STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964933	01/10/2014
NAME OF PROVIDER OR SUPPLIER **Serenity House Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **15322 Matis Road Hudson, FL 34669**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-01/10/2014
0054-Medication - Records-01/10/2014
0079-Staffing Standards - Levels-01/10/2014
0083-Training - First Aid And -01/10/2014
N276-Lns - Nursing Services-01/10/2014
Z815-Background Screening; Prohibited Offenses- /

Revisit Repeat Tags:

0084-Training - Assis Self-Admin Meds & Med Mgmt-58a-5.0191(5) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit was conducted at on 01/10/14.

The Serenity House Assisted Living Facility had an uncorrected deficiency at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interviews and record review, the facility failed to ensure that one of three sampled employees (the administrator) assisting the facility residents with the self-administration of medication received the required training on assistance with self-administration with medication.

Findings include:

On , prior to conducting a follow-up visit at the facility, the surveyor reviewed a Directed Plan of Correction (DPOC) dated , issued to the facility by the Agency for Health Care Administration. The surveyor noted that the Administrator was directed to take the required 4-hour training on Assistance with Self-Administration with Medication training, make sure that all staff assisting with medications have the required training and to have certificates documenting the training in employee files.

On / , during a follow-up visit at the facility, the surveyor reviewed the Medication Observation Records (MORs) for 2013 and 2014. The surveyor noted that some of the dates were signed with the administrator's initials, indicating she had assisted with the medications.

On that same date, the surveyor reviewed the administrator's training documentation. There was no documentation of the administrator completing the required training for Assistance with Self-Administration of Medication.

When interviewed that same date at 1:30 PM, the administrator confirmed that she had been assisting residents with self-administration of medication. The administrator stated that she had received the training but did not

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have a certificate or any other type of documentation verifying this.

Uncorrected Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serenity House Assisted Living Facility
15322 Matis Road
Hudson, FL 34669

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within **five** 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 deficiency 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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