STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964615	11/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broadmoor Assisted Living	200 Dixieland Drive Fort Pierce, FL 34982	
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

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint inspection survey (CCR# 2013011556) was conducted on . . . . . Broadmoor Assisted Living, had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview and record review, it was determined the facility failed to ensure that unlicensed staff provided assistance with medication in accordance to Florida Statute 429.256 as evident of staff providing assistance with self-administered medication by dialing units on . . . . . flexpens, for 2 of 2 sampled residents requiring . . . . . injections (Resident #2 and #4).

The findings include:

1) Record review of Resident #2's filerevealed an admission date of . . . . . Review of Resident #2's Health Assessment, dated , list diagnoses which include . . . . . and his or behavioral status is . The assessment also documented the resident needs assistance with his medications. Review of Resident #2 Medication Observation Records (MORs) revealed an order for Levenir Flexpen 100 units and Flexpen 20 units.

2) Record review of Resident #4's file revealed an admission date of . . . . . Review of Resident #4's Health Assessment, dated , list diagnosis as . . . . . Further review of the assessment revealed the resident's status is . . . . . It is documented that Resident #4 needs assistance with medications. Review of Resident #4's MORs on . . . . . indicated an order for Flexpen 12 units in the AM and 10 units at 4 PM.

Interview with Employee C (Med Tech) during review of Medication Observation Record (MOR) on 11 . . . at 8:54 AM revealed she assists Resident #2 and #4 with taking their . . . . sugar by providing the lancet for the residents to use, and guides their hands to collect the . . . . . She will read out the numbers to the resident. She will then remove the Flexpens, dial the units, show the resident the number of units, hand the pen to the resident and guide their hand to the plunger. The resident will push the plunger/button.

During an interview at 9:20 AM on , it was discussed with the Administrator that Med Techs

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which are not licensed nurses cannot dial the or Levenir Flexpen units for residents. The Administrator stated Resident #2 is capable of doing the Flexpen by himself; it is his vision that presents a problem. She stated the facility will contact the doctor to see if residents can be put on oral medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Broadmoor Assisted Living
200 Dixieland Drive
Fort Pierce, FL 34982

Re: CCR #2013011556

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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **Jaunuary 13, 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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