AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Personal Touch Assisted Living Facility Inc
20 Fir Trail
Ocala, FL 34472

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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 (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/bh
Enclosure

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967739	**02/20/2014**
NAME OF PROVIDER OR SUPPLIER **Personal Touch Assisted Living Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **20 Fir Trail Ocala, FL 34472**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0053-Medication - Administration-02/20/2014
0078-Staffing Standards - Staff-02/20/2014

Revisit New Tags:

0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up survey to biennal licensure survey was conducted on at Personal Touch Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews, interviews and observations, the facility failed to have completed 1823 health assessments for 2 of 2 residents (Residents #3 & #4).

Findings:

On at approximately 11:54 AM it was observed Staff B assisted Resident #3 with self administration of medication.

On a record review was conducted on Resident #3 current 1823 health assessment dated It was observed that page 4 section B was missing the information stating if the resident needed assistance with self-administration of medication or not.

On a record review was conducted on Resident #4 current 1823 health assessment dated It was observed that page 4. section B was missing the information stating if the resident needed assistance with self-administration of medication or not.

On at approximately 12:15 PM the Administrator was asked why the 1823 health assessments for Resident #3 and #4 were not complete. She stated it was the doctors fault, because the doctor was suppose to complete the form.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967739	**02/20/2014**
NAME OF PROVIDER OR SUPPLIER **Personal Touch Assisted Living Facility Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **20 Fir Trail Ocala, FL 34472**	

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

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interviews the facility failed to follow the process for assistance with self-administration of medication by not reading the label in the presence of the resident for 1 of 1 residents observed (Resident #3).

Findings:

On at approximately 11:54 AM it was observed that Staff member B brought Resident #3 her medication to her in a pill bottle cap. It was observed that Staff member B handed resident the cap, which contained approximately 5 pills, and stated here is you medication #3. She then watched Resident #3 take her pills one at a time and swallow them. Staff member B did not read the label of the medication in the presents of the resident or tell her what she was getting. Resident #3 is legally and stated so during the process.

On at approximately 11:57 AM Staff member B was interviewed. She was asked if she had received medication training which she stated yes. She stated she received fours of training from a licensed pharmacists at Memory Lane. When she was asked why did she not follow the process of reading the label in the presents of the resident before giving her her medication, she stated she did not know.

On at approximately 12:15 PM the Administrator was asked if Staff member B had demonstrated to her that she could properly assist residents with self-administration of medication, which she stated, yes. When asked why didn't Staff B follow the process, she stated she did not know.

Class III