Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967957	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOVYIA COMFORT HOME	1709 STATE ROAD 60 W PLANT CITY, FL 33567

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Facility A biennial state licensure survey with limited nursing services (LNS) was conducted on Jovyia Comfort Home, Inc., assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 051	58A-5.0185(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) A " pill organizer " means a container which is designed to hold solid doses of medication and is divided according to day and time increments. (b) A resident who self-administers medications may use a pill organizer. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident; 2. Transfer the medication from the original container into a pill organizer, labeled with the resident ' s name, according to the day and time increments as prescribed; 3. Return the medication container to the storage area or resident; and 4. Document the date and time the pill organizer was filled in the resident ' s record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident ' s record and the facility shall consult with the resident concerning providing assistance with self-administration or the	A 051		

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A 051	Continued From page 1	A 051		

administration of medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider regarding questions, concerns, or observations relating to the resident ' s medications. Such communication shall be documented in the resident ' s record.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure pill organizers were used only by residents who self-administer medications for two (Residents #1 and #2) of two residents observed for medication assistance.

Findings include:

1. The Facility Manager, a Registered Nurse, was observed during the 1:00 p.m. medication assistance pass. She brought a pill organizer from the medication cart which she identified as containing Resident #1's medications. The Facility Manager indicated she uses a pill organizer for all of the resident's medications. She further indicated she was told "at a recent training" that as a Registered Nurse, she could fill pill organizers for residents. She stated, "I go into the 'medication ' where I can close the door, be uninterrupted and concentrate on filling each resident's pill organizer."

Resident #1 was admitted to the facility with diagnoses that included [illegible], Chronic [illegible] and High [illegible]. The AHCA (Agency for Healthcare Administration) Form 1823, signed and dated by

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A 051	Continued From page 2 the physician , indicated the resident needed assistance with self-administration of medications. 2. Resident #2 was admitted to the facility with diagnoses that include , , Parkinson's, , and Uropathy with . The AHCA Form 1823, signed and dated by the physician , indicated the resident needs assistance with self-administration of medications. WIDESPREAD Class III	A 051		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including . Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent	A 078		

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A 078	Continued From page 3 with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the personnel file of one (Employee A) of four staff members reviewed contained evidence of training in Resident Rights and Control. Findings include: The personnel file of Employee A was reviewed with the Manager on / at approximately 1:30 p.m. The Manager agreed there were no	A 078		

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A 078	Continued From page 4 documents in Employee A's record that she had completed training in Resident Rights and Control. Class III	A 078		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Jovyia Comfort Home
1709 State Road 60 W
Plant City, FL 33567

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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