STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966948	08/29/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carington Manor	**3215 East James Lee Blvd Crestview, FL 32539**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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0000-Initial Comments
An unannounced Limited Nursing Services monitoring visit was conducted on [redacted] at the Carington Manor Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on review of personnel records and interviews the facility failed to ensure 5 of 6 unlicensed staff who assist with self-administration of medications received the required annual 2 hours of training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. (#'s 2, 5, 6, 7, 8)

The findings are:

Record review of the personnel record for sampled staff #2 revealed he had a hire date of [redacted] and is employed as an unlicensed aide and a medication technician. Continued record review revealed his most recent annual training for assistance with self-administration of medications was done [redacted].

Record review for sampled staff #5 revealed she had a hire date of [redacted] sampled staff #6 with date of hire of [redacted] and sampled staff #8 with date of hire of [redacted] and are employed as unlicensed aides and medication technicians. Review revealed their most recent annual training for assistance with self-administration of medications was done [redacted].

Record review for sampled staff #7 revealed she had a hire date of [redacted] and is employed as a aide and a medication technician. Review revealed her most recent annual training for assistance with self- administration of medications was done [redacted]. Interview with the administrator on [redacted] at 11:25AM confirmed the staff assist with self-administration of medications and confirmed the most recent update was done on [redacted] and review of the training sign in sheet revealed she did not attend the [redacted] class and confirmed her latest update was on [redacted].

Interview at 11:46AM with the administrator revealed the above staff are the only unlicensed staff who assist with self-administration of medications. She confirmed the above staff #2, 5, 6, 7, and 8 did not have their annual update. Continued interview with the administrator revealed that she will have the nurses administer and assist with the medications from this point on and will have the training date moved up to bring everyone in compliance. She informed her present staff that the nurses would have to administer the medications from this point on. The licensed practical nurse is present. She contacted the facility's contracted registered nurse at approximately 11:56AM and the surveyor's telephone interview with him at this time revealed he will come in tomorrow morning and perform the update training class tomorrow.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Carington Manor
3215 East James Lee Blvd
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure 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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