STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911836	12/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Deerfoot Manor	374 Deerfoot Road Deland, FL 32720	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial icensure survey with Limited Nursing Services was conducted on 5, 2013. Deerfoot Manor had licensure deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review, and staff and other interviews, the facility failed to notify a case manager of a resident's with injury for 1 of 6 sampled residents, Resident #3.

The findings include:

On at 9:42 am, Resident #3 was observed sitting at the kitchen table and had a under her left eye. The Administrator was present and stated the resident had a about a week ago. The doctor was called and an X-ray was ordered. It was negative for a The Administrator stated she completed an incident report for this resident.

The Assisted Living Incident Report at 0900 revealed she was lying on the floor and her side and her left eye was and on left facial cheek. The resident told the Administrator that she was turning her walker when she lost her balance and The Incident Report revealed the physician was called at 0930 but there was no documentation that a family member , resident representative, or a case manager was notified of this injury. The Administrator lon at 10 a.m. looked at the Incident Report and confirmed she did not contact the case manager.

Review of the clinical record revealed the Resident was on the nursing home diversion program and she had a case manager. The case manager was present at the facility doing an annual assessment and was interviewed on at 12 noon. She stated that she was not aware of the resident's and injury. She might not have been at work that day due to the holiday, but the Administrator could have left a message on her voice mail or called when she returned. She stated she should have been notified of the resident's

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and staff and resident interview, the facility failed to fill prescriptions in a timely manner for 1 of 3 sampled residents, Resident #3. When the "as needed" pain medication went to be administered, the facility did not have it and had to borrow another resident's medication.

The findings include:

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

Resident #3 on [redacted] at 11:30 a.m. complained of bad pain on the right side of her neck. The Administrator was present and stated that sometimes the resident sleeps too long on one side and it hurts her neck. She stated the resident had an order for [redacted] she could give her. The Administrator went to the centrally stored medication bin and took out an [redacted] card belonging to Resident #4. The label read [redacted] 325 mg take two tablets by mouth every 4 hours as needed for pain. She took two pills out and gave it to Resident #3.

Review of the [redacted] 2013 Medication Record for Resident #3 revealed an order for [redacted] 650 mg take one tablet by mouth every four hours as needed for pain/ [redacted] (ordered on [redacted]. The Administrator looked through the centrally stored medications several times and could not find the medication card for [redacted] for Resident #3. She stated pharmacy did not deliver it so she just borrowed it from Resident #4. The Administrator on [redacted] at 11:40 a.m. called the pharmacy and explained how she borrowed another resident's medication and she stated they would send Resident #3's medication as well as replace Resident #4's medication.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and staff interview, the facility failed to have annual [redacted] screenings for 2 of 3 sampled employees, the Administrator and Employee C.

The findings include:

The personnel record for the Administrator was reviewed. A current [redacted] screeni [redacted] was not seen in her clinical record

The personnel record for Employee C was reviewed. The employee was hired on [redacted] as a nursing assistant. She did not have a current [redacted] screening in her clinical record.

The Administrator on [redacted] at 10:30 a.m. stated she was working on getting a current [redacted] screening for herself. She also stated that Employee C worked at another job and had the [redacted] test done there. She would ask her for a copy to bring to her.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on personnel record reviews and staff interview, the facility failed to maintain continuing education requirements for the food service designee.

The findings include:

The Administrator was interviewed on [redacted] at 10:42 a.m. She stated she was the food service designee and stated did not have the current 2 hour annual food service training as required. She missed the last one offered by the Department of Health.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Deerfoot Manor
374 Deerfoot Road
Deland, FL 32720

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative 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 **2014** 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

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