STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932652	04/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Academy Assisted Living Facility, Inc	**1225 Soltman Avenue Fort Pierce, FL 34950**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Academy Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview, it was determined the facility failed to ensure each resident was provided a safe living environment. As evidence of staff failure to sanitize hands in between assisting residents with self-administered medications, for 2 out of 2 residents observed during medication pass (Resident #7 and #8).

The findings include:

a) On at 8:45 AM , Employee B (Med Tech) was observed assisting with self-administration of medication for Resident #7 during breakfast in the dining . The Med Tech removed resident's medications from a locked closet and verified with the Medication Observation Record (MOR). She opened plastic packets and dropped pills into resident's hand. She then popped additional pills from bubble pack into resident's hand. Employee B watched the resident swallow pills to verify medication was taken and then initialed the appropriate box on the MOR.

b) Employee B was then observed assisting with self-administration of medication for Resident #8. The Med Tech removed the resident's medications from the locked closet and verified with MOR. She opened plastic packets and dropped pills into resident's hand, Employee B watched the resident swallow pills to verify medication was taken and then initialed appropriate box on the MOR.

Employee B failed to sanitize her hands between assisting Resident #7 and Resident #8.

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NAME OF PROVIDER OR SUPPLIER **Academy Assisted Living Facility, Inc**	STREET ADDRESS, CITY, STATE, ZIP CODE **1225 Soltman Avenue Fort Pierce, FL 34950**	
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Interview with Administrator and Employee B was conducted on [redacted] at 2:45 PM. Both Employee B and Administrator stated they were unaware hand sanitation still needed to be done even if Staff did not come into physical contact with the resident's pills.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, staff failed to follow appropriate procedures assisting a resident with self administration of medication. As evidence of unlicensed staff failed to read the label of the medication prior to dispensing medication to a resident who is being assisted with self-administration of medication, for 1 of 2 residents observed during medication pass (Resident #7 and #8).

The findings include:

On [redacted] at 8:45 AM , Employee B (Med Tech) was observed assisting with self-administration of medication for Resident #7 during breakfast in the dining [redacted]. The Med Tech removed resident's medications from locked closet and verified with the Medication Observation Record (MOR). She opened plastic packets and dropped pills into resident's hand. She then popped additional pills from bubble pack into resident's hand. Employee B watched the resident swallow pills to verify medication was taken and then initialed appropriate box on the MOR.

On [redacted] at 8:55 AM, Employee B was observed assisting with self-administration of medication for Resident #8 during breakfast in the dining [redacted]. The Med Tech removed resident's medications from locked closet and verified with MOR. She opened plastic packets and dropped pills into resident's hand. Employee B watched the resident swallow pills to verify medication was taken and then initialed appropriate box on the MOR.

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At no time did Employee B read the labels of the medications prior to dispensing to either of the residents.

During an in interview with Employee B and the Administration aforementioned was acknowledged.
Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility had to ensure all staff had documentation verifying freedom from signs or symptoms of communicable , for 1 out of 2 sampled employee's (Employee B) symptoms of communicable .

The findings include:

On , during the review of the personnel record for Employee B, a copy of documentation from a health care provider verifying freedom from signs or symptoms of communicable could not be located.
During interview with the Administrator on at 2:30 PM, she stated staff are usually given a form to take to their doctor to be completed during physical. The Administrator stated Employee B had not been provided with the form, so the doctor's office only supplied a form with the result of the test.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Academy Assisted Living Facility, Inc
1225 Soltman Avenue
Fort Pierce, FL 34950

Dear Administrator:

This letter reports the findings of a State Ricensure 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

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