STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963781	11/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villas Of Casa Celeste (the)	9225 82nd Avenue North Seminole, FL 33777	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013011630, was conducted on / , in conjunction with a limited nursing services (LNS) monitoring visit.

The Villas of Casa Celeste, 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, interviews, and record review, the facility failed to ensure that staff provided appropriate assistance with self-administration of medications, specifically staff failed to watch the resident take the ordered medications for 1 (Resident #10) of 6 residents sampled for medication review.

Findings include:

Observation of Resident #10's villa on / at approximately 10:55am revealed a cup left out on the resident's stove containing 6 medication pills: 2 large, orange and white pills, 1 green pill, 1 blue pill, 1 white pill, and 1 yellow pill.

In the interview with Resident #10 on at approximately 10:55am, she was asked about the medication on her stove. She indicated she did not realize they were there. She stated that Staff F, a med tech, may have come in and asked her to take them, but she back to sleep.

Review of Resident #10's medication observation records revealed that 6 pills had been signed out for the 8am medications: 2 caps - caps 10MEQ each, 1 cap - cap 20mg, 1 tab- tab 81mg, 1 tab - tab 50mg, and 1 tab- 50 tab.

Interview with the administrator on / at approximately 5:05pm revealed that she spoke with Staff F about Resident #10's medications and she admitted that she gave the resident the medications, but did not stay and watch her take them.

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations, interviews, and record reviews, the facility failed to ensure that staff kept residents' medications secure for 5 (Residents #10, #13, #14, #15, #16) and failed to keep currently ordered medications separated from not currently ordered medications for 4 (Residents #13, #14, #15, #16) of 17 total residents sampled.

Findings include:

Observations during the tour of the facility's resident villas on 1/ starting at approximately 10:00am revealed that medications had been left out in resident even though their health assessment, Form 1823 indicated that the residents sampled needed assistance with medications. With this easy access, the residents could use these medications when they feel that they need them, instead of when the medications are ordered.
During the observation of Resident #13's villa on at approximately 10:30am, he had the medication, suspension (sus) 1gm/10ml left out in his to his stove.
Interview with the resident care coordinator on at approximately 10:30am revealed that the staff probably forgot and left Resident #13's medication out. Review of Resident #13's physician orders form and medication observation records (MORs) for revealed that this medication was not listed.
Observation of Resident #14's villa on 1/ at approximately 10:45am revealed that there was multiple medications left out in the resident's : (sub) 0.4mg, sus 1% (OP), Sol 0.1% OP, Ofloxacin Dro 0.3% OP, and a patch 5% that was out of package with no prescription label on it.
Interview with the resident care coordinator on 1/ at approximately 10:45am revealed that Resident #14 does his own eye drops and likes to have his left out. They just remind him to take his medications. She also indicated that the patch (treats pain) was left out on the stove so the resident can use it if he needs it. Review of Resident #14's physician order forms and MORs for revealed that one of his eye drops, Ofloxacin Dro 0.3% OP was not currently listed. Observation of Resident #10's villa on 1/ at approximately 10:55am revealed a cup left out on the resident's stove containing 6 medication pills: 2 large, orange and white pills, 1 green pill, 1 blue pill, 1 white pill, and 1 yellow pill.
Interview with Resident #10 on 1/ at approximately 10:55am revealed that she was not aware that the pills were out on her stove. Observation of Resident #15's villa on at approximately 11:15am revealed that these medications were left out unsecured: Sub 0.4mg, Opth 0.005%, inhaler AER, and ProAir HFA AER. Review of Resident #15's physician order forms and MORs for revealed that the inhaler AER was not listed.
Observation of Resident #16's villa on 1/ at approximately 11:45am revealed that the eye medication, Neo/Polydex ointment 0.1% OP was left out in the resident's . Review of Resident #16's physician order forms and MORs for revealed that this medication was not currently listed.
In the interview with the administrator on 1/ at approximately 5:05pm, she acknowledged that the residents' medications should be locked away and not left out.

Class III

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

0160-Records - Facility 58A-5.024(1) FAC

Based on record review and interview, four of four incident reports reviewed for two of two residents sampled (#4; 9) did not contain all required elements of information. Findings include:

A review of Resident #9's file found at least three (3) incident reports containing the following:
a) --resident , causing to left arm;
b) ; /scrape and hurt back of head w/ to lower left arm and lower left leg; and
c) in dining ; to knee.
None of these reports included any steps taken to prevent recurrence.

In addition, review of Resident #4's record revealed an incident report stating "pulled cord; found on floor in living area next to recliner; no apparent injuries/refused to go to hospital." This document was not dated. In an interview with the administrator at approximately 2pm on / , she verified that none of the reports pertaining to Resident #9 included any steps/interventions taken to prevent recurrence of the falling, nor that the report regarding Resident #4 was properly dated.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Villas of Casa Celeste (The)
9225 82nd Avenue North
Seminole, FL 33777

Dear Administrator:

Re: LNS Monitoring Visit & **CCR# 2013011630**

This letter reports the findings of a limited nursing services (LNS) monitoring visit and a complaint survey that were conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the LNS monitoring visit and the deficiencies that were identified relative to the complaint survey. 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,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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