STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964320	03/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Country Manor	2806 West Sam Allen Road Plant City, FL 33565	
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
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014000023, was conducted on .

The Country Manor, assisted living facility, had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and record review, two of two staff sampled (B; C) who were noted to be assisting residents with medications were not fully adhering with procedures as dictated in Section 429.256, F.S.

Findings include:

At approximately 12:50pm on . Staff B was observed to be documenting in the medication observation record (MOR). While she escorted Resident #1 into their . a medication treatment, the medication record was reviewed and the 12 noon dose of . had been signed off for Resident #1. Resident #1 was noted to be taking . via and Staff B was observing the treatment; the assistance had been documented in advance. Staff B was noted to document in the MOR under Resident #7 for her . about 1:05pm. About a minute later, the resident appeared and the employee gave her the pill. Finally, Staff C was observed documenting in the MOR for Resident #4 at approximately 1:10pm on . About a minute later, the respective resident was handed her medication and consumed it. In all three cases, the respective employee had signed off in advance. In an interview with the administrator at approximately 2:45pm on . she explained that "this is the way they had been trained" by their contracting provider.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, two of three staff sampled (A;B) did not meet all training requirements with respect to the documentation and record keeping element of assistance with self-administered medication and medication management.

Findings include:

Although a review of personnel files during the . investigation found that both Staff A and B, hired . and . respectively, had received the original 4 hour medication assistance training and were current with their 2-hr. medication topics update, further review of their respective records found a series of documented

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counseling sessions regarding medication documentation errors. Staff A had a verbal warning , and subsequent written warnings and Staff B had an initial verbal warning on , and written warnings , 12/3, and According to the facility's policy: "After the second written warning, the employee shall take the 8 hr. Assistance with Medication Course over again." Further review of both files found no documented evidence that Staff A had taken the class after or that Staff B had retaken the class after .

In an interview with the administrator at approximately 2:15pm on she stated that "she hadn't yet officially had either staff member retake the training since the provider she usually used hadn't made any classes available at a convenient time." Although she stated that "Staff A had improved in her documentation, she agreed that both staff needed additional training/focus."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

Dear Administrator:

Re: **CCR# 2014000023**

This letter reports the findings of a complaint 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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