

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964946	(X3) DATE SURVEY COMPLETED 09/23/2013
NAME OF PROVIDER OR SUPPLIER Emeritus At Melbourne	STREET ADDRESS, CITY, STATE, ZIP CODE 1765 West Hibiscus Blvd Melbourne, FL 32901	
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

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection CCR#2013008972 was conducted for Emeritus at Melbourne Assisted Living Facility on starting off hours of 7:15 PM. There was a deficiency found at the time of the visit.

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

Based on Medication Observation Record review, observations and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations during the tour on at approximately 7:30 PM revealed that an staff was observed with a cup with pills in her hand at the medication cart. The staff was asked at the time if she was doing a medication pass and she stated that she was. She was asked at the time if she was a nurse and she stated that she was not.

Further observations revealed that the unlicensed staff took the medication to the dining the residents were playing dominoes. She placed the medication cup with the pills inside on the table next to resident #1. Resident #1 picked up the cup and took the medication and the staff watched. The staff walked away and went down the same hall past the medication cart. She was asked at the time if she was going to give another medication. She stated that she was because the person that she had the medication for usually was in the dining dominoes and she had to take the medication to her she was probably there.

She proceeded to go resident #2's Further observations revealed that staff A handed resident #2 the cup with one pill in it. The resident took the medications and staff A left the

Staff A, who was not a nurse, took the medications out of the container and placed the pills in the cup at the medication cart for each resident. She did not first take the medication in its dispensed and properly labeled container from where it was stored to give to the residents. She failed to read the label, open the container, remove a prescribed amount of medication from the container, and close the container in the presence of the residents, as required.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2013
FORM APPROVED

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Interview with staff A on _____ at approximately 8:15 PM revealed that she knew that she was required to follow the proper steps when providing assistance with medication and did not.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2013008972

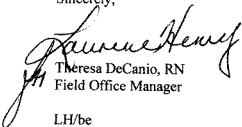
This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

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 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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