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
	AL11966624	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN WINGS WENDEL	3116 WENDEL RD SE MELBOURNE, FL 32909

(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 _ _ _ _ Limited Nursing Services (LNS) monitoring conducted. The facility had deficiencies found during the visit.	A 000		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates	A 084		

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A 084	Continued From page 1 an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, 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. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 3 of 3 staff (A, B, and	A 084		

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A 084	Continued From page 2 C) received a minimum 2 hour update related to medication practices, yearly. Findings: Individual personnel record review for staff A, B and C at approximately 1:30 PM revealed the 3 staff attended a 2 hour medication update on . . . . . Continued review revealed no evidence she attended/obtained a minimum 2 hour update training in 2012. The administrator stated at approximately 3PM that she thought the staff had the training, the office was just moved from one facility to another, and after searching, she was unable to locate the documentation. Class III	A 084		
A 090	58A-5.0191(11) FAC Training - Do Not . . . . . Orders (11) . . . TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding . . . . . within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding . . . . . within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by:	A 090		

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A 090	Continued From page 3 Based on personnel record review and interview the facility failed to ensure that 2 of 3 sampled staff (A and B) received at least a one hour in-service training regarding the facility's policy and procedures regarding _____ within 30 days after employment. Findings: Individual personnel record review at approximately 1:30 PM revealed staff A and B were hired in 2005. Continued individual personnel record review revealed no evidence to confirm the staff received an in-service training within 30 days of employment regarding the facility's _____ policies and procedures. The administrator stated at approximately 3 PM that she thought the staff had the training, the office was just moved from one facility to another, and after searching, she was unable to locate the documentation. Class III	A 090		
A 161	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable _____ including _____ In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff	A 161		

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A 161	Continued From page 4 member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure personnel records for 3 of 3 sampled staff (A, B, and C) contained all the required components. Findings: 1. Personnel record review for staff A at approximately 1:30 PM revealed a freedom from that was dated however the statement was signed by the facility Registered Nurse (RN), not a healthcare provider. 2. Personnel record review for staff B hired in 2005, at approximately 1:30 PM revealed a freedom from that was dated however; the statement was signed by the facility Registered Nurse (RN), not a	A 161		

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A 161	Continued From page 5 healthcare provider. 3. Personnel record review for staff C, at approximately 11:30 AM revealed that a freedom from communicable [redacted] and a job application were not available. Continued review revealed a freedom from [redacted] that was dated [redacted] however; the statement was signed by the facility Registered Nurse (RN), not a healthcare provider. The administrator stated at approximately 3PM that she thought the staff had the all the required documentation, the office was just moved from one facility to another, and after searching, she was unable to locate the documentation. Class III	A 161		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Golden Wings Wendel
3116 Wendel Rd Se
Melbourne, FL 32909

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 after **2013,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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