STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buckingham Smith Assisted Livi	169 Martin Luther King Avenue Saint FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services monitoring survey was conducted on , 2013.
Buckingham Smith Assisted Living had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review, and staff interview, the facility failed to properly assist with self-administered medication for 3 of 3 sampled residents, Residents #2, #3, and #4.

The findings include:

On at 9:15 a.m., Employee A was observed to place medications belonging to Resident #2 into a medicine cup and hand it to him. Employee A did not tell the resident what medications he was receiving.

On at 9:17 a.m, Employee A was observed to place medications belonging to Resident #3 into a medicine cup and hand it to her. Employee A did not tell the resident what medications she was receiving.

On at 9:20 a.m., Employee A was observed to place medications belonging to Resident #4 into a medicine cup and hand it to him. Employee A did not tell the resident what medications he was receiving.

Employee A was interviewed on at 9:25 a.m. She stated she normally did not explain to each resident what medications they were receiving. She only did that if a resident had a question or it was a new medication.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and staff and resident interview, the facility failed to have a licensed staff member assist one resident (Resident #1) with sugar testing and administration, 1 of 3 sampled residents.

The findings include:

On at 9:05 a.m., Resident #1 was sitting outside and he was interviewed. He stated he was at the facility for a few months now and he was healthy and took no medications. He was independent and freely came and went.

Review of the resident's clinical record revealed a Health Assessment and he had and had memory . It revealed he needed assistance with medication. Review of the Resident's 2013

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Medication Observation Record revealed the resident self-administered his own and did his own sugar testing twice a day.

An interview with Employee A (medication technician) on at 9:07 a.m. was conducted. She stated that she cued the resident to do his sugars and administration. He had and she believed he could not do it on his own. He sometimes refused to do his sugar checks.

The resident was re-interviewed on at 9:40 a.m. "He stated Oh yes, I guess I do take He could not remember how much he took or how many times a day without cueing from the staff.

The Administrator was interviewed on at 9:50 a.m. She confirmed she did not have a licensed nurse in the facility to do the resident's sugar testing and administration. She would look into getting a home health nurse to come in and do this.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Buckingham Smith Assisted Living
169 Martin Luther King Avenue
Saint , FL 32084

Dear Administrator:

This letter reports the findings of a state licensure 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 this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

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