STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966923	07/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
I & G Assisted Living Facility, Inc	6560 Harbour Road North Lauderdale, FL 33068	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility relicensure survey was conducted on . . . . . I&G ALF had licensure deficiencies found at the time of the visit

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation record review and interviews, it was determined that the facility failed to ensure that staff observed residents who received assistance with self administration of medication, for 2 out of 2 sampled residents (Resident #1, #4).

The findings include:

1. Record review completed on . . . revealed a health assessment for Resident #1 dated . . . . . which notes diagnosis to include Old . . . . . Accident . . . . with Aphasia, ... of the . . . . . type and Rue . . . . Nursing/ . . . . Services are listed as medication supervision. The resident is listed as requiring assistance with self-administration of medications.

Observation of the medication pass conducted on . . . . revealed the Administrator provided a souffle cup with medications to Resident #1 who was seated at the dining table for the morning meal. The medication was observed left with the resident by the Administrator who failed to observe the resident take the medication and failed to read the medication labels to the client prior to providing assistance with self administration of the medications. The medications were observed to remain on the tray with the resident untouched for more than 30 minutes. Review of the MOR for the month of . . . . 2013, revealed the Administrator indicated on the MOR that the resident was observed to have taken the medications at the moment the Administrator placed the medications on the tray for the resident to take. An interview was conducted with the Administrator on . . . . . at approximately 9:33 AM, during which she acknowledged the findings.

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2. Record review conducted on revealed a health assessment for Resident #4 dated which lists diagnosis to include old Accident with Left Sided Parkinson's chronic anorexia, incontinence, and unsteady gait. Nursing services is listed as medication supervision. The resident is listed as requiring assistance with self-administration of medications. A review of the current MOR revealed the resident was scheduled to receive assistance with self-administration of medication carbo/Levo 100 mg tablet at 12:00 noon daily and was noted as completed for the noon medications for An interview was conducted with the Administrator on at approximately 2:10 P, she stated that she had sent the medication to Resident #4 with her lunch meal and that Employee #1 had given the medication to Resident #4. An interview was conducted with Employee #1 on at 2:12 PM, she stated she had not given the medication to Resident #4 and that she was unaware that the medication was on the meal tray. An interview was conducted with Resident #4 on at approximately 2:45 PM, the resident stated that she did not receive her medication scheduled to be given at noon.

A follow up interview with the Administrator confirmed the findings at 2:59 PM.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview it was determined that the facility failed to ensure that Medication Observation Records (MOR) was completed and included known and diagnosis of the resident, for 1 of 5 sampled residents (#4).

The findings include:

Review of Resident #4's health assessment (form 1823) dated lists diagnosis to include old Vascluar Accident with Left Sided Parkinson's chronic anorexia, incontinence, and unsteady gait. Nursing services listed as medication supervision. he health assessment also notes that Resident #4 requires assistance with self administration of medications. noted on the health assessment are and

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A review of the MORs for Resident #4 conducted on [redacted] at 2:35 PM, revealed the MOR was incomplete and did not list the diagnosis and any known [redacted] for the Resident.

An interview was conducted with the Administrator on [redacted] at 2:42 PM, she stated she had employed a new pharmacy service and that they apparently neglected to fully complete the MORs.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
I & G Assisted Living Facility, Inc
6560 Harbour Road
North Lauderdale, FL 33068

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/ls
Enclosure

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