STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966244	11/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Morning Star Of Jupiter, Inc.	101 Wingate Drive Jupiter, FL 33458	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey was conducted on . . . . Morning Star of Jupiter, had deficiencies identified at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, it was determined the facility did not ensure the health assessment (AHCA Form 1823) of each resident accurately reflected the level of assistance required with medications, for 1 of 2 sampled resident records reviewed (Resident #2).

The findings include:

During interview and Resident #2's record review conducted with the Administrator, on . . . beginning at approximately 2:35 PM, this resident's most recent health assessment (dated indicated on page 1 on the nursing service requirements "medications". Page 1 also noted diagnosis of and status as alert with . . . . Page 4 of this health assessment was not completed related to the level of assistance required with medications (i.e. administration or assistance with self-administration).

The Administrator acknowledged this documentation was incomplete and did not indicate the level of assistance required by Resident #2 with her medications. The Administrator stated this resident requires assistance with the self-administration of medications and that this is what she receives.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review, it was determined the facility failed to maintain sufficient documentation to reflect each staff member that provides assistance with the self- administration of medications has received their annual 2 hour training update, for 3 of 3 sampled direct care staff records reviewed (Employees A, B, and C).

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The findings include:

During interview and record review conducted with the Administrator (also a Registered Nurse), on beginning at approximately 1:00 PM, she was provided the opportunity to locate and provide for review documentation that the direct care staff that assists with the self-administration of medications for the facility's residents had received their annual trainings. She provided for review the certificates that indicated the initial 4 hour training was conducted by her (Administrator and Registered Nurse). These documents contained the following information for each employee reviewed:

Employee A - date of hire noted as . The 4 hour certificate of initial medication training by the RN (Registered Nurse) was noted to have been provided on . This certificate reflected by hand written documentation below the RN's signature:
a) 2 hour review
b) received
c) reviewed (with RN's initials)
d) received (with RN's initials)

Employee B - date of hire noted as . The 4 hour certificate of initial medication training by the RN was noted to have been provided on . This certificate reflected by hand written documentation below the RN's signature:
a) received
b) 05/05/ received 2012 received
c) received

Employee C - date of hire noted as . The 4 hour certificate of initial medication training by the RN was noted to have been provided on . This certificate reflected by hand written documentation below the RN's signature:
a)
b) 2 year review 2 hours
c) 2 year review 2 hours
d) year review with RN initials
e) 2 year review with RN initials

At the time of this interview and employee record review with the Administrator, on 11 beginning at approximately 1:00 PM, she was asked why a training certificate was not provided on an annual basis for the DCS (Direct Care Staff) that provide assistance with self-administration of

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medications. She stated she was not aware that a certificate was required and that she just makes a note on the initial training certificate when she conducts the trainings with the staff members. She was asked how her current practice of documentation reflects each DCS received the required 2 hours of training on an annual basis. She acknowledged that this documentation does not accurately reflect the 2 hour annual medication trainings was received by the following employees:

Employee A:
1) No training documented for 2011
2) No training documented for 2012
3) No amount of hours noted for (only received and RN initials written on 4 hour initial training certificate)
There were no training certificates that were signed, dated, and indicated the amount of time the training was conducted for any of this staff member's annual medication training updates.

Employee B:
1) No amount of hours noted for (only received and RN initials written on 4 hour initial training certificate)
2) No amount of hours noted for (only received and RN initials written on 4 hour initial training certificate)
3) No amount of hours noted for (only received and RN initials written on 4 hour initial training certificate)
There were no training certificates that were signed, dated, and indicated the amount of time the training was conducted for any of this staff member's annual medication training updates.

Employee C:
1) No amount of hours noted for (only 2 year review and RN initials written on 4 hour initial training certificate)
2) No training documented for 2012
3) No amount of hours noted for (only 2 year review and RN initial written on 4 hour initial training certificate)
There were no training certificates that were signed, dated, and indicated the amount of time the training was conducted for any of this staff member's annual medication training updates.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Morning Star Of Jupiter, Inc.
101 Wingate Drive
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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