STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968227	08/13/2013
NAME OF PROVIDER OR SUPPLIER **Platinum Oaks Assisted Living Facility Llc**	STREET ADDRESS, CITY, STATE, ZIP CODE **3610 Manassas Ave Melbourne, FL 32934**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced complaint inspection CC #2013006563 was conducted.

The facility had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure the staff who assisted with self-administration of medications brought the medication to the resident on its original dispensed container and read the label to the resident, observed the resident take the medication, then sign the Medication Observation Record, 1 of 3 sampled residents (#2).

Findings

Observations at approximately 1 PM of the medication pass noted that staff A placed the medications for resident #2 on top of the kitchen counter, then went to close the door of the medication . . . . . She retrieved the medications from the plastic container and signed the Medication Observation Record (MOR). The staff left the medications on the counter. She then put the medication in a cup: took the eye drops and took the medications to the resident. She gave the resident the pills and assisted her with the eye drops. She then returned to kitchen counter, got the plastic containers and returned it to the lock medication closet.

The assistant administrator offered no comment at approximately 2 PM but cried.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interview the facility failed to ensure that any change in directions for use of a medication for which the facility provided assistance with self-administration must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. A nurse may take a medication order by telephone. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968227	08/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Platinum Oaks Assisted Living Facility Llc	**3610 Manassas Ave Melbourne, FL 32934**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

Resident record review for resident #3 at approximately 12 PM revealed a health assessment report 1823 dated . that indicated hemiarthoplasty, . and assistance was needed with ADL, was independent in eating. Continued review noted that the 2013 Medication Observation Record (MOR) listed 15 mg one at bedtime and was held on 7/9, , and . Continued review revealed a healthcare provider order was not available.

The assistant administrator stated at the time that the order was given by a covering physician when the resident was under the care of Gentiva Care Home Care Services because of over sedation. She and the staff searched the records at the facility and were unable to locate the order.

She was given the opportunity to contact the home care agency and obtain the order. The staff stated she called the home care agency and was told they would call back as they needed to locate the order. The surveyor left her phone number as well as her electronic mail (e-mail) address with the assistant administrator to submit the order by the end of the day. An e-mail was not received.

A called was placed to the facility on . at approximately 1PM and a message for the assistant administrator was left with the staff. At 2 PM a return call was not received.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Platinum Oaks Assisted Living Facility LLC
3610 Manassas Ave
Melbourne, FL 32934

Dear Administrator:

Re: CCR #2013006563

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 , 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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