STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911875	12/30/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lake View House	465 7th Avenue, N. Saint Petersburg, FL 33701	

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

Revisit Corrected Tags:

0010-Admissions - Continued Residency-12/30/2013
0032-Resident Care - Elopement Standards-12/30/2013
0081-Training - Staff In-Service-12/30/2013
0093-Food Service - Dietary Standards-12/30/2013
0161-Records - Staff-

Revisit Repeat Tags:

0054-Medication - Records-58a-5.0185(5) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An onsite revisit to the biennial state licensure survey was conducted on

The Lakeview House, assisted living facility, had uncorrected deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interviews and observations of Medication Observation Records (MORS), medication orders and labels, and medications, the facility failed to maintain an accurate, up to date medication observation record for 2 of 2 sampled residents.

A review of the 2013 MOR for Resident #1 revealed a label that reads D3 1000IU tablet, take 2 tablets by mouth every morning. The MOR reads take 2 tablets by mouth twice a day for supplement. The MOR was checked as having been given 1 time a day. The MOR conflicts with the order.

The AHCA Form 1823 dated I/ , for Resident #2 states continue HCl Tablet, 10 mg, 1 tab, . The MOR states HCl 10mg, take 1 tablet by mouth every day. The medication is being documented as given twice a day at 8:00 a.m. and 8:00 p.m.. The order and the MOR do not match.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record reviews and interviews, it was revealed that the facility failed to ensure that 1 of 3 staff had submitted a statement from a health care provider that the person is free from communicable , including within 30 days of hire. In addition, freedom from had not been documented on an annual basis for 1 of 3 staff.

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The personnel file for Staff A, hired , contained a statement completed by a health care provider dated stating she was free from communicable . A chest X-ray was also completed at this time. There was no statement in the file that she was free from .

The personnel file for Staff D who was hired on did not contain a statement from a health care provider that she is free from communicable , including .

Interview with the Administrator revealed that the employee has not yet been examined by a physician.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lake View House
465 7th Avenue, N.
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a state licensure revisit survey that was conducted on , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were corrected and the uncorrected 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 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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