STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964320	09/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Country Manor	2806 West Sam Allen Road Plant City, FL 33565	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-09/13/2013
0078-Staffing Standards - Staff-09/13/2013
0081-Training - Staff In-Service-09/13/2013

Revisit Repeat Tags:

0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit survey was conducted on 09/13/13.

The Country Manor, assisted living facility, had an uncorrected deficiency at the time of the visit.

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

Based on observation and interview, the facility failed to properly secure centrally stored medications. The medications were inside an unsecured storage cabinet, located in an office with no door that was accessible to residents.

Findings include:

Observation of the office that contained the medication refrigerator on at approximately 9:15am revealed a storage cabinet without a lock next to the refrigerator. Inside the cabinet, medications were observed on the bottom 2 shelves. These shelves contained over the counter (OTC) medicated creams, eye drops, pain reliever, and other medications. Some of the medications were labeled to indicate who they belonged to and some of the medications were unlabeled and had no individual's name written on them.

Interview with Staff B, a medication tech, on at approximately 9:15am, she stated that these were the OTC medications. She also stated she did not know that this cabinet needed a lock too.

Uncorrected Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

Dear Administrator:

This letter reports the findings of a state licensure revisit survey 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 uncorrected deficiency that were 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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