STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	05/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cunningham Elderly	2909 Courtland Blvd Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-0
0055-Medication - Storage And Disposal-0
0056-Medication - Labeling And Orders-0
0057-Medication - Over The Counter (otc) Products-0
0079-Staffing Standards - Levels-0
0152-Physical Plant - Safe Living

Revisit Repeat Tags:
0000-Initial Comments-
0051-Medication - Pill Organizers-58a-5.0185(2) Fac
0160-Records - Facility-58a-5.024(1) Fac

Specific Tag Findings:

0000-Initial Comments

A follow-up to the licensure survey was conducted on . Cunningham Elderly had Licensure deficiencies found at the time of the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on observation, interview and record review the facility failed to ensure a pill organizer was used for a resident that could self-administer medications for 1 of 1 residents reviewed. (Resident #3)

The findings include:

During observation of assistance with medication on at 9:20 AM the Caregiver removed medications from a pill organizer, poured them into a metal cup and provided them to Resident #3.

A record review of the Resident Health Assessment, Form 1823, dated for Resident #3 read that the physician indicated the resident requires assistance with medications.

During an interview with the Administrator on at 9:35 AM she stated she was not aware the use of a pill organizer was not permitted for Resident #3, since the resident's daugther is a licensed nurse who fills the organizer on the weekends.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on interview and record review the facility failed to maintain an up to date admission/ discharge log for 1 of 3 residents reviewed.

The findings include;

During a review of the log on at 7:15 AM the log did not contain an entry for Resident #3.

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During an interview with the Administrator on at 10:45 AM she stated she must have forgotten to add Resident #3 to the log. This was previously cited on .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cunningham Elderly
2909 Courtland Blvd.
Deltona, FL 32738

Re: CCR #2014001634

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure

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