

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SLIP COMPLETE: _____
NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY OAKS)			STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD CLEARWATER, FL 33760		
(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 was conducted on _____ The Neurorestorative Florida (Whitney Oaks), assisted living facility, had deficiencies found at the time of the visit.	A 000			
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least _____, trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's	A 052			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

043X11

If continuation sheet 1 of 8

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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY OA			STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD CLEARWATER, FL 33760		
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A 052	Continued From page 1 reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.	A 052			

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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY O'A		STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD CLEARWATER, FL 33760			
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A 052	Continued From page 2 (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____, or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that (1 of 3) unlicensed person who provides assistance with self-administered medications has successfully completed the initial 4-hour training and 2-hour update on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Findings include: AHCA Surveyor review on _____ of the personnel record for staff A (hired _____) revealed there was no evidence of staff A completing a 4-hour initial medication training and no evidence of completing a 2-hour update.	A 052			

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A 052	Continued From page 3 Staff A was responsible for passing the 8 a.m. medications to residents #1 & #2 on the day of this visit and is regularly scheduled to assist with 8am medications 5 days a week. The Administrator acknowledged that proof of medication training was not included in the staff's personnel record (approximately 3:30 p.m.). Class III	A 052			
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall	A 081			

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A 081	Continued From page 4 receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that (1 of 3): 1. staff who prepare or serve food at the facility has received a minimum of one hour in-service	A 081			

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A 081	Continued From page 5 training in Safe Food Handling practices within 30 days of employment. 2. has obtained in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 3. staff who provide direct care to residents and have not taken the core training program receive a minimum of 1 hour in-service training within 30 days of employment that covers resident rights in an assisted living facility and recognizing and reporting resident _____, neglect, and _____. Findings include: AHCA Surveyor conducted a review of Employee files on _____ beginning at approximately 3:00 pm. A review of records reveal that (staff A-hire date: _____) contained no evidence of training in Safe Food Handling practices in an assisted living facility. Staff A was observed preparing the lunch meal on the day of the visit. A review of records reveal that (staff A-hire date: _____) contained no evidence of training regarding the facility's resident elopement response policies and procedures. A review of records reveal that (staff A-hire date: _____) contained no evidence of training regarding resident rights in an assisted living facility and recognizing and reporting resident _____, neglect, and _____. The administrator acknowledged that proof of training as indicated above was not included in the employee's personnel records (_____ at approximately 4:00 p.m.). Class III	A 081			
A 083	58A-5.0191(4) FAC Training - First Aid and _____	A 083			

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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY O2)		STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD CLEARWATER, FL 33760		
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A 083	Continued From page 6 (4) FIRST AID AND _____. A staff member who has completed courses in First Aid and _____ and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or _____ course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American _____ Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and _____. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that (1 of 3) staff member who has completed courses in First Aid and _____ and holds a currently valid card documenting completion of such courses is in the facility at all times. Findings include: Per interviews with facility Administrator and staff on _____, one staff member is on duty per shift in the facility. Staff A is the one staff member on duty on the first shift (7:30am-3:30pm) Monday through Friday. AHCA Surveyor review on _____ of the personnel record for staff A (hired _____) revealed there was no evidence of staff A completing courses in First Aid and _____. The administrator acknowledged that proof of _____	A 083		

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NAME OF PROVIDER OR SUPPLIER NEURORESTORATIVE FLORIDA (WHITNEY O'NEAL)			STREET ADDRESS, CITY, STATE, ZIP CODE 2769 WHITNEY ROAD CLEARWATER, FL 33760		
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A 083	Continued From page 7 certification in First Aid and was not included in Staff A's personnel record (approximately 3:50pm). Class III	A 083			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Neurorestorative Florida (Whitney Oaks)
2769 Whitney Road
Clearwater, FL 33760

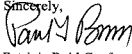
Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

