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
	AL11968018	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YAN YAN HEALTHCARE, INC	585 ALLEN DRIVE MERRITT ISLAND, FL 32952

(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 Revisit to Relicensure survey was conducted on ... Yan Yan Healthcare, Inc. had 2 deficiencies recited (A077 & A080) and 1 new deficiency (A055) at the time of the visit.	{A 000}		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their ... or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the ... or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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A 055	Continued From page 1	A 055		

central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s

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A 055	Continued From page 2	A 055		

medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure centrally stored medications for 1 of 3 sampled residents were kept in a locked storage area at all times (#2).

Findings:

Tour of the facility on at approximately 9:35 AM revealed there was a bottle of an 500 milligrams unsecured on resident #2's bedside table. The hospice home health aide was in the the time.

Review of Form 1823, dated , read that the resident needed assistance with self-administration of medications.

The administrator stated on at 9:35 AM that she gave the medication to the resident and did not return it to locked storage. The administrator was informed at the time that the medication needed to be locked in central storage

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A 055	Continued From page 3 and she returned the medication to the locked area. Class III	A 055		
{A 077}	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after . 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least ; and	{A 077}		

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{A 077}	Continued From page 4	{A 077}		

2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed be under the supervision of an administrator who had successfully completed the core training requirement pursuant to Rule 58A-5.0191, F.A.C.

Findings:

Review of the online Facility/Provider Locator Finder information on at approximately 9:30 AM indicated that the facility owner was the administrator.

In an interview with the owner on at approximately 10:35 AM, she stated she was not the administrator, mentioned the administrator's name, and stated she had not sent in the change of administrator form for him. She also stated she took the Assisted Living Facility Core Training class, and did not pass the Core Test.

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{A 077}	Continued From page 5	{A 077}		

A telephone interview with the stated administrator on _ _ _ _ _ at 12:50 PM, who stated he was not the administrator and had never been the administrator for the owner's ALF was conducted. He stated the owner worked for him, in the past as an employee at his facility. He stated, she never agreed to pay me, so I never became administrator. He stated in the past he had contacted AHCA to make sure his name was not listed as administrator. The owner stated the administrators wanted too much money, and the facility did not make enough to pay them what they wanted.

Class III

{A 080}	58A-5.0191(1) FAC Training - Core & Competency Test	{A 080}	

Staff Training Requirements and Competency Test.
(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.
(a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.
(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to 1997, and managers who attended the core training

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{A 080}	Continued From page 6	{A 080}		

program prior to , 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.
(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.
(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:
1. Retake the assisted living facility core training; and
2. Retake and pass the competency test.
(e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the administrator failed to have evidence that she successfully completed the Assisted Living Facility Core Training Competency Test.

Findings:

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{A 080}	Continued From page 7 Personnel record review revealed the administrator/owner had taken the Core training in [redacted] 2011. Further review revealed there was no documentation to confirm that she had passed the competency test. Interview with the administrator on [redacted] at approximately 10:30 AM who stated she had taken the test and did not pass. Class III	{A 080}		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Yan Yan Healthcare, Inc
585 Allen Drive
Merritt Island, FL 32952

Dear Administrator:

This letter reports the findings of a revisit survey to biennial survey conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013. Please call our office to inform as to when you will be ready for a revisit.**

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 this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968018	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
YAN YAN HEALTHCARE, INC	585 ALLEN DRIVE MERRITT ISLAND, FL 32952

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0008** Reg. # **58A-5.0181(2) FAC** LSC	Correction Completed **03/21**	Prefix **A0025** Reg. # **58A-5.0182(1) FAC** LSC	Correction Completed **03/21**	Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	Correction Completed **03/21**
ID Prefix **A0079** Reg. # **58A-5.019(4) FAC** LSC	Correction Completed **03/21**	Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC	Correction Completed **03/21**	Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed **03/21**
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC	Correction Completed **03/21**	Prefix **A0160** Reg. # **58A-5.024(1) FAC** LSC	Correction Completed **03/21**	Prefix **A0162** Reg. # **58A-5.024(3) FAC** LSC	Correction Completed **03/21**
ID Prefix **A0163** Reg. # **429.49 FS** LSC	Correction Completed **03/21**	Prefix **A0167** Reg. # **58A-5.025(1) FAC** LSC	Correction Completed **03/21**	Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC	Correction Completed **03/21**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** 5/07/13

Reviewed By CMS RO | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:**

Followup to Survey Completed on: 1/10/

Check for any Uncorrected Deficiencies. Was a Summary of Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**