STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910197	09/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Curlew Care	2730 Curlew Road Clearwater, FL 34621	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013008205, was conducted in conjunction with an extended congregate care (ECC) monitoring visit on .

Curlew Care, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record reviews and interview, the facility failed to ensure that the health assessment form contained the required information for 2 (Residents #2 and #3) of 3 residents sampled for record review.

Findings include:

Review of Resident #2 ' s health assessment, Form 1823 revealed a date indicated by a fax machine of . There was no height or weight indicated on page 1. There was no indication of the type of assistance needed with medications and no date of the examination indicated on page 4.

Review of Resident #3 ' s health assessment, Form 1823 dated revealed that there was no height or weight indicated on page 1. There was no indication of the type of assistance needed with medications on page 4.

Interview with the facility manager on at approximately 4:50pm revealed that she acknowledged that the health assessment form must be completely filled out by the physician.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interviews and record reviews, the facility failed to ensure that all staff had completed the required training in the assistance with self-administered medications before assuming the responsibility for this service for 2 (Staff D and E) of 7 employees sampled for medication training.

Findings include:

In the interview with the facility manager on at approximately 11:30am, she stated that 2 caregivers work at night and whichever staff member was at the facility was trained as a medication technician (med tech).

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The night shift caregivers provide the " as needed " medications during their shift.

Review of the facility ' s staffing schedule revealed that Staff D and E had worked the night shift by themselves on several occasions.

Review of Staff D ' s and E ' s employee records revealed that neither of these caregivers had any documentation of the completion of the required 4 hour course for assistance with self-administered medications.

In the interview with the administrator on at approximately 4:45pm, she acknowledged that the staff had been working without the med tech certificate, but she believed it was due to a disorganization of paperwork.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Curlew Care
2730 Curlew Road
Clearwater, FL 34621

Dear Administrator:

Re: **CCR# 2013008205** & ECC Monitoring Visit

This letter reports the findings of a complaint survey and an extended congregate care (ECC) monitoring visit that were conducted on , 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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