STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966266	05/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Canterbury Dreams	675 Canterbury Rd Clearwater, FL 33764	
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 - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted on .

Canterbury Dreams, assisted living facility, had deficiencies at the time of the visit.

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

Based on observation and interview, the facility was not following all procedures pertaining to assisting residents with medication self-administration in accordance with Section 429.256, F.S. with respect to two of two residents who were observed taking their pharmaceuticals (#2; 3). Findings include:

At approximately 4:20pm on , Staff A was noted to provide both Resident #3 and #2 their medications without reading the labels of the drugs they were consuming to either individual. Upon being notified of this, Staff A stated something to the effect of "you mean we have to tell them each time?"

Class III

007(58A-5.0186 FAC

Based on record review and interview, the facility did not have any written policies/procedures that specifically explained how it was going to implement state laws and rules relative to
Findings include:

Although administrative documentation review revealed a facility "policy regarding , further review of this policy found no explanation as to how the facility was actually going to acknowledge the resident's elated wishes. Interview with the manager at approximately 1:45pm on indicated that there was no other related policy available.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview, the facility did not maintain an acceptable work schedule that reflected its 24-hour staffing pattern. Findings include:

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A review of the facility's current staff schedule found a document that stated "overnight" for one of the staff, while it indicated varying hours for the other--such as 9a-3p or 4p-9p,etc. Interview with the manager at approximately 10:30am on revealed that the hours from 9am-3pm were generally not covered "due to the residents being away at day program." Further review of the schedule found no contingency hours documented, nor was there any basic consistency.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on interview and record review, the person designated to be responsible for the facility's food service had not obtained the 2 hours of continuing education in nutritional topics on an annual basis. Findings include:

In an interview with the manager at approximately 1pm on , he stated he was in charge of the facility's food service. A review of his personnel file found that the latest nutritional update was from . Interview with the manager verified that he hadn't taken any subsequent 2 hour nutritional update training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility did not maintain a sufficient amount of water/water storage capacity for drinking as a part of its 3-day non-perishable food supply in order to meet the needs of its current census. Findings include:

Observation of the facility's residents at approximately 3:45pm on found a total of four (4). Observation of the facility's water on hand at this time as well as plastic jugs revealed a total of approximately ten (10) gallons; interview with the manager indicated that no other water was on hand. Thus, with a census of 4, this short of the recommended 2 gal. per resident per day or 4X2 =8 X 3 days or 24 total gallons required.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility had not filed adverse incident reports with the Central Office regarding one of one resident sampled (#1) who had experienced at least two (2) potentially adverse events. Findings include:

Resident record review during the survey revealed that Resident #1 on at about 7am and after showing signs of pain (crying) around 11:15am, was taken to the ER to be checked out...At approximately 3pm, the Dr. stated...had a minor compression in...lower back." Per a progress note, "resident upon standing; taken to orthopedic physician where X-rays were taken...showed..has left hip bone...taken to FL Hospital...for surgery to repair the hip the following day Further review of Resident #1's file found no documented evidence that either the 1-day or 15-day adverse incident reports had been submitted to the Central office for either episode. Interview with the manager at approximately 2:50pm on 5/28 indicated that "he thought due to the fact that "the compression was a minor affliction, this did not need to be reported." He

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did not provide clarification why a report had not been filed regarding the [redacted] falling/hip [redacted] event.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Canterbury Dreams
675 Canterbury Rd
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of a biennial state licensure survey 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

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