STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964933	11/22/2013
NAME OF PROVIDER OR SUPPLIER **Serenity House Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **15322 Matis Road Hudson, FL 34669**	
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 - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= B
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= G
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= G
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services 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

Assisted Living Facility

A complaint survey, CCR# 2013011037, was conducted from / , through .

The Serenity House 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 the staff read the medication label in the presence of the residents during the assistance with the self-administration of medication for three (3) of three (3) residents observed during a medication pass (Resident #3, #4 and #8).

Findings include:

1. On at 11:11 a.m. the Administrator was observed passing medications to Resident #8. The Administrator took one single bubble pack of medications off of the medication row while standing at the medications cart, she then took the single bubble pack into the living Resident #8 was seated. The Administrator stated, " Resident #2, I ' ve got your medicine honey. I've got your noon time medicine. " The Administrator handed the medications to Resident #8. The Administrator did not read the label in the presence of Resident #8.

2. On 11:15 a.m. The Administrator took one single bubble packs of medication off of the medication row and took the medication to Resident #3 ' s . The Administrator said to Resident #3, " I have your medicine. " The Administrator the back of the bubble pack of the medication opened it, then handed the pack to Resident #3. The Administrator did not read the label in the presence of Resident #3

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3. On at 11:23 a.m. The Administrator ripped one bubble pack off of the medication row and took the package to Resident #4. The Administrator said to Resident #4, "I have your medicine for you. " The Administrator did not read the label in the presence of the Resident #4.

4. On 11:18 a.m. Resident #3 was interviewed. Resident #3 stated the Administrator did not tell her which medications she received. Resident #3 stated the Administrator never tells her which medications are passed to her.

5. On at 11:27 a.m. Resident #4 confirmed the Administrator never reads the medication labels to her.

Class III

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

Based on record review and interview, the facility failed to immediately update the Medication Observation Record (MOR) each time a medication was offered for ten (10) of ten (10) residents in the facility (Residents #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).

The findings include:

1. On I/ a review of Resident #1 ' s MORs revealed there was of documentation of medications being offered, missed, or refused between and I/ . A review of Resident #2 ' s MORs revealed there was no documentation of medications being offered, missed, or refused between and I/ . A review of the MORs for Residents #3-#10 revealed there was no documentation of medications being offered, missed, or refused by these Residents between and .

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2. On 1/ at 10:05 p.m. an interview was conducted with the Administrator. The Administrator stated she was not documenting the MOR records for residents all ten (10) resident in the facility. The Administrator stated she did not receive her MORs records from the pharmacy on time.

3. On at approximately 11:30 a.m. an interview was held with a representative from the pharmacy used by this facility. Representative #1 stated the MORs for Residents at this facility were sent to the Facility on .

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation, record review and interview, the facility failed to maintain a written employee work schedule reflecting a 24 hour staffing pattern for (Staff A, Staff D and the Administrator).

The findings include:

1. On 1/ at 8:15 p.m. Staff A was observed to be the only employee in the facility with ten (10) residents.

2. On 1/ at approximately 8:26 p.m. a tour of the facility was conducted. A posted employee schedule was not observed in the facility.

3. On 1/ at 9:41 p.m. Resident #5 was interviewed. Resident #5 stated Staff D worked at the facility on 1/ .

4. On at 8:51 a.m. Resident #6 was interviewed. Resident #6 stated Staff A assisted him with medications the night prior ( ), he also stated Staff D worked at the facility over the past weekend.

5. On 1/ at approximately 8:25 p.m. the Administrator was interviewed. The Administrator stated the facility did not have a written schedule. The administrator went on to say she was the only employee working at the facility. On at 10:08 a.m. another interview was conducted with the Administrator. The Administrator stated she left Staff A at the facility to make sure residents did not

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while she went to her house to address a family issue. The Administrator continued by stating she recently hired one additional staff member, Staff D, and the Administrator confirmed staff D has worked in the facility since being hired.

6. A review of facility records revealed Staff D ' s date of hire is noted as I/ .

Class

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on observation interview and record review, the facility failed to ensure a staff trained in and First Aid and had valid card documenting the completion of these trainings remained in the building at all times while residents were present (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).

