they noted the resident received [redacted] SUS 0.25 milligrams (mg) administer 1 vial via [redacted] every morning.

Review of the electronic [redacted] and [redacted] 2018 MORs for Resident #16 revealed they noted the resident received [redacted] Neb 0.083% administer 1 vial via [redacted] twice a day. Further review of the MORs revealed on various days the Staff initials were noted in the spaces to indicate the [redacted] treatments were given. Review of the legend on the MOR revealed next to the initials were the full name of the staff whose initials were in the spaces. Staff B, F and G who all initialed the MORs as giving the treatments were all listed as "Med Tech (unlicensed staff)."

Personnel record review for staff B revealed a medication training for only 4 hours on [redacted]; for staff F there was a 6 hours training that noted assistance with self-administered medications that was dated [redacted] and there was an annual 2 hour update for 2 hours on [redacted]; for staff G, there was a 4 hour certificated that noted state of Florida medication assistance dated [redacted] and a "2 hour course for recertification unlicensed direct care staff", that was dated [redacted] (due [redacted]).

On [redacted] at 2 PM, the director of associate development said she was not aware the additional training was required before the unlicensed staff provided assistance with the [redacted] treatment.

Class III

0086 - Training - ADRD - 58A-5.0191(10) FAC

Based on observations, personnel record reviews, and interview, the facility failed to ensure 1 of 4 direct care staff (E) received [redacted] and Related [redacted] (ADRD) level 2 training within nine months of employment.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOOE, FL 34761	

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

Findings:

Observations made on at 10:15 a.m. revealed the facility had a secured memory care unit.

Review of an independent contract, dated, between nurse E and the facility revealed that nurse E provided the services of a registered nurse for the facility's residents who received a Limited Nursing Service (LNS.)

Review of nurse E's personnel file revealed it did not contain documentation to indicate she received ADRD level 2 training within nine months of employment, as required.

On at 2:30 p.m., the director of associate development confirmed the findings.

Class III

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

Based on personnel record reviews and interview, the facility failed to ensure 1 of 5 direct care staff (E) received at least one hour of training in the facility's policies and procedures regarding (.....) that included information in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Review of an independent contract, dated, between nurse E and the facility revealed that nurse E provided the services of a registered nurse for the facility's residents who received a Limited Nursing Service (LNS.)

Review of nurse E's personnel file revealed it did not contain documentation to indicate she received at least one hour of training in the facility's policies and procedures regarding, as required.

On at 2:30 p.m., the director of associate development confirmed the findings.

Class III

2814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969074	(X3) DATE SURVEY COMPLETED 08/16/2018
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 TOMYN BLVD OCOOE, FL 34761	

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

Based on interview and the agency's background screening website, the facility did not initiate all Criminal history checks through the clearinghouse before employment.

Findings:

On ... at 1 PM, the administrator said he was hired in ...

Review of the agency's background screening website on ... at 2:30 PM revealed staff A the administrator had an eligible background screening result that was dated ... The administrator was not listed on the facility's background screening roster.

On ... at 3 PM, the director of associate development said she was not aware the administrator was not on the roster and she was not trained on updating the background-screening roster.

Unclassified