STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942831	08/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fairway Chalet	905 Virginia Avenue Tarpon Springs, FL 34689	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A limited nursing services (LNS) monitoring visit was conducted on .

The Fairway Chalet, assisted living facility, had a deficiency at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interviews, the facility failed to assure 1 (Staff A) of 1 unlicensed staff providing medication assistance had the required annual medication training update.

Findings include:

Interview with Staff A (resident caregiver/med tech) revealed she had been employed at the facility since 2008. She said she had the initial 4 hour required assistance with the self administration of medications and the 2 hour annual updates as required but could not remember the date of the most recent update.

Record review revaled she had the initial 4 hour training in 2008 and yearly 2 hour updates, however the most recent update was on , over a year ago.

Interview with the administrator, an RN said it was an oversight to not have provided the required update within one year and additionally said he would provide the training right away. He further stated that Staff A was his only unlicensed staff that provided medication assistance to residents. As an RN, he is exempt from the medication training requirement.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Fairway Chalet
905 Virginia Avenue
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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