The findings include:

1. On I/ at 8:15 p.m. Staff A was observed in the facility providing supervision for Residents #1-#10.

2. On I/ at 8:35 p.m. Staff A was interviewed. Staff A confirmed she was the only staff member in the building upon the surveyor ' s arrival at 8:15 a.m Staff A confirmed she did not have or First Aid training.

3. On at 10:08 p.m. the Administrator was interviewed. The Administrator confirmed she left Staff A at the facility with Resident #1-#10. The Administrator confirmed Staff A did not have or First Aid training.

Class II

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0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interviews and record reviews the facility failed to ensure all unlicensed employees assisting resident with the self-administration of medication received training on how to properly assist residents with the self-administration of medication prior to assuming this responsibility of doing so, for one of two employees (Staff A).

1. On 1/ at 8:35 a.m. an interview was conducted with Staff A. Staff A stated she gave Residents #1, #3, #4, #5, #6, #7 #8 and #10 their 8:00 p.m. medications on . Staff A stated she can speaks, read and understand a little of the English language.

2. On 1/ at 9:21 p.m. Resident #3 was interviewed. Resident #3 stated at times Staff A brings resident their medications in a plastic cup with the resident ' s name on it. Resident #3 stated Staff A brought her night medications to her on .

3. On at 8:51 a.m. Resident #6 was interviewed. Resident #6 stated Staff A brings his medications to him in a little plastic cup. Resident #6 confirmed Staff A provided him with his night medications on 1/ .

4. On at 10:47 p.m. the Administrator was interviewed. The Administrator stated Staff A did not complete training for assistance with the self-administration of medication.

5. A review of written statement provided by Staff A confirmed she assisted Residents #1, #3, #4, #5, #6, #7 #8 and #10 with their medications on the night of .

6. A review of a written statement from Resident #3, dated on 1/ , revealed Staff A, " gave us our

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night medications which [the Administrator] had prepared ahead [of time]. "

7. Surveyor requested to review Staff A ' s record for training. Staff A did not have a record to be reviewed.

Class II

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on observation, interview and record review, the facility allowed an unlicensed staff member to provided assistance with the application and removal of leg braces, a Limited Nursing Service for which the facility does not hold a license, for one (1) of ten (10) residents in the facility (Resident #7).

The findings include:

1. On at at 9:32 a.m. Resident #7 was observed with an Ankle Foot (AFO) brace on each of his legs (pictures taken).

2. On at 10:57 a.m. the Administrator was interviewed. The Administrator confirmed she puts Resident #7 ' s AFO on in the day time and takes the AFO off at night. The Administrator confirmed she is not a licensed nurse and stated she did not know she needed a specialty licensed to assist a resident with leg braces.

3. On at 3:25 p.m. an interview was conducted with Resident #7 ' s physician. Resident #7 ' s physician stated he did not order the AFO to be worn by Resident #7, he continued by saying Resident #7 wears the AFO were to prevent, " foot drop. " The physician stated Resident #7 cannot physically take the brace on or off without assistance.

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4. A review of Resident #1 ' s record confirmed there were no physician orders for Resident #7 ' s AFO braces.

5. A review of the facility ' s licenses confirmed the facility does not have a specialty licenses to provide this service.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation interview and record review, the facility failed to ensure all employees as defined by 435.02(2), received and passed a level II background screening prior to assisting residents with Activity of Daily Living (ADL) and assisting residents with medications (Staff A).

The findings include:

1. On I/ at 8:15 p.m. Staff A was observed in to be the only person in the facility along with ten (10) residents. Staff A was observed walking in and out of Resident #7 ' s

2. On I/ at 8:35 p.m. Staff A was interviewed. Staff A confirmed she was left in the facility to provide supervision for ten (10) residents. Staff A stated when the surveyor arrived she was assisting Resident #7 with put on his pajamas (assisting with dressing, an A. Staff A stated she provided nine (9) residents with their night medications on I/

3. On I/ at 9:21 p.m. Resident #3 was interviewed. Resident #3 stated at times Staff A brings resident their medications in a plastic cup with the resident ' s name on it. Resident #3 stated Staff A

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brought her night medications to her on

4. On at 10:08 p.m. an interview was conducted with the Administrator. The Administrator denied Staff A worked at ensure residents did not while she returned to her home to address a family issue. The Administrator stated Staff A is not an employee and does not provide services for residents. The Administrator stated Staff A did not have a background screening.

