STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967048	10/03/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tyval Assisted Living Facility	3526 Genevra Ave Boynton Beach, FL 33436	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility relicensure survey was conducted on . . . . . Tyval Assisted Living Facility, had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and staff interview, the resident records failed to contain a Health Assessment which has all sections completed by the residents' health care provider, for 2 of 4 sampled residents (Resident #2 and #4).

The findings include:

During resident record review on , it was discovered the Health Assessments (ACHA Form 1823) for Resident #2 and Resident #3 did not have Section 2 part B, which specifies the residents' need for help with taking his/her medications, or whether the residents need "assistance" or "administration" of medications, completed by the physician. The date of the physician's examination was also missing from Resident #2's Health Assessment.

During the interview with the Administrator on at 2:50 PM, she acknowledged the information was missing, she stated the doctor will be notified so he can provide the missing information.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, staff interviews and resident record review, the facility failed to ensure that 2 out of 4 sampled residents (Residents #3 and #4) received the correct medication ordered, the correct dosage prescribed, and/or the prescribed medication given at the correct time specified in the physician's order.

The findings include:

1. Record review of Resident #4's Medication Observation Record (MOR) dated . . . . . through . . . . . revealed the following:

a) The MOR lists one chewable 81 milligram tablet to be given once a day. A review of Resident #4's medications revealed an over-the-counter bottle of non-chewable, 325 milligrams with a label indicating "1 tablet every day." In an interview conducted on . . . . . at 12:33 PM, Staff A stated that the resident does not

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want to chew the tablets and thought there was a prescription on file reflecting a dosage of 325 milligrams. Staff A failed to produce a prescription order and record review conducted indicated one was not on file.

b) The MOR lists one 150 milligram tablet to be given twice a day. A review of Resident #4's medications revealed two bubble packets of 150 milligrams with a label stating, "Morning" and the other packet with a label stating, "Evening." A record review indicated no physician's order on file for and Staff A could not find one. The MOR listed 9 AM as the only time staff would sign off that the medication was given; no evening time was listed. In an interview conducted on at 12:33 PM, Staff A said that she knew she gave 2 tablets of each day to Resident #4. In an interview on at 1:40 PM, Resident #4 stated he does not know what medications are given to him.

c) The MOR lists one 20 milligram tablet to given once a day with an administration time of 9:00 AM. A record review conducted for Resident #4 indicated a prescription for one 20 milligram tablet to be given every day at bedtime. In an interview conducted on at 12:33 PM, Staff A acknowledged that she did not know the medication was to be given at bedtime.

In an interview conducted on at 2:50 PM, the resident's Pharmacist confirmed the and orders listed on the MOR were the most current on file. The Pharmacist stated an order dated for one 20 milligram tablet of was to be given every day with no specific time listed. However, the physician's order dated states the medication should be given at qhs (bedtime).

2. During review of Medication Observation Record (MOR) for Resident #3 on , it is noted the Resident is to receive application of Voltaren Gel, 1%, four times per day, to affected area. The MOR was initialed by Administrator, verifying application, on at 8 AM, 12 PM, 5 PM and 8 PM. However, on and , there were only initials for the 8 AM application. It is also noted the resident did not get 12 PM application on as the resident is closely observed from 9:00 AM till 4:00 PM on this day.

The Administrator stated during an interview on at approximately 1:45 PM, "The resident gets her medication when she is supposed to have it. I do not always remember to initial the MOR."

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, resident record review and staff interview, the facility failed to secure stored in unlocked refrigerator in the facility's kitchen.

The findings include:

During medication record review on it was noted Resident #2 was dependent. When asked where the was stored, the Administrator opened the refrigerator, located in the kitchen and removed a Ziploc back containing 2 prescription bottles of and 8 filled syringes from the covered butter compartment located on the refrigerator door. The compartment on the door does not contain a lock and neither does the refrigerator door. During an interview with the Administrator at 11:15 AM on , when informed that all medications stored in a refrigerator must also be secured, the Administrator stated, "I did not know this."

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Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interview, the facility failed to contact the health care provider and request the health care provider to give revised instructions for an "as needed" prescription, specifying the circumstances under which it would be appropriate for the resident to request the medication and any limitations on providing the medication, for 1 of 10 sampled residents (Resident #3).

The findings include:

During medication record review for Resident #3 on it was noted the physician's order and medication label for 500 mg read, "2 tabs every 6 hrs as needed for _____". There are no circumstances listed under which it would be appropriate for the Resident #3 to request the medication.
This is discussed with the Administrator on at 1:15 PM. She acknowledged there is no indication for need on the prescription or prescription bottle. She stated "I give it to the resident when she has pain in her knee."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that all staff members had documentation from a physician indicating the employee was free of communicable including for 2 out of 3 employees reviewed.

The findings include:

a) Employee A did not have documentation from health care provider that she was free from any communicable
b) Employee B did not have documentation from health care provider that she was free from any communicable and did not have any signs or symptoms of

Interview with Employee A and Employee B on at 3:00 PM, confirmed the lacked documentation indicating freedom from communicable including

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tyval Assisted Living Facility
3526 Genevra Ave
Boynton Beach, FL 33436

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924