| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910699 | 04/10/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Willow Bay Senior Resort | 4001 West Hillsboro Blvd. Deerfield Beach, FL 33442 | |
| 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

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced Relicensure survey was conducted through at Willow Bay Senior Resort. 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, interview and record review, the facility failed to follow appropriate procedures with assistance with self-administration of medications. As evidenced by failure to inform the resident of each medication they were receiving assistance with and failure to dispense medications in a sanitary manner, for 6 of 6 residents observed for assistance with self-administration of medications (Resident #12, #5, #13, #15, #14, and #4).

The findings include:

On at 11:55 PM to 12:15 PM, an observation of the med tech assisting residents with self-administration of medications was conducted.

a) The Med Tech donned a pair of gloves. She prepared Resident #12's medication, 25 mg, and dropped the pill into his hand. She poured him a glass of water and handed it to him. The resident swallowed the pill and drank the water. The Med Tech did not tell the resident what the medication was.

b) The Med Tech returned to the medication cart and prepared Resident #5's medication, 300 mg. She did not wash her hands or change her gloves. She took the medication to the resident and dropped the pill in her hand. The Med Tech stated, "Here are your pills" and the resident asked her what pill she was receiving. The Med Tech stated, "A pain pill" and poured a glass of water for the resident. The resident swallowed the pill and drank the water.

c) The Med Tech returned to the medication cart and prepared Resident #13's medications, 20 meq 2 tabs and 0.5 mg. She did not wash her hands or change her gloves. She took the medications to the resident and dropped the pills in the resident's hand. The Med Tech stated, "Here is your medication" and poured the resident a glass of water. The resident swallowed the pill and drank the water.

d) The Med Tech returned to the medication cart and prepared Resident #15's medications, mg and 1 mg. She did not wash her hands or change her gloves. She took the medications to the resident and dropped them in her hand. She remained silent with the resident and poured a glass of water for her. The resident swallowed the pills one at a time and drank the water.

e) The Med Tech returned to the medication cart and prepared Resident #14's medications, 5 mg and 1 GM. She did not wash her hands or change her gloves. She took the medications to the resident and dropped the pills in her hand. She stated, "(Resident's name), your pills". She poured the resident a glass of

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water. The resident swallowed the pills and drank the water.

f) The Med Tech returned to the medication cart and prepared Resident #4's medication, 300 mg. She did not wash her hands or change her gloves. She took the medication to the resident and dropped the pill in her hand. She stated, "Here are your pills". She poured the resident a glass of water. The resident swallowed the pill and drank the water.

At 12:15 PM, an interview was conducted with the Med Tech. When asked why she did not wash her hands in the beginning, and in between residents, nor change her gloves, she stated, "I did not touch any pills". When asked why she did not inform the residents of each of the medications they were receiving assistance with, she expressed she thought she did and told them each she had their pills. When asked why she did not inform the residents of the name of each medication, she repeated, "I always tell them".

During an interview with the Owner the issue was brought to the attention of the Owner, on at 12:22 PM. The Owner validated the Med Tech did not sanitize her hands during the observation and that she was expected to at the beginning and in between each resident. The Owner stated she was informed by the Med Tech the residents were told about their medications and encouraged the Owner to speak with Resident #4 to validate. On at 1:18 PM, the surveyor and the Owner together spoke with Resident #4. The Owner asked the Resident #4 what the Med Tech said to her when she received her medication at lunchtime. The resident stated, "She said to me, here are your pills". The resident expressed she was not informed what the medication was. The Owner asked the resident specifically, if the Med Tech informed her of the name of the pill. The resident stated, "No." The Owner validated to the surveyor the residents were not told the medications they were receiving.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Willow Bay Senior Resort
4001 West Hillsboro Blvd.
Deerfield Beach, FL 33442

Dear Administrator:

Re: Relicensure survey

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives 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/dso
Enclosure: State form 5000-3547
XG90

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