STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Americare Assisted Living	2992 Day Road Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey CCR#2013009689 was conducted on , 2013 at Americare Assisted Living in Deltona Florida. Deficiencies were identified.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review, staff interviews and observations ,the facility to prevent the practice of utilizing pre-filled syringes for residents determined to require assistance with self administration of medications for 2 of 2 sampled residents. (Residents #1 and 2)

The findings include:

An interview was conducted with Resident #1 on at 9:55 am. When asked if administered his own he stated he did but was not able to draw up the When asked if the and syringes were kept in his , he stated the nurse pre-filled the syringes for both morning and evening doses and placed them in his refrigerator. Upon observation of the resident's refrigerator, there were two plastic bags on the shelf with pre-filled syringes. There were 14 filled syringes in each bag. The bags indicated one for morning the other for evening. The bag labeled mornings contained syringes with 5 units of and 10 units in the syringes for evening use. He was asked if he knew what type of he was ordered, he was not sure of the name but stated it was the same kind he had taken for years. The syringes were not labeled with the name of medication, dose or the date filled, nor the expiration date of the

Resident #1 was asked if he administered his own oral medications, he stated "no" the staff keep them in the medication cart and give them to me when they are due.

Review of the physician orders for Resident #1 revealed he was ordered N , 5 units in morning and 10 units in the evening.

An interview was conducted with Resident #2 on at 10:20 am. When asked if she was able to administer her she stated she could. When asked if she was able to prepare the she stated the nurse does that and I keep the syringes in my refrigerator. She was asked what type of was she ordered, she was not sure but knew she took the based on her sugar readings.
Observation of Resident #2's refrigerator revealed plastic bags with pre-filled syringes. There were 6 bags of syringes and were labeled according to the units of in the syringe. The syringes were not labeled with the name of medication, dose or the date filled, nor the expiration date of the

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Resident #2 was asked if she kept her oral medications in her she stated she did not have any medication in her In addition she was asked how were her medications were provided, she stated the staff give them to her when it is time.

Review of the physician orders for Resident #2 revealed she was ordered 40 units twice daily and R per sliding scale.

An interview was conducted with the Licensed Practical Nurse on at 11:20 am. When asked who prepared the syringes, she stated she came in once a week and filled the syringes for the 2 residents receiving When asked how were the pre-filled syringes labeled she stated she placed them in plastic bags with the units of and time they should be given. She was asked why they were not dated or the expiration date noted. She stated she was following the protocol in place when she came to work at the facility 4 months ago.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on staff interview and record review the facility failed to ensure unlicensed staff do not administer medications ordered "as needed" requiring judgement and discretion of a licensed nurse for 3 of 7 sampled residents (Residents # 4, 5, 6 and 7).

The findings include:

Record review for Resident #4 revealed an order for 0.25mg as needed. Review of the 2013 Medication Obsevation Record (MOR) revealed Res #4 was given 0.25mg every day at 5pm. Documentation on the back of the MOR indicated it was given for

Record review for Resident # 5 revealed an order for every 6 hours as needed for pain. Review of the MOR revealed Res #5 was given every day at 5pm. Documentation on the back of the MOR indicated "pain".

Record review for Resident # 6 revealed an order for 50mg three times a day as needed for pain. Review of the MOR revealed Res #6 was given 50mg every day at 6pm. Documentation on the back of the MOR indicated "pain"

Record review for Resident # 7 revealed an order for every 6 hours as needed for pain. Review of the MOR revealed Res #7 was given every day at 8pm. Documentation on the back of the MOR indicated "pain".

An interview was conducted with the Administrator on at 12:15pm. When asked if she was aware medications ordered as needed were being given routinely everyday. She stated if they need it everyday it should be scheduled. She was asked if Resident #4 requested everyday at 5 pm. She stated if she was the staff would ask her if she wanted her "happy pill".

Class III

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0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and staff interview, the facility failed to ensure all prescription medications were properly labeled for 2 of 2 residents observed. (Resident #1 and #2)

The findings included:

An interview was conducted with Resident #1 on at 9:55 am. When asked if administered his own he stated he did but was not able to draw up the When asked if the and syringes were kept in his he stated the nurse pre-filled the syringes for both morning and evening doses and placed them in his refrigerator. Upon observation of the residents refrigerator there were two plastic bags on the shelf with pre-filled syringes. There were 14 filled syringes in each bag. The bags indicated one for morning the other for evening. The bag labeled mornings contained syringes with 5 units of and 10 units in the syringes for evening use. He was asked if he knew what type of he was ordered, he was not sure of the name but stated it was the same kind he had taken for years. The syringes were not labeled with the name of medication, dose or the date filled, nor the expiration date of the
Review of the physician orders for Resident #1 revealed he was ordered N , 5 units in morning and 10 units in the evening.

An interview was conducted with Resident #2 on at 10:20 am. When asked if she was able to administer her , she stated she could. When asked if she was able to prepare the she stated the nurse does that and I keep the syringes in my refrigerator. She was asked what type of was she ordered, she was not sure but knew she took the based on her sugar readings.
Observation of Resident #2's refrigerator revealed plastic bags with pre-filled syringes. There were 6 bags of syringes and were labeled according to the units of in the syringe. The syringes were not labeled with the name of medication, dose or the date filled, nor the expiration date of the

Review of the physician orders for Resident #2 revealed she was ordered 40 units twice daily and R per sliding scale.

An interview was conducted with the Licensed Practical Nurse on at 11:20 am. When asked who prepared the syringes, she stated she came in once a week and filled the syringes for the 2 residents receiving When asked how were the pre-filled syringes labeled she stated she placed them in plastic bags with the units of and time they should be given. She was asked why they were not dated or the expiration date noted. She stated she was following the protocol in place when she came to work at the facility 4 months ago.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and staff interview the facility failed to ensure Background screening for 1 of 3 sampled employee files. (Employee #3)

The findings include:

Review of the personnel file for Employee#3 did not reveal Background Screening had been performed. An

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interview was conducted with the Administrator on at 11:30am. When asked if Background screening had been obtained for Employee #3, she stated she would check the file.

After reviewing the file she stated the employee was a nurse and only worked a few hours a month. The nurse worked full time for another health provider and stated she would contact that provider for a copy. When asked how long the nurse had been employed by the facility, she stated 4 months. The Administrator was unable to produce or obtain a copy of the background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Americare Assisted Living
2992 Day Road
Deltona, FL 32738

Re: CCR #2013009689

Dear Administrator:

This letter reports the findings of a state licensure complaint 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/KW/sm
Enclosure

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