STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968218	02/20/2014
NAME OF PROVIDER OR SUPPLIER **Veta's We Care Assisted Living Facilities**	STREET ADDRESS, CITY, STATE, ZIP CODE **510 Sebastian Crossing Blvd Sebastian, FL 32958**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial Assisted Living Facility relicensure survey with Limited Nursing Services (LNS) was conducted on at Veta's We Care Assisted Living Facilities. The facility had licensure deficiencies identified at the time of the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure that centrally stored medications were maintained under lock and key.

The findings include:

1) The surveyor conducted medication administration observation starting at 8:01 AM on The Administrator (licensed practical nurse/LPN) opened the locked medication cabinet which is in the kitchen. The LPN would remove the medications for a resident, place them on the kitchen counter, pour the medications and then leave the medications unattended when she walked in to the adjacent dining The medications were left on the counter and the cabinet remained unlocked, unattended and out of her line of vision. After administering the medications, the LPN would walk back to the kitchen, place the residents' medications back in the cabinet and remove the medications for the next resident. This process was repeated four times. During the medication administration process, from 8:01 am to 9:57 AM, Resident #5 walked around the facility. Resident #5 is alert and oriented and could have removed the unsecured medications in the cabinet while they were unattended. The LPN confirmed during interview at 11:00 AM on that she should not have left medications and the cabinet unsecured when they were out of her line of sight.

Class III

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0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that 1 of 3 sampled staff records reviewed (Staff C) had evidence of freedom of communicable and .

The findings include:

Review of the personnel file for Staff C revealed a hire date of . Review of the file revealed there was no evidence of a freedom of signs and symptoms of communicable or .

This was reviewed on at 11:15 AM with Staff C, who said she had a done. Review of the done on revealed there was no documented result. The Administrator was informed at this time who said she will have Staff C get the documentation.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview, the facility failed to ensure that 1 of 3 staff personnel files (Staff C) reviewed had evidence of a minimum of one hour of training in the facility's policy & procedures.

The findings include:

Review of the personnel file for Staff C revealed a hire date of . Review of the file revealed there was no evidence of training in the facility's policy & procedure on .

This was reviewed with Staff C at 11:15 AM on who said she was not sure if she had the training. This was reviewed with the Administrator at this time who confirmed there was no evidence of training on the facility's

Class III

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0162-Records - Resident 58A-5.024(3) FAC
Based on record review and an interview, the facility failed to ensure that 1 of 2 sampled residents' records reviewed (Resident #2) contained a copy of the written informed consent for unlicensed personnel to assist with self-administration of medication.

The findings include:

On the records for Resident 2 were reviewed and did not contain a contract for services that included the written informed consent for unlicensed personnel to assist with self-administration of medication. The Administrator was interviewed at 10:50 AM on this date and acknowledged that there was no contract on file with the informed consent and stated that the resident's daughter must still have it. She stated the written consent is included in the facility's contract. The resident was admitted on

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and interview, the facility failed to ensure 1 of 2 sampled residents' (Resident #2) files reviewed contained a copy of the executed contract on file at or before admission.

The findings include:

On the records for Resident #2 were reviewed and did not contain a contract for services signed by a facility representative and the resident's representative. The Administrator was interviewed at 10:15 AM on this date and acknowledged that there was no contract on file and stated that the resident's daughter must still have it. The resident was admitted on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Veta's We Care Assisted Living Facilities
510 Sebastian Crossing Blvd
Sebastian, FL 32958

Dear Administrator:

This letter reports the findings of a state licensure survey with Limited Nursing Services (LNS) that was conducted on 2014 by representatives from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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