STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922279	01/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eastbrooke Gardens	201 Sunset Drive Casselberry, FL 32707	
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

0000-Initial Comments
Complaint Inspection #2013011604 was conducted on . . . . . and . . Eastbrooke Gardens had a deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews, the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure, and in the presence of the resident, read the label, opened the container, removed a prescribed amount of medication from the container, closed the container and returned the medication to storage for 3 of 4 sampled residents who were assisted with medications (#3, 6 & 7).

Findings:

Observation on . . . . . at approximately 7:35 p.m. found staff #A, a medication technician/caregiver, assisting the residents with self-administration of medications. She put the medications in a cup and gave them to residents #3, #6 and #7. Staff #A did not read the label in the presence of the residents.

In an interview with the administrator and resident care director on . . . . . at approximately 2 PM, they confirmed staff #A had the mandatory medication training. However, they were not aware staff #A did not follow the proper procedure when assisting with the self-administration of medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Eastbrooke Gardens
201 Sunset Drive
Casselberry, FL 32707

Dear Administrator:

Re: CCR #2013011604

This letter reports the findings of a complaint investigation 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 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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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