STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	**10/15/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M & R Personal Care Inc	**1289 Hillsborough Ave Arcadia, FL 34266**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D

Specific Tag Findings:
On [redacted] a Biennial with Limited Mental Health (LMH) survey was completed at M & R Personal Care Inc. an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to dispose of medications which had been expired more than 30 days with a potential for residents being given non-effective medications.

The findings include:

During an observation of the medication cart the following medications were observed to be expired:

Haloper [redacted] 50 mg/ml injectable, expired [redacted]
Haloper [redacted] 50 mg/ml injectable, expired [redacted]
[redacted] 1 mg, expired [redacted]
[redacted] foot powder with [redacted], expired [redacted]
One a day [redacted], expired [redacted]
[redacted] 2 mg tablets, expired [redacted]
[redacted] 325 mg, expired [redacted]
Sustane eye lubricant, expired [redacted]

In an interview with the Administrator at 12:04 p.m. on [redacted], she confirmed the medications had been expired greater than 30 days and were on the medication cart were they were accessible for resident use.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and interview, the facility failed to label over the counter medications.

The findings include:

During a medication cart observation the following medications and supplements were observed in the medication cart with no label or name of a resident they belonged to:

One a day [redacted], expired [redacted]
iron supplement 325 mg
iron supplement 325 mg

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325 mg
325 mg
Non drowsy Nasal

During an interview with the Administrator at 12:15 p.m. on , she confirmed the medication was on the medication cart without a label or designated resident's name.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, the facility failed to document an annual freedom from for 1 (Staff B) of 3 staff members reviewed.

The findings include:

During a record review of Staff B, the last documentation of freedom from was 2010.

During an interview with Staff B at 1:05 p.m. on , she stated she needed to have an X-ray every 5 years. She confirmed she had not been cleared by a medical doctor since 2010. She stated, "I guess I will go and see the doctor this week."

During an interview with the Administrator at 1:20 p.m. on , she confirmed that she was unable to find documentation of freedom from for Staff B since 2010.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Staff A) of 4 staff records had complete employee record which contained the original employment application with references.

The findings include:

On a review of Staff A's record found no copy of the original application with references.

On at 12:48 p.m., the Administrator stated the record for Staff A was a partial record. She stated Staff A's full record is kept at a sister facility. Staff A works part time at this facility.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC
Based on record review and interview, the facility failed to ensure 1 (Staff A) of 4 staff records had the initial Limited Mental Health (LMH) training within 6 months of hire and 2 (Staff B and C) received their update training as required.

The findings include:

1. Record review for Staff A found her hire date was not clearly identified. Staff A's record had no application or

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job description. There was a copy of the [redacted] control training dated [redacted] and a copy of the training on emergency preparedness training dated [redacted] There was no evidence of having received the initial training in LMH.

2. Record review for Staff B found the most current update for the LMH training was 2010.

3. Record review for Staff C found the most current update for the LMH training was 2010.

4. On [redacted] at 12:48 p.m., the Administrator stated that Staff A has not received the initial LMH training. She stated Staff A had been employed more than 6 months. Staff B and C have not completed their annual update since 2010.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
M & R Personal Care Inc
1289 Hillsborough Ave
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a Biennial and Limited Mental Health (LMH) 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue, , Ste
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372