STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966723	05/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adrian Manor	2168 9th Avenue North Saint Petersburg, FL 33713	
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
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= B

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited nursing services (LNS) was conducted on

The Adrian Manor, assisted living facility, had deficiencies at the time of the visit.

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

Based on observations, record review, and interview, the facility failed to ensure that a resident received proper assistance with self-administration of medications as ordered for 1 (Resident #4) of 3 residents sampled for medication pass observation.

Findings include:

Observation of Resident #4's medication pass and interview with the administrator on at approximately 12:05 p.m. revealed that the resident's medications came from a multi-dose pack. The 12:00 p.m. medication 1mg) and the 2:00pm medication 100mg) was in the same bubble-enclosed section of the pack. The administrator punched the medication out of the pack and separated the 2 pills into 2 separate cups. She explained that there was not a "2:00 p.m." section in the multi-dose pack so the pharmacy sends both the 12:00 p.m. and the 2:00 p.m. medications in the noon section. The staff choose the correct pill for 12:00 p.m. by reading the description on the pack. The staff save the other pill (medication) and give it at 2:00 p.m. The administrator was observed choosing the correct medication pill which was given to the resident to take. The 2:00 pm medication that was left in the other unlabeled cup had been put in the medication cart in Resident #4's . The administrator stated that she told the pharmacy that she did not like it, but they did not change it yet. The surveyor was present when the administrator called the pharmacy to get the 2:00 p.m. medication changed to an individual package.
Review of Resident #4's medication observation records revealed that the 12:00 p.m. scheduled medication was 1mg, take 1 tablet by mouth 3 times a day for . The 2:00pm scheduled medication was 100mg, take 1 tablet by mouth twice a day.
Observation of the administrator on at approximately 12:25 p.m. revealed that she put the unlabeled cup with Resident #4's 2:00 p.m. medication in a plastic bag in the resident's section of the medication cart.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interview, the facility failed to ensure that all direct care staff had completed the required in-service training within 30 days of hire for 2 (Staff A and B) of 3 staff members sampled for employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was . . . . . The certificate for the 1 hour in-service training for resident rights was dated . . . . . The certificate for the 1 hour of training for neglect and was dated . . . . . .
Review of Staff B's employee records revealed that her date of hire was . . . . . There was no documentation in her records of the following training: 3 hours for activities of daily living, 1 hour for the facility's elopement response policy and procedures, 1 hour for incident reporting and the facility's emergency procedures.
Interview with the administrator on . . . . . at approximately 3:55pm revealed that she acknowledged the training that needs to be done.

Class III

0082-Training - . . . . . 58A-5.0191(3) FAC

Based on record review and interview, the facility failed to ensure that all direct care staff had completed a one time . . . . training within 30 days of hire for 1 (Staff A) of 3 staff members sampled for employee review.

Findings include:

Review of Staff A's employee records revealed that her date of hire was . . . . . There was no documentation of . . . . training in her records.
Interview with the administrator on . . . . . at approximately 3:55 p.m. revealed that she acknowledged the training that needs to be done.

Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff had completed 1 hour of training on the facility's policy and procedures within 30 days of hire for 1 (Staff B) of 3 staff members sampled for employee review.

Findings include:

Review of Staff B's employee records revealed that her date of hire was . . . . There was no documentation of . . . . training.
Interview with the administrator on . . . . . at approximately 3:55 p.m. revealed that she acknowledged the training that needs to be done.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Class III

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

Based on record review and interview, the facility failed to ensure that all direct care staff had 3 hours of continuing education training every 2 years in mental health topics for 1 (Staff A) of 3 staff members sampled for limited mental health (LMH) training.

Findings include:

Review of Staff A's employee records revealed that her date of hire was . . . . . She had completed the initial 6 hours of LMH training on . There was no continuing education training for mental health topics in her records.
Interview with the administrator on . . . . . at approximately 3:55 p.m. revealed that she looked for the training and was able to find it for another staff member only.

Class . .

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Adrian Manor
2168 9th Avenue North
Saint Petersburg, FL 33713

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) 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 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161