STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967326	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Independent Living With Care Inc	3165 Sw Fambrough St Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey with Limited Mental Health (LMH) was conducted on at Independent Living With Care Inc. The facility had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure that resident medications were secured for one of one medication cabinets.

The findings include:

The surveyor conducted an observation of the Medication Pass on starting at 8:28 AM. Employee #6 opened the locked medication cabinet and removed the medications for the residents, poured the medications and handed them to residents across a kitchen counter. At 8:49 AM, Employee #6 removed a lock box containing a controlled substance medication, placed the lock box on the kitchen counter and opened the lock box. Employee #6 then walked away from the kitchen and went into a resident's awaken him, leaving the medication cabinet unlocked and the lock box of controlled substance medications open. Resident #4 was observed continuously pacing in the dining area next to the kitchen. The Surveyor called the Employee #6 back to the Kitchen and asked if she should leave the medication cabinet open and unlocked and the controlled substance box unlocked . Employee #6 confirmed that she should never leave the medications unattended and should have locked them back in the cabinet before she left to wake up the resident.

At 9:48 AM, the Administrator arrived and the employee informed her of the unlocked medication cabinet. The Administrator confirmed that medications should always be secured when unattended

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Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure that all employees had been evaluated by a health care practitioner and was free from for 1 out of 6 sampled employees (Employee #6).

The findings include:

A review of the personnel file for Employee #6, revealed the file lacked documentation indicating the employee had been assessed by a health care provider in the past year and was determined to be free of communicable There was no documentation in Employee # 6's file that a test had been conducted in the past year. The Administrator who was present during this review, confirmed that the facility should ensure that the employee had the health assessment and the test. She also confirmed this employee has been working for the facility more than a year.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview, the facility failed to ensure that employees had received a one hour training /education course on and for 1 out of 6 sampled employees (Employee #6).

The findings include:

A review of the personnel file of Employee #6 revealed that she was hired on There was no evidence/documentation that Employee #6 had received the required training . The Administrator confirmed that Employee #6 had not received any training

Class

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L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that employees had received limited mental health training, for 1 out of 6 sampled employees (Employee #6).

The findings include:

A review of the personnel file of Employee #6 revealed that she was hired on . There was no documentation/evidence that Employee #6 had received any training regarding limited mental health . The five residents in the facility were classified as limited mental health residents. The Administrator confirmed that she had not provided or obtained training for the employee as required by the regulation for working with residents with mental health diagnosis.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Independent Living With Care Inc
3165 SW Fambrough Street
Port Saint Lucie, FL 34953

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on . 2014 by representative of 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
Enclosure

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