STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965368	07/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Ocoee	80 North Clark Rd Ocoee, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-07/16/2013
0054-Medication - Records-07/16/2013

Revisit Repeat Tags:
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to complaint inspections CCR#2013000413 in conjunction with CCR #2013001674 at Emeritus Ocoee Assisted Living facility on .....
A deficiency pertaining to complaint CCR#2013000413 remained uncorrected at the time of the revisit.

A 0078 remained uncorrected
Based on record review, observations and interview the facility failed to ensure that all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications to 2 of 8 sampled residents (#2 and #4) who was not capable of assisting with the self-administration of her medications.

Findings:
During the survey on ..... the unlicensed staff administered medications to resident #4 who was not capable of assisting with the self-administration of her medications.
Review of the Medication Observation Records for Resident #2 and #4 revealed that the unlicensed staff was assisting them with their medications. They both resided in the secured memory care unit.
Interview with staff A on ..... at approximately 11:30 AM revealed she crushed the medications for resident #4 and placed them in applesauce. It was further explained that she did hand over hand with her to bring the spoon to her mouth to take the medications. She stated that if she did not do hand over hand with the resident with the spoon, Resident #2 would not be able take the medication on her own.
Staff A stated on ..... at approximately 12:45 PM that Resident #2 kept her hands folded and her eyes closed all the time. She explained that Resident #2 required her medications to be crushed also, she stated that she would place the medication in applesauce and feed it to her using a spoon and the resident was not capable putting the spoon to her mouth.
Record review of Resident #4 revealed a Resident Health Assessment form 1823 dated ..... that noted the Resident needed her medications administered (nurse required).

Observations on ..... at approximately 1 PM revealed that resident #2 was sitting at the dining table with her hands folded across her chest with her eyes closed. The staff was observed feeding the resident.

The Resident care director stated on ..... at approximately 1:30 PM that she would come around the clock to give the resident's their medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Ocoee
80 North Clark Rd
Ocoee, FL 34761

RE: Revisit to CCR#2013000413

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on
16, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than , 2013.

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN

Field Office Manager

LH/be
Enclosure

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