

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964696	(X3) DATE SURVEY COMPLETED 11/25/2013
NAME OF PROVIDER OR SUPPLIER Osprey Village At Amelia Island	STREET ADDRESS, CITY, STATE, ZIP CODE 76 Osprey Village Drive Amelia Island, FL 32034	
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 abbreviated licensure survey with Extended Congregate Care was conducted at Osprey Village at Amelia Island on , 2013. Osprey Village at Amelia Island had one deficiency at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and staff interview, the facility failed to assist with self-administration of medication as required by failing to watch residents take their medication for 1 of 3 sampled residents. (Resident # 1)

The findings include:

An observation was made on at 9:20 AM in Resident # 1 apartment during medication observation with the LPN. A disposable soufflé medication cup was seen on top of a chest of drawers. Inside of the medication cup, 5 pills were observed. I asked the LPN who had just administered medication to Resident # 1, what the medication was in the soufflé cup. The LPN stated " I do not know what they are, I did not pull those ". On closer observation, the LPN was able to identify the medication with the MOR to determine they were evening medication that Resident # 1 receives. I asked Resident # 1 if she knew what medications were on top of her chest of drawers in the medication cup. Resident # 1 stated, " I did not know they were there ". The 2013 Medication Observation Record (MOR) had been initialed for medication that was signed out to as given through 9:00 am on The MOR did not have any indication that the resident declined any of her medication in 2013.

An interview with the Administrator was conducted on at 9:35 AM. The Administrator stated the facility had just conducted medication training; and that the nurse whom administered them is new. She confirmed that the medications should not have been left unattended in a medication cup on top of the chest of drawers.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Osprey Village at Amelia Island
76 Osprey Village Drive
Amelia Island, FL 32034

Dear Administrator:

This letter reports the findings of a state licensure abbreviated with Extended Congregate Care survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JPL/JD/RED/sm
Enclosure

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