STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Lake Manor	252 Forest Lake Blvd Daytona Beach, FL 32119	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With
0053-Medication - Administratic
0093-Food Service - Dietary Standards-
N276-Lns - Nursing Services-09/12/2013
N277-Lns - Resident Care Standards-
N278-Lns - Records-0

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= G
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= G
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A follow-up survey from 2013 was conducted on 2013.
Forest Lake Manor had Licensure deficiencies found at the time of the visit. Repeat deficiencies were cited at A0030 for resident rights and A0055 for medication storage and disposal.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and staff interview, the facility failed to provide adequate and appropriate health care consistent with established and recognized standards within the community for control for 3 of 3 sampled residents, Residents #1, #2, and #3. This was previously cited on

The findings include:

On at 7:50 a.m., Employee A, a Licensed Practical Nurse (LPN) began to perform her routine glucometer checks sugar testings) for 3 residents. The glucose meter she used was a Breeze glucometer. She first went to the Resident #2 and put on gloves. She performed the test by sticking

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Lake Manor	252 Forest Lake Blvd Daytona Beach, FL 32119	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Resident #2 on a finger with a lancet (sharp object) to obtain a small drop of and then placing the a small test strip and then inserting it into the Breeze glucose meter. (Based on the results of the test determined whether or not the resident should get an injection or not) Resident # 2 had a sugar level of 102 and based on it was to receive a total of 13 units of The nurse drew up the 13 units of and injected it into his left arm. The nurse took off of her gloves and left the She did not wash her hands.

On at 8:02 a.m, Employee A then went to do the same procedure for Resident #1. Employee A used the same Breeze glucose meter. She did not the glucose meter after leaving Resident #2. The Resident's sugar was 96 and she did not require any injection. Employee A removed her gloves and left the resident's She did not wash her hands or the Breeze glucose meter.

On at 8:05 a.m., Employee A then went to do the same procedure for Resident #3. The Resident's sugar was 116 and he did not require any injection. Employee A removed her gloves and left the resident's She did not wash her hands or the Breeze glucose meter.

On at 8:10 a.m. , Employee A was interviewed regarding her glucose meter testing practices. She stated that she usually did wash hands or use hand sanitizer after performing a glucometer test on a resident before going to another one. There was no hand sanitizer on her cart. She stated that she did use swabs to clean the glucometer. This was not observed by the surveyor. However, Employee A was not able to tell the surveyor if swabs were effective in a Breeze Glucose meter from borne

On at 9:45 a.m, Employee C, a Registered Nurse was interviewed on at 9:45 a.m. She stated she was hired to assist with Limited Nursing Services and stated that the nurse should have washed her hands. She also stated that they have Clorox wipes in the medication carts that were effective in the Breeze glucose meter and should not be used.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, record review, and staff interview the facility failed to maintain medications in a safe manner for 2 of 2 residents who are self administering medications, Residents #8, #9.

The findings Include:

1. During a visit to the semi-private Resident #8 on at 9:50 AM it was observed 8 bottles of prescribed medications on top of the table. The medications were in labeled pharmacy bottles in a bowl and were not secured.

2. During an interview with Resident #8 on at 10:30 AM he stated he takes the medications without assistance from the facility. He said he has seen other residents in the the door is often left open.

3. A visit was made to the Resident #8 with the Administrator on at 11:50 AM. At the time of the visit the door was open, the medications were located on the table and the was in the The

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Lake Manor	252 Forest Lake Blvd Daytona Beach, FL 32119	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Administrator said this was not according to policy and would obtain a lock box for the resident.

4. During a visit to the private [redacted] Resident #9 on [redacted] at 2:15 PM she stated she keeps her medicines in a bag near her recliner. She said she does not always lock or close her [redacted] and said other residents will occasionally "wander in and then they wander out." It was observed Resident #9 kept the door of her [redacted] during lunch time on [redacted].

5. The current Forest Lake Manor Medication Policy states: "residents approved to store medication in their [redacted] must keep the medication in a locked box in their [redacted].

6. The Consultant Pharmacy Report dated [redacted] 2013 makes the following recommendation: "When medications are kept at bedside or self administered please observe the following: medications must be stored securely away from other resident's either in the residents [redacted] in the medication [redacted].

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Forest Lake Manor
252 Forest Lake Blvd.
Daytona Beach, FL 32119

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 deficiencies identified during the revisit.

All deficiencies shall 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

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