STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ocean View Manor	624 S Atlantic Avenue Daytona Beach, FL 32118	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment
0030-Resident Care - Rights & Facility Procedures
0054-Medication - Records-C
0092-Food Service - General Responsibilitie
0152-Physical Plant - Safe Living
0160-Records - Facility-0
0181-Emergency Mgmt - Plan Approval-C
L241-Lmh - Records-C
L243-Lmh - Training-C

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 20, 2013.

Ocean View Manor had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on resident record review and staff interview, the facility failed to ensure that unlicensed staff did not provide assistance with self-administration of medication with as needed " PRN " for 3 out of 3 sampled residents (Resident #1, #2 and #3) in situations wherein unlicensed staff would have to exercise independent judgment.

The findings include:

1) A review of Resident #1's record on revealed an admission date of Further record review found an order for " 550mg 1 tab twice a day as needed for pain " . A review of the Medication Observation Record (MOR) for Resident #1 found she last received her as needed 550mg on . A review of Resident #1 ' s Resident Health Assessment found that she required assistance with self-administration of medication.

2) A review of Resident #2's record on revealed an admission date of . Further record review found an order for " Clonodine .1mg 1 tab twice a day as needed for " . A review of the MOR for Resident #2 found he last received his as needed Clonodine on . A review of Resident #2 ' s Resident Health Assessment found that he required assistance with self-administration of medication.

3) A review of Resident #3's record on revealed an admission date of Further record review found

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911132	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ocean View Manor	**624 S Atlantic Avenue Daytona Beach, FL 32118**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

an order for " 5mg take 1 tab (twice daily) as needed for agitation " . A review of the MOR for Resident #3found she last received her as needed on . A review of Resident #3 ' s Resident Health Assessment found that she required assistance with self-administration of medication.

In an interview with the Administrator on at approximately 12:00 PM, she reported she understands the "twice daily" would require judgment from an unlicensed medication technician. She reported that all the resident doctors do not want to clarify the orders for as needed medication because it " takes away resident rights " .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Ocean View Manor
624 S Atlantic Avenue
Daytona Beach, FL 32118

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

The deficiency should 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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054