STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	10/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alea Assisted Living Facility	5304 Nw 16th Street Lauderhill, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-10/16/2013
0056-Medication - Labeling And Orders-10/16/2013
0081-Training - Staff In-Service-10/16/2013

Revisit Repeat Tags:
0000-Initial Comments-

Revisit New Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
L242-Lmh - Responsibilities Of Facility-58a-5.029(3) Fac

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L242 - 58a-5.029(3) Fac - Lmh - Responsibilities Of Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

On , a revisit to a biennial survey was conducted at Alea Assisted Living Facility. All previously cited deficiencies were corrected. An additional deficiency was identified at the time of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed follow the steps for assisting with the self-administration of medication for three of three residents observed during a medication pass, by not reading the medication label, opening the medication container and removing the prescribed dosage in the presence of the resident (Residents #2, #5 and #7).

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Alea Assisted Living Facility	5304 Nw 16th Street Lauderhill, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

1. On , at approximately 5:12 PM. Staff C was observed preparing medication for Resident #5 in the office. Staff C dispensed two pills into a soufflé cup then Staff C called Resident #5 into the office. Staff C stated, "Here are your meds. "Staff C handed Resident #5 the soufflé cup. Staff C did not inform Resident #5 which medications she prepared for him.

2. On , at 5:17 PM Staff C was observed in the office dispensing medications for Resident #2 into a soufflé cup. Resident #2 was not in the office while Staff C dispensed the medications. Staff C called Resident #2 into the office then handed Resident #2 the soufflé cup. Staff #2 did not inform Resident #2 of which medications she prepared for him.

3. On , at 5:23 PM Staff C was observed in the office dispensing medications for Resident #7 into a soufflé cup. Resident #7 was not in the office while Staff C prepared the medication. Staff C called Resident #7 into the office and gave Resident #7 the soufflé cup. Staff C did not read the label to resident #7.

4. On , at 5:33 PM Staff C was interviewed. Staff C stated confirmed she was trained to prepare the medication in the presence of the resident (s) and read the label to the resident(s). Staff C states she was unsure as to why she did not follow the proper process while assisting residents with the self-administration of medication.

5. On , at 5:33 PM Resident #2 was interviewed. Resident #2 confirmed Staff C did not read the medication label to him.

6. On , at 6:34 PM Resident #7 was interviewed. Resident #7 confirmed Staff C did not read the medication label to her. Resident #7 stated the facility staff does not read the medication labels to her.

Class III

L242-LMH - Responsibilities of Facility 58A-5.029(3) FAC

Based on interview and record review, the facility failed to maintain a Community Support Living Plan in accordance with Florida Administrative Code (F.A.C) 58A-5.028(2)3.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965060	**10/16/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Alea Assisted Living Facility	**5304 Nw 16th Street Lauderhill, FL 33313**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

1. On at 5:59 PM, the owner was interviewed. The Owner stated Resident #4 is a Limited Mental Health resident who was admitted to the facility in of 2013. The Owner added Resident #4 is receiving Social Security for a mental health as well as Optional State Supplement. The Owner confirmed Resident #4 did not have a Community Support Living Plan on file. The Owner stated, she had never heard of a Community Support Living Plan

2. A review of Resident #4's record revealed Resident #4 did not have a Community Support Living plan on file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Alea Assisted Living Facility
5304 NW 16th Street
Lauderhill, FL 33313

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on . . . . . : 16, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, and new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw

YOSF

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