STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966205	03/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Care Inc.	11412 Nw 1st Place Coral Springs, FL 33071	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Care, Inc. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on interview and record review, the facility failed to ensure that Resident Health Assessments (AHCA Form 1823) were completed, for 1 out of 2 sampled residents (Resident #1).

The findings include:

Review of Resident #1's admission record revealed that she was admitted to the facility on Review of the health assessment completed on revealed the form was incomplete. The Health Assessment lacked documentation by the physician indicating if the resident required assistance with self-administration of medication or needed medication administration.

During an interview with the Administrator she could not provide any additional information and she confirmed the findings.

Class III

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

Based on observation, record review and interviews, the Facility failed to follow the Physician's orders while assisting with the Medication Self-Administration, for 3 out of 6 sample residents (Residents #3, #4 and #5).

The findings include.

1) During observation of the medication pass on at 9:00 AM, Staff A was observed crushing six medications for Resident's #3. Staff A was asked if she had a doctor's order to crush the medications, she replied " I did not know I needed an order to do so, since the doctor said the medication could be given with applesauce".

Review of Resident #3's Medication Observation Records (MORs) for the month of 2014, revealed the following medications were crushed by Staff A.

a)Nar 10 mg tablet, take 1 tablet by mouth twice daily

b) Glucometer 324 mg iron, tablet Take one tablet by mouth twice daily

c) C 500 mg tablet, take 1 tablet by mouth once daily

d) Therems-M tablet take 1 tablet by mouth once daily

e) 81 mg tablet, take 1 tablet by mouth once daily

f) MAPAP 325 mg tablet, take 1 tablet by mouth twice daily

Further review of the resident's MOR and file revealed no physician order to crush any of the aforementioned medications. During further interview with Staff A, she confirmed aforementioned.

2A) Review of Resident #4's MORs for month of 2014 at 10 AM, revealed an order for 20 mg capsule, take 1 tablet at 6:00 AM. Staff A was asked during the 9AM medication pass, if she had already given Resident #4 this medication. She replied that she had gave the

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medication at 8:00 AM. Staff A acknowledged that the medication should have been given at 6AM and that the medication was given 2 hours late.

B) Further review of the 2014 MORs for Resident #4, revealed an order for give 1 tablet by mouth before breakfast and at bedtime. The medication was not given during observation of breakfast on at approximately 8:15 AM on Further observation during the medication pass at 9:30 AM revealed this medication was not provided to the resident. During an interview with Staff A, she confirmed that she had forgotten to provide this medication to the resident. At the conclusion of the survey, the staff still had not provided the resident with this medication.

3)Review of Resident #5's MORs for the month of 2014 and physician order, revealed the resident was to be assisted with the following; 1.4 % in both eyes 4 times daily. During numerous observations conducted throughout the survey between the hours of 8 AM and 4 PM on revealed the resident did not receive assistance with this medication. However, Staff A initialed the MOR for this day indicating the resident had receive the medication. During an interview with Staff A, she stated she did not give this medication to resident and should not have initialed the MOR. She further stated that she had not given this medication to Resident #5 prior to the survey, during or after the medication pass.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC

Based on record reviews, observations and interview, the facility failed to ensure that each resident ' s daily medications observation record (MOR) was accurate for 5 out of 5 sample residents (Resident #1, 2, 3, 4, and 5).

The findings include:

1) During observation of the medication pass on . . . . at around 9:30 am, Staff A did not have the . . . . 2014 Medication Observation Record (MOR) in her possession. She was observed pulling the residents' medications from a locked cabinet and taking the medication packages out of a bin. She identified which medication was for morning or evening and gave some of the morning medications to the Residents. Once this task completed, she returned the bin to the cabinet. She was not observed documenting the MOR.

At around 10:05 AM, she was asked for the MOR. She then went to a . . . . opened up a draw and retrieved it. She then realized that she had forgotten to initial the MOR and then immediately started initialing the medications for all 5 resident (Resident #1,#2, #3, #4 & #5).

2) Review of Resident #4's MOR for the month of . . . . 2014, revealed Staff A had initialed that she had given him . . 4 mg. However, this medication was not observed given during the 9:30AM medication pass.

A follow-up interview with Employee A, was conducted immediately after reviewing Resident #4's MORs. Staff A stated she had made an error and that . . 4 mg tab DS PK, (label indicated take by mouth as directed on the package) was not given to Resident#4.

3) Review of Resident #5's MORs for the month of . . . . 2014 and physician order, revealed the resident was to be assisted with the following; . 1.4 % in both eyes 4 times daily. During numerous observations conducted throughout the survey between the hours of 8 AM and 4 PM on . revealed the resident did not receive assistance with this medication. However, Staff A

initialed the MOR for this day indicating the resident had receive the medication. During an interview with Staff A, she stated she did not give this medication to resident and should not have initialed the MOR.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, the facility failed to ensure that 1 out of 2 staff members (Employee B) had completed all of the required trainings within 30 days of hire.

The findings include:

During record review of Employee B's personnel file (with an unidentified hire date), revealed the employee did not have the following required training.

A) Recognizing and reporting resident neglect and (1 hour within 30 days of hire)

B) Elopement Policy and Procedures (1 hour within 30 days of hire)

C) Incident Reporting (1 hour within 30 days of hire)

On at 3:15 PM, the Administrator acknowledged that the trainings were not completed for Employee B and could not provide the hiring date for employee B. The Administrator also confirmed Employee B had been employed at the facility more than 30 days.

Class III

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0090-Training - **58A-5.0191(11) FAC**

Based on interview and record review, the facility failed to ensure that 1 out of 2 staff members (Employee #2) had completed all required trainings within 30 days of hire.

The findings include:

During personnel record review, it was revealed there was no documentation of one hour of training completed as per Facility's Policy and Procedures regarding for Employee #2, with an unidentified hire date.

During a staff interview on at 2:30 PM, Employee #2 revealed that she did not know what a was. On at 3:15 PM , the Administrator acknowledged that Employee #2 did not complete the training and that she could not provide the employee's date of hire. The Administrator also confirmed Employee B had been employed at the facility more than 30 days.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Care Inc.
11412 NW 1st Place
Coral Springs, FL 33071

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representativefrom 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 (30) 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 representatives. 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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