STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965421	05/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shp Heritage Oaks Llc	4501 Shannon Lakes Drive West Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial standard survey was conducted 19-20, 2014 at SHP Heritage Oaks, LLC (signage out front states Allegro). Deficient practice was identified during the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and staff interview the facility to properly store medications. A bottle of over the counter medication was left sitting out in a common area.

The findings are:

On at approximately 8:55 AM a bottle of 200 mg was observed sitting unattended on a dining . There were several residents observed in the area at the time.

An interview was conducted with the resident service director on at approximately 9:00 AM. She stated the medication belonged to a resident in the independent living. She stated the residents from assisted living also eat in this dining area. She stated she had never seen the medication left out on the table before. She agreed the medication should not be on the table.

At 10:30 AM the medication was observed still on the table.

At 12:15 PM the medication was still on the table. The dining filled with residents from both assisted living and independent living. The first seating of the lunch meal was in progress. There were 4 residents observed sitting at the table with the medication bottle.

On at approximately 2:00 PM, at the end of the second seating for the lunch meal the resident took the medication off the table back to her .

Class III

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	AL11965421	**05/20/2014**
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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 review and staff interview, the facility failed to provide 3 hours of in-service training within 30 days of employment that covered activities of daily living and behavioral needs for 1 of 4 staff sampled (Staff A).

The findings:

A review of employee records was conducted. Staff A's file was missing documentation to validate that staff A had received 3 hours of in-service training that covered activities of daily living and behavioral needs.

On at approximately 11:00 am, the facility's Business Office Manager (BOM) was informed that activities of daily living and behavioral needs training was missing from Staff A's employee record and given the opportunity to provide evidence of the training.

At approximately 12:21pm on the same day, an interview was conducted with the BOM revealing that all staff in-services that are required within 30 days of hire are supposed to be completed during the new employee orientation. The BOM revealed that Staff A told her that she had completed the training, but there was no documentation to support that the training was conducted. She concluded that she was unable to find evidence of activities of daily living and behavioral needs training for Staff A in the employee's paper record or in the computer record.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Shp IV Heritage Oaks LLC (Allegro)
4501 Shannon Lakes Drive West
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ', 2014 and ', 2014 by representatives 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 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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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