STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	12/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Visionary Living, Inc	923 North 77th Avenue Pensacola, FL 32506	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced visit was made to Visionary Living, Inc. on for CCR# 2013013310. Deficiencies were identified at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, resident interview and staff interview, the facility failed to ensure a decent living environment for 2 of 12 residents. (#10 and 12)

The findings are:

An observation was conducted on at approximately 7:00am. It was noted the facility has two thermostats, but only one was functional. The thermostat that worked regulated most of the residents . The thermostat by the living/ dining area did not work. This thermostat heated 2 bed .

Interview with residents #10 and #12 on at approximately 8:30am indicated it had been in the facility the past few days, but not now. Residents #10 and 12 resided in one of these two .

Interview with the Administrator on at 10:30 AM indicated she was not aware that the thermostat did not work. She indicated she has called an air-condition repair company that would be at the facility this afternoon.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation during medication pass, staff interview and record review, the facility failed to assist with self-administration of medications per 58A-5.0191 of the Florida Administrative Code for five of nine residents (#3, 6, 7, 8 and 9). The facility failed to utilize a Medication Observation Record when pouring medications.

The findings are:

During medication pass on between 7:30 and 8:30 AM, staff A was observed not using a Medication Observation Record (MOR) while assisting residents with medications. Staff A took out the medications, poured them into his hands and gave to the residents. The surveyor asked why the

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MOR was not used, he stated: "I just know the residents."

Every medication was poured into his hands prior to placing the pill into the medicine cup. There was no hand washing between each resident.

Resident #3 was noted on the MOR to be administered at 6 AM, however the medication was administered at 7:50 AM. This medication should be given on an empty stomach.

Residents #6 had an order for 40 mg daily before breakfast. The Physician's order and MOR indicated the medication was to be given before breakfast. It was observed and the resident stated that they had already eaten their breakfast.

Residents #7 had an order for 40 mg daily before breakfast. The Physician's order and MOR indicated the medication was to be given before breakfast. It was observed and the resident stated that they had already eaten their breakfast.

The Med Tech (staff A) poured LA 50 mg and HCl 150 mg along with 5 other medications for resident #8. Upon reconciliation of the medications, it was noted these two medication were discontinued on and the MOR indicated the medication had been discontinued. The MOR indicated a was ordered for 8 AM that was not observed to be poured or given to the resident but the MOR was signed as given on .

Resident #9's MOR indicated there was an order for Miramax which was not observed to be given to the resident but was signed for as being given on .

An interview was conducted with the Med Tech, staff A after the medication pass on . When staff A was questioned, he stated: "I guess I was in a hurry and just signed for them all."

Class II

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on review of employee records and staff interview, the facility failed to ensure that 3 of 3 employees (A, B, C) had received the required in-services prior to providing care or within 30 days of hire.

The findings are:

Employee A, hired in 2009, did not have documented evidence of the following training: Reporting major incidents; Reporting adverse incidents; Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; Resident rights in an assisted

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living facility; Recognizing and reporting resident , neglect, and ; Resident behavior and needs; Providing assistance with the activities of daily living; and training regarding the facility's resident elopement response policies and procedures.

Employee B, hired on , did not have documented evidence of the following training: Reporting major incidents; Reporting adverse incidents; Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; Resident rights in an assisted living facility; Recognizing and reporting resident , neglect, and ; Resident behavior and needs; Providing assistance with the activities of daily living; and training regarding the facility's resident elopement response policies and procedures.

Employee C, hired on / , did not have documented evidence of the following training: Reporting major incidents; Reporting adverse incidents; Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation; Resident rights in an assisted living facility; Recognizing and reporting resident , neglect, and ; Resident behavior and needs; Providing assistance with the activities of daily living; and training regarding the facility's resident elopement response policies and procedures.

Interview with the Administrator on at approximately 11:30am indicated she has given these in-services but not sure where the documentation might be.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Visionary Living, Inc
923 North 77th Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a complaint (CCR# 2013013310) inspection survey conducted on , 2013, by a representative of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= G
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Directed Corrective Actions:

1. In accordance with Chapter 429.42, F.S. and Chapter 58A-5.033, F.A.C. you will be required to employ the consultant services of a licensed pharmacist or a registered nurse to provide onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required.

2. The nurse or pharmacist will conduct medication pass observations with all staff who assist with medications. The nurse or pharmacist will ensure that the facility is in compliance with medication procedures in accordance with 'The Florida Department of Elder Affairs 2012 Assistance with Self-Administration of Medication Study Guide (revised 2013)'. The revised 2013 study guide is available on their website: Elderaffairs.state.fl.us [Click on the tab for Publications and Reports, Under the top section 'DOEA Publications'] The report is called "Medication Self-Administration Guide".

Visionary Living, Inc
, 2014

3. The Assisted Living Facilty is required to maintain a printed copy of the Florida Department of Elder Affairs 2012 Assistance with Self-Administration of Medication Study Guide (revised 2013). The Medication Study guide must be readily available for reference to all staff who assist with medications.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call . Catherine Anne Avery, Survey and Certification Support Branch, at (850) 412-4505.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager
DH/kb

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