5. On at 8:51 a.m. Resident #6 was interviewed. Resident #6 stated Staff A assisted him with his medications the previous night ( ). Resident #6 stated Staff A brings his medications to him in a small cup.

6. A review of written statement provided by Staff A confirmed she assisted Residents #1, #3, #4, #5, #6, #7 #8 and #10 with their medications on the night of

7. A review of a written statement from Resident #3, dated on , revealed Staff A, " Gave us our night medications which [the Administrator] had prepared ahead [of time]. "

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2013

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

Dear Administrator:

Re: **CCR# 2013011037**

This letter reports the findings of a complaint survey that was conducted on 19-22, 2013, by a 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,

Paula Bonn

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Nicola Matthews
15322 Matis Road
Hudson, FL 34669

Dear Matthews,

This letter reports the finding of a complaint survey, CCR# 2013011037, conducted from , 19, 2013, through , 2013, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the Statement of Deficiencies which indicates the identified area of deficient practice during the investigation. You are here by responsible for complying with the Agency's corrective action immediately for all class II citations and within 10 days of receipt of this report for class III and class citations.

The investigation resulted in the findings of noncompliance in the following area:

1. A 0052-Failure to properly assist resident with the self-administration of medication –Class III.

2. A 0054-Failure maintain a daily medication observation record-Class III

3. A 0079-Failure to maintain an employee work schedule reflecting a 24 hour staffing pattern -Class .

4. A 0083-Failure to ensure an employee with current valid and First Aid training remained in the facility at all times-Class II

5. A 0084-Failure to ensure all persons assisting resident with the self-administration of medication prior to the person assuming this responsibility of doing such-Class II.

6. N 0276-The facility allowed an unlicensed employee provide a nursing service for which the facility does not hold a specialty license to provide-Class III

7. Z 815-The facility failed to ensure all person providing personal care services to resident at the facility received a level II background screening-Unclassified.

You are directed to perform the following:

1. The Administrator shall repeat the initial four (4) hours of assistance with the self-administration of medication training from a qualified training provider.

2. Maintain an accurate daily medication observation records according to 58A-5.0185(5) FAC for all residents in the facility receiving assistance with the self-administration of medication. You must document each time a medication is given, refused, disposed and discontinued.

3. Create and maintain an employee schedule which accurately reflects the facility's 24 hour staffing pattern. The schedule shall be created using a calendar format. Retain copies of all schedules in the facility.

4. Immediately assign one employee with current and valid and First Aid certification to each shift. Make a copy of all employee and First Aid documentation and maintain these copies in the employee's personnel file.

5. Immediately relieve Staff A and all employees not trained to assist resident with the self-administration of medication according to 58A-5.0185, F.A.C., from the duty of doing so.

6. Ensure all employees responsible for assisting residents with the self-administration of medication according to 58A-5.0185, F.A.C., and meet the training requirements pursuant to Section 429.52(5), F.S. Maintain a copy of said training in the employee's personnel file.

7. Immediately cease the provision of nursing services, as defined in 58A-5.031(1) FAC, to residents requiring such service(s).

8. Meet with the Power of Attorney and/or Health Care Surrogate of residents who require nursing services, as defined in 58A-5.031 (1) FAC, to discuss who (family/third party providers) will provide said service(s). Document the meeting(s) and the results of the meetings. Save a copy of the meeting in the respective resident's record.

9. Immediately remove Staff A from the facility. Staff A is not allowed to have contact with the residents.

    a. Conduct level II background screenings on all persons working in the facility who provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose

responsibilities require him or her to provide personal care or personal services directly to clients prior to the provision of said services/access. Retain all background screening results in the employee's personnel file. See 408.809 (1) for additional information.

b. Immediately refrain from allowing employee or other persons who have not completed a level II background screening to provide any level of supervision for residents in the facility.

Thank you for the assistance provided to the surveyor(s). If you have questions, please contact **Paul Brown**, HFE Supervisor at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

Accepted by:_____

Printed Name:_____

Title:_____

Dated:_____

PRC/kpr