

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2014

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964897	(X3) DATE SURVEY COMPLETED 03/29/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Deer Creek	STREET ADDRESS, CITY, STATE, ZIP CODE 2403 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 - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR#2014000144 and CCR#2014000916, was conducted on at Emeritus at Deer Creek Assisted Living Facility. The facility had deficiencies found at the time of the visit related to CCR#2014000144.

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

Based on interview and record review, the facility failed to ensure their designated Medication Technician staff had the required 2 hour annual update for Assistance with Self-Administered Medication Training, for 5 of 5 sampled personnel records reviewed (Employees #1, #2, #3, #4 and #5).

The findings include:

On review of the 5 sampled personnel records revealed the following:

- 1) Employee #1, a Medication Technician on the night shift, revealed the last Assistance with Self-Administered Medication Training was dated
- 2) Employee #2, a Medication Technician on the night shift, revealed the last Assistance with Self-Administered Medication Training was dated
- 3) Employee #3, a Medication Technician on the day shift, revealed the last Assistance with Self-Administered Medication Training was dated
- 4) Employee #4, a Medication Technician on the night shift, revealed the last Assistance with Self-Administered Medication Training was dated
- 5) Employee #5, a Medication Technician on the night shift, revealed the last Assistance with Self-Administered Medication Training was dated

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On at approximately 5:30 PM, an interview was conducted with the Resident Care Director who stated she is currently in the process of going through the personnel records and identifying the employees that require the annual update training. After reviewing her education binder she confirmed these 5 employees have not received the required annual 2 hour Assistance with Self-Administered Medication Training.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Deer Creek
2403 West Hillsboro Blvd.
Deerfield Beach, FL 33442

Re: CCR #2014000144 & #2014000916

Dear Administrator:

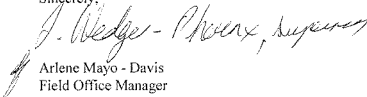
This letter reports the findings of a State Licensure Complaint Survey that was conducted on , 2014 by a representative from this office.

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

