STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	09/03/2013
NAME OF PROVIDER OR SUPPLIER **Victorian Manor Retirement Center Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **4685 Chumuckla Hwy Pace, FL 32571**	

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

0000-Initial Comments
A Limited Nursing Service monitoring visit and a complaint (#2013007687) investigation was conducted at Victorian Manor Assisted Living Facility on . The facility had deficiencies at the time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview the facility failed to maintain a complete health assessment for 1 of 3 sampled residents. (#1)

The findings are:

Review of resident #1 record indicated an admission date of . The record had a form 1823, 'Resident Health Assessment for Assisted Living Facilities.' Section 2, question B on page 4 of the health assessment was not answered regarding wether the resident needed assistance with medications. Also, the form was missing a completion date.

Interview with staff A and B on at 11:57 am confirmed the findings.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview the facility failed to maintain an accurate and up-to-date medication observation record (MOR) for 1 of 3 sampled residents. (#1)

The findings are:

A record review of the medication observation record (MOR) was conducted on . The MOR indicated an order to give 1 milligram two times a day at 9:00 am and 9:00 pm for . It also indicated to give 300 milligrams two times a day at 8:00 am and 4:00 pm. Both medications were not signed as given for the am doses on , 2, or 3 in 2013. Interview with staff B on at 11:37 am confirmed the findings. Observation and interview with the resident at approximately 12:00 noon on denied any concerns with medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Victorian Manor Retirement Center Inc
4685 Chumuckla Hwy
Pace, FL 32571

Dear Administrator:

Re: CCR #2013007687

This letter reports the findings of a state licensure complaint survey and Limited Nursing Services 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 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 , 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 surveyor. Should you have any questions please call me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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