| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942773 | 04/23/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Lake Wire Retirement Center | 315 West Peachtree Street Lakeland, FL 33815 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey with limited mental health (LMH) services was conducted on .

The Lake Wire Retirement Center, assisted living facility, had a deficiency at the time of the visit.

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

Based upon interview, observation, and record review the facility did not ensure 1 (#7) of 5 residents received medications as ordered by the health care practitioner.

Findings include:

On Resident #7 was at a medical appointment during the routine med pass at noon & therefore did not receive his medications as scheduled.

At about 2:30 p.m., the surveyor asked the staff whether resident #7 received his noon medications ( ) when he returned. The staff indicated he had not received it yet but did have his lunch.

A review of this residents , 2014 medication observation record confirmed he had not received his noon dosage of Humilin 20U to be given 12 noon (med record reflected dosages at 7am, 12 noon & 5pm). Per instructions from the surveyor the staff contacted the MD who informed staff to have the resident check his glucose level & take then report back.

At 2:50 p.m. the resident performed his glucose check with staff observing resulting in a high reading of 220. Resident adjusted Humilin pen dial to 20U and held out the pen for staff to check before injecting himself with the .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2, 2014

Administrator
Lake Wire Retirement Center
315 West Peachtree Street
Lakeland, FL 33815

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited mental health services (LMH) services that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Reid Caufman
for ricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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