STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953571	01/22/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Liz's Adult Care Garden Home F	1222 Zinnea Street Port Charlotte, FL 33952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= B
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= B

Specific Tag Findings:
These are the results of a Biennial survey that took place on at Liz's Adult Care Garden Home an Assisted Living Facility (ALF) located at Port Charlotte, Florida. Census was 6 residents.

The following is a description of non-compliance:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility's Staff A failed to follow appropriate procedure when assisted Resident #5 with self-administration of her medication.

The findings include:

Observation on at 12:45 p.m., revealed that Staff A went to medication cabinet and unlocked it. She took the medication from medication cabinet and locked the cabinet. She then went to the kitchen. She washed her hands and put on gloves. She used a pill crusher to crush the medication. She placed the crushed pill in a bowl of apple sauce and mixed it. She went next to resident, who was sitting at the dining table having lunch. She told the resident, "Here is your medication, please take your medication." She placed the medication with a spoon in resident's mouth and observed her taking the medication. She marked the Medication Observation Record (MOR).

The Administrator (Staff A) acknowledged on at 2:45 p.m., that she did not follow appropriate procedure when assisted Resident #5 with her self-administration of her medication.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on record review and interview, the facility's Administrator failed to have evidence of a High School Diploma or GED.

The findings include:

Record review for the Administrator found no evidence of a High School diploma or GED. Application record review for the Administrator revealed that the application on file did not include date of hire and therefore a day of hire could not be verified.

The Administrator stated on at 9:10 a.m., that she began working in the facility on . However, the facility received its license on .

The Administrator stated during interview conducted on at 3:10 p.m., that she had the diploma when she opened the facility but she did not know where it was now. She also stated that she completed her Education in the Bahamas and she has to call a family member to ask if they can send her a duplicate.

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Class

0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, 1 (Staff A) of 2 facility's sampled staff did not have a complete employment application.

The findings include:

Application record review for Staff A (Administrator) revealed that the application on file did not include date of hire. The Administrator stated on at 9:10 a.m., that she began working in the facility on
However, facility received its license on

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Liz's Adult Care Garden Home F
1222 Zinnea Street
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2014 by a representative 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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