STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Anguilla Cay Senior Living	1021 North Ridge Road Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility biennial relicensure survey was conducted on _ _ at Anguilla Cay Senior Living. The facility had licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interviews, the facility failed to ensure that the Medication Observation Records (MORs) was accurate for 2 out of 7 sampled residents (Residents #4 and #8).

The Findings Include:

A) In an interview conducted on _ at 10:39 AM, Resident #4 stated that the facility did not have her Methadone medication available approximately three weeks ago for a total of two or three days. She stated she did not know what happened. She added that she was in a lot of pain because of the missed dosages.

A record review of the MOR for Resident #4 revealed staff initials with a circle around them for Methadone _ _ _ 10 mg tablet on _ _ _ for the 6:00 AM dose and on _ _ _ for the 2:00 PM dose. Further review indicated an ink dot on _ _ _ for the 2:00 PM dose.

The MOR also indicated staff initials with a circle around them for 75 mg capsule on _ _ _ _ and The MOR indicated ink dots for tear drops on , , , and _ _ _ for the 12:00 PM dosage. There was no explanation on the back of the MOR what the circles or ink dots indicated.

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3) A record review of the MOR for Resident #8 revealed ink dots for BR 0.02% Solution to be inhaled through a on for the 2:00 PM dosage and on for the 6:00 AM and 2:00 PM dosage. Further review indicated a blank spot with no initials on and for the 6:00 AM dosage, and for the 10:00 AM dosage, and for the 2:00 PM dosage. There was no explanation on the back of the MOR what the ink dots or blank spots with no initials indicated.

In a telephone interview conducted on at 10:00 AM, Staff A stated she did not know which staff member placed the ink dots on the MORs and stated it may have been the nurse who was hired prior to her. She stated that she initialed two medications and circled them for Resident #4. She added that she probably forgot to write on the back of the resident's MOR the reason she circled the medications.

In a telephone interview conducted on at approximately 3:45 PM, Staff E stated that the ink dots on the MORs probably meant that a staff member took the medications out of the medication cart, placed a dot near the medication that was pulled from the cart, and forgot to write their initials after the medications were dispensed. There was no explanation for the dates on the medications where nothing was written.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interviews, the facility failed to ensure that a current physician's statement indicating freedom of communicable (including was completed on an annual basis, for 1 out of 4 sampled employees (Staff C).

The Findings Include:

An employee record review conducted on revealed that Staff C had a physician's statement dated indicating she did not have Further review indicated Staff C did not have an annual physician's statement in 2013 indicating she was free of communicable including

The Administrator acknowledged the findings on at 4:40 PM. She stated that no further documentation was available for review.

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Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interviews, the facility failed to ensure that employee job descriptions were in employee record files for 2 out of 4 staff members reviewed (Staff C and D).

The Findings Include:

An employee record review conducted on [redacted] revealed that Staff C and D did not have job descriptions in their personnel files.

The Administrator acknowledged the findings on [redacted] at 4:40 PM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2014 by a representative 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 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 Mayo - Davis
Field Office Manager

AMD/jw

XG90

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