STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968298	03/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Monastery Oaks, Llc	**1801 Orange City, FL 32763**	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

A relicensure biennial survey was conducted on , 2014.
Monastery Oaks, Inc. had Licensure deficiencies found at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and staff interview, the facility failed to properly label medications and failed to place an alert label on the medications to direct staff to examine the revised directions for use or obtain a revised labels from the pharmacist for 2 of 3 sampled residents, Residents #2, and #5.

The findings include:

1) Employee C was observed on at 9:30 a.m. to assist Resident #2 with self-administration of medication. Employee C removed one (label read take one a day) , one 80 mg (label read take twice a day) , and a bottle of eye drops. The eye drops did not have a prescription label on it. Employee C stated that the resident's daughter brings in the medications like this without the label. Review of the 2014 Medication Observation Record (MOR) revealed that the was to given twice a day. The read 160 mg , take one everyday. Employee C confirmed the medication labels did not match the MORs and an alert label was not placed on them.

2) On at 12:14 pm, Employee C was observed to prepare a medication for Resident #5. The medication label read Polyethylene 255 gm (17 gm) mix with 8 ounces of water and drink by mouth every day as needed for . Employee C was asked if the resident was constipated. She stated "no" and that the medication was scheduled and was not as needed so she gave it everyday. Review of the resident's 2014 Medication Observation Record (MOR) revealed 12:30 pm, mix 1 capful with water or juice daily. A revised label was not placed on the medication bottle.

3) Review of the MOR again for Resident #5 revealed a medication to be given at 12 noon. The doseage was 0.5 mg/ml = 2 ml, 2 packets = 1 ml. Review for the medication label 1 mg/ml (gel). On at 12:30 pm, Employee C removed one packet of the and applied it to the resident's back. Employee C stated that the packaging was different so she only applied one packet. She confirmed that the medication labels did not match the MOR and an alert label was not placed on it.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, record review and staff interview, the facility failed to post the current menu, failed to follow the menu, and failed to add the substitution for 1 of 1 observed meal, breakfast.

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The findings include:

On . . . . at 9 a.m., 6 residents were observed at the dining . . . . . and breakfast bar eating breakfast. They were eating eggs and papaya. The facility menu in the dining . . . . . not the current one. The facility manager went to the office closet and retrieved the correct one for this week. It revealed that for breakfast on . cereal and pineapple was to be served.

The facility manager presented a monthly calendar and stated this was there substitution menu. It was blank for today. The Administrator at . . . . . at 9:15 a.m. confirmed that the correct menu was not posted, that the breakfast meal was substituted , and the substitution was not recorded on the monthly calendar.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Monastery Oaks, LLC
1801 Monastery Road
Orange City, FL 32763

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2014 by a 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 surveyor. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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