STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964327	06/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Seminole Acres Kanlake Ii	3562 Seminole Road Fort Pierce, FL 34951	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
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
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0121 - 58a-5.021(2) Fac - Fiscal - Accounting Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection survey (CCR# 2013006556) was conducted on . . . . . : Acres Kanlake II,had licensure deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation and interviews, the facility failed to provide a program of activities to meet the needs of the residents, for 5 of out 10 sampled residents. (Resident # 7, #8, #10, #12 & #15)

The findings include:
The surveyor conducted interviews with Residents # 7, #8, #10, # 12 and #15. The Surveyor asked if the residents had any activities while at the facility. The residents consistently stated that they are transferred to the sister facility (facility A) every morning and return after dinner and evening medications. The residents consistently stated's that there is nothing for them to do after they return and nothing to do at the sister facility. When asked if the facility conducts any of the planned activities listed on the activity schedule at the sister facility, the interviewed residents all stated again that there is nothing to do except go outside or listen to music on their personal radios. The surveyor did not observe the scheduled activities being conducted during the observations of the sister facility on . . . . . or . . . . . .

A review of the facilities advertising brochure lists a computer . . . . . : one of the amenities for the facility. The Surveyor confirmed with the Administrator, Employee #1 that neither facility had a computer . . . . .

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow appropriate steps when providing assistance with self-administration of medications, for 10 out of 10 sampled residents (Resident #1,#2,#3,#4,#5,#6,#7,#8,#9 & #10)

The findings include:
1) An interview was conducted with Employee # 1, who is a Licensed Practical Nurse on . . . . . at approximately 2:45 PM. Employee # 1 administers all medications to residents at facility A, Monday through Friday and the noon medications of the 10 residents in the afternoon as well. When the surveyor asked if the

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facility had a policy and procedure for medication administration she stated, "No, but they all have had their training." The Surveyor asked if the medication technicians are required to actually observe the residents consume their medications and she confirmed that this is required before he or she documents the medications have been actually administered.

2) An observation of medication administration was conducted on at 8:00 am. Employee # 6 placed plates of eggs and bowls of oatmeal on the kitchen counter. The residents lined up in front of the food . When the residents reached the front of the line, Employee # 6 handed them a cup of their medications and a cup of milk or juice. The resident turned their back on the employee, picked up their eggs and/or oatmeal and walked away to tables in the common area. The residents would then consume their medications out of sight of the employee. The employee was busy handing the medications to each subsequent resident and was never observed physically observing any of the residents actually swallow the medications.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview, the facility failed to ensure accurate documentation of ordered resident medications on the Medication Observation Record (MOR), for 2 out of 3 sampled residents (Resident #10 & #12).

The findings include:

1) A review of the physician orders dated for Resident # 10 revealed that he was to receive 1 mg at bedtime. Review of the Medication Observation Record (MOR) dated 6/1 to revealed no documentation of being provided to the resident. Observation of the pack of Resident # 10"s medication did not reveal any When asked why the resident did not receive the ordered Employee #1 stated that she was not aware of the order.

2) A review of the physician orders dated revealed Resident # 12 was to receive 100 mg at 8am and 200 mg at 5pm and at bedtime. Review of the resident's MOR dated 6/1 through revealed daily medication assistance as follows:

- 100 mg at 8am
- 200 mg at 8am
- 200 mg at 5pm and bedtime.

Review of the label on the multimedication pack revealed Resident #12 was to receive 100 mg in the morning , 200 mg at 5pm and 200 mg at bedtime. A side by side review of the phyician order, MOR and medication label was conducted with Employee #1 on at 2:47PM. The Employee stated that she did not know if the resident was receiving the ordered dose or an additional 200 mg as documented on the MOR. She then confirmed that the resident either received an incorrect dose or the MOR was incorrect.

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0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and interview, it was determined the facility failed to maintain an accurate staffing schedule that reflects the facility's 24hour staffing pattern.

The findings include:
During an interview on _____ at 8:50 AM with Employee #6, it was revealed that she works at both facilities (facility A and facility B) that are operated by the Owner/Administrator. She stated their are currently 11 people living in the facility and that she stays overnight by herself. She also revealed that her working hours are from 8:00 PM-8:00 AM and that she drives back and forth with the residents in the van from facility B to facility A (and then return to facility B).

During an interview on _____ at 1:00 PM with the facility Administrator/Owner at facility A, she stated the residents living at facility B, located approximately 15 minutes away are transported to facility A; 7 days a week from 8:00 AM until after dinner at approximately 7:00 PM. The Administrator confirmed she does not have any staff during the day for the 11 residents currently living at the facility (facility B). At night when they are transported back 1 staff member is scheduled from 7:00 PM until 8:00 AM.

The facility failed to have the required work schedule reflecting 24 hour coverage that meets the assisted living facility minimum staffing ratios.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and record review, the facility failed to ensure all regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered Dietitian or a licensed Dietitian/Nutritionist.

The findings include:

1. Observation on _____ of the menu posted in the kitchen revealed the menu cycle effective from _____ A request was made for the Dieticians license. The facility did not have a copy of the Dieticians license. Further observations of the facility revealed they did not have a 3-day supply of non- perishable food on hand.

2. Interview on _____ during the tour at approximately 7:50 AM with random residents revealed they cannot get anything to eat or drink when they return in the evening from the other facility around 7 or 8 PM. There is a door separating the residents area form the kitchen. Employee #6 confirmed the door is kept locked in the evenings to keep residents out of the kitchen.

As of _____ the facility was not able to provide a copy of the dieticians annual review or active license.

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0121-Fiscal - Accounting Procedures 58A-5.021(2) FAC
Based on record review and interview, the facility failed to maintain current business records that reflect the facility's financial stability.

The findings include:

A request was made on to the Owner/Administrator and alternate Administrator for the last 3 months of income and expense statements, bank statements,mortgage payments and utility bills. The information provided by the alternate Administrator showed the facility keeps the residents income together with the facility money in a checking account commingling the funds. The Administrator confirmed the facility does not have an income and expense record that accurately reflects the facility ' s assets, liabilities, income and expenses. Therefore, the facility was unable to provide any financial documentation indicating the facility's financial stability.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to ensure that all residents lived in an environment that was safe, clean and comfortable.

The findings include:
1) An unannounced visit was made to the facility on at 7:00 AM, tour of the facility with Employee #6 revealed the following.

a) Kitchen Area: Heavily visibly soiled walls, baseboards and doors. A bucket of dark water and mop were leaning against the kitchen wall.
b) Two which had visibly soiled walls, tiles, doors, shower, toilets and sinks. There was no toilet paper ,soap or supplies to dry wet hands in either
c) The facility had a porch attached to the back yard which had in excess of 50 empty cans of beer and soda pop from one side of the yard to the other.

During an interview with Employee #6 on at 7:30 AM , the employee stated that she cleans the and floors every day. The employee was asked if the state of the facilities walls and floors met the standard of a clean environment and she stated that she thought it was clean.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Seminole Acres Kanlake II
3562 Seminole Road
Fort Pierce, FL 34951

Dear Administrator:

Re: CCR #2013006712

This letter reports the findings of a complaint survey that was conducted on , 2013 by representatives from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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