STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953539	10/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Olive Branch	8711 Cutlass Drive Hudson, FL 34667	

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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - / S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey was conducted on .

The Olive Branch, Assisted Living Facility, had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to ensure that the trained med tech (Staff C)verified the scheduled medications with the medication observation records (MORs) for 2 (Residents #3 and #6) and failed to his hands between assisting residents with medications for 4 (Residents #1, #3, #5, and #6) of 5 residents sampled during the medication pass.

Findings include:

Observation of the medication pass performed by Staff C on which started at approximately 2:00pm revealed that he washed his hands at the start of the medication pass, but did not wash or his hands before assisting Residents #1, #3, #5, and #6. Staff C also failed to review the MORs before providing assistance with self administration of medications for Residents #3 and #6. He gave the medications by reading the medication label only and did not verify the correct medication, route, dosage, and time was the same on the MORs.

In the interview with the administrator on at approximately 4:00pm, she acknowledged that staff should wash or their hands between residents and verify the medications with the MORs.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview, and record review, the facility failed to ensure that the medication observation records (MORs) were completed accurately for 1 (Resident #7) of 5 residents sampled during the medication pass observation.

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Findings include:

Observation of the medication pass performed by Staff C on at approximately 2:00pm revealed that Resident #7 was given 1mg tablet and 10mg tab. Staff C signed for the medication after watching the resident swallow the medication.

Review of Resident #7's MORs revealed these orders for the medications given: 1mg tablet, take 1 tablet by mouth 3 times a day and 10mg tab, take 1 tablet by mouth twice a day. Both of these medications were scheduled for 12:00pm. Staff C did not indicate on the MORs that these medications were taken late.

Interview with the administrator on at approximately 4:00pm revealed that the resident usually received her medication at meal times and bed time. This dose was normally given with lunch which was at 1:00pm, but the pharmacy set the time to 12:00pm. She acknowledged that the dosage times needed to be changed to reflect the actual times the medication was given.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to ensure that all staff had completed 1 hour of in-service training for control prior to providing care for residents for 1 (Staff B) of 3 staff members sampled for employee record review.

Findings include:

Review of Staff B's record revealed that her date of hire was . There was no documentation of completion of a 1 hour in-service training for control.

In the interview with the administrator on at approximately 3:30pm, she acknowledged the lack of documentation.

Class III

0082-Training - / 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all staff completed the required ( ) course within 30 days of employment for 1 (Staff B) of 3 staff members sampled for employee record review.

Findings include:

Review of Staff B's employee records revealed that her date of hire was . There was no documentation of completion for the required course.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

In the interview with the administrator on at approximately 3:30am, she acknowledged that Staff B had not completed the required course.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record reviews and interview, the facility failed to ensure that staff that work alone had completed an approved ( ) course for 4 (Staff A, B, C, and the administrator) of 4 sampled staff members. The facility also failed to ensure that all staff that work alone had completed an approved first aid course for 1 (Staff B) of 4 sampled staff members.

Findings include:

Review of Staff A's employee record revealed that her certification expired on .
Review of Staff B's employee record revealed that she had completed and first aid courses which expired on : however, the courses were completed on the computer only which had no "hands-on" component which is required for an approved course.
Review of Staff C and the administrator's employee records revealed that they both had completed a course on the computer only with no "hands on" portion which expired . Previous certification expired .

Interview with the administrator on at approximately 3:30pm revealed that she was not aware that staff could not complete and first aid on a computer (on-line only) course. She stated she left a phone message during the survey for a trainer to set up a class and would have a staff member with an approved certification in the facility at all times until the rest of the staff completed the course.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to ensure that there were no more than 14 hours between the end of the evening meal to the beginning of the breakfast meal for all residents.

Findings include:

Observation of the dining at approximately 9:15am revealed 7 residents eating their breakfast.

Interview with the administrator on at approximately 12:15pm revealed that the meal schedule was as follows: breakfast - 9:00am, lunch - 1:00pm, and dinner - 5:00pm. She indicated that dinner usually ends at 6:00pm. There were at least 15 hours between the end of dinner and the beginning of breakfast. She stated that she would change the meal times to meet the requirements.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Olive Branch
8711 Cutlass Drive
Hudson, FL 34667

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by representative(s) 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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