STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943056	05/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lakeside Manor	676 Union Street Dunedin, FL 34698	
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

Assisted Living Facility

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

The Lakeside 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 proper assistance with self-administration of medications for 3 (Residents #3, #4, and #5) of 3 residents sampled for medication pass observation.

Findings include:

Observations during the medication pass for Residents #3, #4, and #5 on at approximately 11:42am, 1:55pm, and 1:50pm respectively revealed that Staff A did not clean her hands with soap and water or sanitize her hands prior to assisting the residents with their medications. Staff A was also observed signing for Resident #4's medications prior to giving the resident the medications.
Review of Resident #4's MORs revealed that Staff A had signed for 10mg, DR 250, and 25mg prior to giving the medications to the resident.
Interview with the administrator and Staff C, the facility owner, on at approximately 5:20pm revealed that they understood these concerns with the medication pass.

Class III

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

Based on observation, interview, and record review, the facility failed to ensure that directions for an over the counter (OTC) medication were written correctly onto the medication observation records (MORs) for 1 (Resident #4) of 3 residents sampled for medication pass observation.

Findings include:

Review of Resident #4's MORs revealed that she had an OTC powder that she was scheduled to take at 2:00pm. The directions on the MORs for the powder read: "2 Tbsp powder in water 4-8 ounces dissolved 3 times daily." "Tbsp" is the abbreviation for tablespoon.
Observation during the medication pass for Resident #4 on at approximately 1:55pm revealed that Staff A added 2 teaspoons of powder to the required water to give to the resident. The manufacturer's label on

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the OTC powder also indicated that 2 teaspoons of the powder were to be used. Interview with Staff A on at approximately 1:55pm revealed that she had written the directions from the OTC medication label onto the MORs. She did not realize that she used the wrong abbreviation for teaspoon. She made a line through the abbreviation "Tbsp" on the MORs and stated she planned to rewrite the directions on the MORs.

Class III

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

Based on record reviews 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 for ( ) within 30 days of hire for 2 (Staff A and B) of 4 staff members sampled for employee review.

Findings include:

Review of Staff A's employee record revealed that her date of hire was . There was a certificate dated that indicated she had completed 0.5 hour of training only.
Review of Staff B's employee record revealed that her date of hire was . There was a certificate dated that indicated she had completed 0.5 hour of training only.
Interview with the administrator and Staff C, the facility's owner, on at approximately 4:55pm revealed that Staff C was not aware that the training needed to be at least 1 hour.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lakeside Manor
676 Union Street
Dunedin, FL 34698

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,

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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