STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968209	02/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elite Manor Inc	22022 Martella Ave Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at The Elite Manor Inc. The facility had deficiencies found at the time of the visit.

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

Based on observation, record review and interview, the facility failed to ensure staff members followed appropriate medication practices and to ensure physician orders are followed, for 1 out 2 residents observed during the medication pass (Resident # 1).

The findings include:

1) During observations of the medication pass between 11:45 AM to 12:30 PM on Aide #1 was observed gathering the medications and the supplies needed for this task.

At 11:50 AM she was observed washing her hands, checking Resident # 1's name on the MOR and then approached her in the living At 12:09 PM, she conspicuously informed the resident about her medication and pushed open into a soufflé cup one pill that she handed to the resident with a cup of water; all of this was done in the presence of other residents in the She observed the resident swallowing the pill and then documented the MOR (Medication Observation Record).

2) Review of medication package for aforementioned medication pass, it was revealed the resident was provided assistance with 500 mg. However, review of the Physician's Order indicated that the medication was to be given with a meal daily at Noon. Aide #1 did not provide this medication to the resident with a meal.

3) During an interview with the Aide on at around 12: 15 PM, she acknowledged the findings and agreed that she did not follow the doctor's order by giving the medication with food as indicated. She also

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968209	02/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elite Manor Inc	22022 Martella Ave Boca Raton, FL 33433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

notified that the noon medications are usually given at around Lunch time.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 out 2 sampled employees had an updated medical verification of freedom from communicable (Employee #2).

The findings include:

Employee record review for Employee #1 was conducted on . The employee was hired at the Elite Manor on Review of communicable statement and status indicated that they were done 10 months prior to her hiring date on .

An interview was conducted with the Administrator on at around 3:30 PM, she revealed that Employee #1 ' s communicable statement and reading were from another assisted living facility (ALF) that Employee #1 used to work for.

An interview with Employee #1 was conclusive that she had worked for another ALF on 2013 and had begun working for this facility on 2014. She also affirmed that she was not reevaluated and cleared of communicable by a physician before beginning her new employment at the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Elite Manor Inc.
22022 Martella Ave
Boca Raton, FL 33433

Re: Recertification Survey

Dear Administrator:

This letter reports the findings of a State Licensure 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
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924