STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	01/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Isles Of Vero Beach	1700 Waterford Drive Vero Beach, FL 32966	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility unannounced complaint inspection (CCR #2013010815) was conducted on . Isles of Vero Beach had licensure deficiencies identified at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and an interview, the facility failed to ensure the health assessment (Form 1823) was completed with all criteria addressed for 1 of 3 sampled residents (Resident #1).

The findings include:

Resident 1's health assessment (Form 1823) dated was reviewed and did not have an answer noted (yes/no) for whether or not the resident required 24 hour nursing or care. During observation and interview with the resident on at 1:00 PM, it was evident the resident was capable of completing activities of daily living (ADL's) with minimal or no assistance as indicated in the ADL portion of the assessment. She appeared alert and oriented and had no diagnosis on the assessment of or requiring placement in a facility with 24 hour nursing or care. The assessment also documented the resident was appropriate for ALF placement.

During an interview with the DON at 2:25 PM on , she stated no further documentation was available for review.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record review, the facility failed to ensure adequate supervision was provided to 2 of 3 sampled residents (Resident #1 and #3) related to assistance with medication.

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The findings include:

A) Resident 1 ' s health assessment (AHCA Form 1823) dated was reviewed, the form documented the resident required assistance with self-administration of medication. It also listed as one of those medications with no documentation that the medication could be self-administered without supervision. The resident ' s assessment noted the resident had " poor safety (awareness) at times ...needs reminders " .

Resident 1 was interviewed on at 1 PM, she stated she always keeps in her cabinet. At this time, a bottle of was observed in the resident ' s cabinet. Review of the resident ' s 2014 Medication Records (MORs) revealed the resident had been prescribed to be taken as needed and did not have a health care provider ' s order for her to take it without assistance. The C.N.A. (certified nursing assistant) was interviewed at 2 PM on and confirmed that the resident ' s was prescribed and an order for her to self-administer the medication without supervision was not present and available for review.

B) During observation of Resident 3's apartment, a weekly pill box of unidentified prescription medication was observed on the dining . Review of Resident 3 ' s 2014 Medication Record revealed she was not able to self-administer any medication without supervision, other than Tums. The DON (director of nursing) and C.N.A. stated during interview at 2 PM on , that the unidentified medication in the pill box must be Resident 3 ' s and had appeared to be old (sitting in the resident ' s an extended period of time).

These findings were discussed with the DON at 2:30 PM on . She stated the staff were not expected to go through residents' drawers or cabinets in order to respect residents' rights. However, residents are able to give permission for staff to check for medications that should be secured. The aforementioned pill box was in plain view on top of the resident's dining so staff could have observed this and notified administration with any concerns.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations, interviews and record review, the facility failed to ensure all medications for residents that require assistance are properly secured in a central storage location, for 2 of 3 sampled

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residents (Resident #1 and #3).

The findings include:

A) Resident 1 ' s health assessment (Form 1823) dated ..... was reviewed , the form documented the resident required assistance with self-administration of medication. It also listed as one of those medications with no documentation that the medication could be self-administered without supervision.

Resident #1 was interviewed on ..... at 1 PM and stated she always keeps in her .... cabinet. At this time, a bottle of was observed in the resident ' s cabinet. Review of the resident ' s 2014 Medication Record revealed the resident had been prescribed to be taken as needed and did not have a health care provider ' s order for her to take it without assistance. The C.N.A. (certified nursing assistant) was interviewed at 2 PM on ..... and confirmed that the resident ' s was prescribed and an order for her to self-administer the medication without supervision was not present and available for review.

B) During observation of Resident #3's apartment, a weekly pill box of unidentified prescription medication was observed on the dining Review of Resident #3 ' s 2014 Medication Record revealed she was not able to self-administer any medication without supervision, other than Tums. The DON (director of nursing) and C.N.A. stated during interview at 2 PM on , that the unidentified medication in the pill box must be Resident #3 ' s and had appeared to be old (sitting in the resident ' s ..... an extended period of time).

These findings were discussed with the DON at 2:30 PM on ..... She stated the staff were not expected to go through residents' drawers or cabinets in order to respect residents' rights. However, residents are able to give permission for staff to check for medications that should be secured.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Isles Of Vero Beach
1700 Waterford Drive
Vero Beach, FL 32966

RE: CCR #2013010815

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD
Enclosure

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