STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967356	05/21/2014
NAME OF PROVIDER OR SUPPLIER **Emmanuel Care Assisted Living Facility**	STREET ADDRESS, CITY, STATE, ZIP CODE **3628 Daisy Ave** **Palm Beach Gardens, FL 33410**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Emmanuel Care ALF. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, it was determined the facility failed to ensure that the appropriate techniques were utilized per 429.256 F.S. when unlicensed staff provides assistance with the self-administration of medications, for 6 of 6 sampled residents (Residents #1, #2, #3, #4, #5, and #6).

The findings include:

During medication observations conducted with Employee C, on [redacted] beginning at approximately 8:45 AM, there were several concerns related to failure to utilize acceptable techniques while providing assistance with the self-administration of medications for the following 6 residents observed.

Prior to beginning providing assistance with the self-administration of medications, Employee C was observed on [redacted] beginning at approximately 8:45 AM, to obtain the [redacted] of all 6 residents of the facility. Employee C did not wash or sanitize her hands at any point during this observation. She went from one resident to the next without following standard [redacted] control procedures.

1) Employee C was observed on [redacted] at approximately 9:50 AM to obtain Resident #1's

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medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR for 2014 (Medication Observation Record) and initialed each medication on the MOR as having been provided (prior to being offered to the resident). Employee C did not identify the medications to Resident #1 at any time during this observation. One of this resident's medications was noted to be S). This resident was also scheduled to receive and All 3 of these medications were placed by Employee C into the pill crusher and just prior to Employee C lowering the lever to crush the medication this surveyor asked how she (Employee C) identifies which medications are to be crushed for this resident. She replied that all of her medications are to be crushed and that a list of medications that cannot be crushed is maintained in the front of the MOR binder.

During further interview with Employee C this list was reviewed and was on this list as not being a medication that is to be crushed. Employee C asked for the assistance of Employee A (a Licensed Practical Nurse) and Employee A stated that the S cannot be crushed either. They were asked where on the MOR did it indicate any of Resident #1's medications were to be crushed. They both acknowledged at the MOR does not indicate this information. Employee A stated that the MOR should indicate which medications are to be crushed. She then stated that they could just soak those medications in a little bit of water to soften them up and then put them in applesauce. Employee A stated she would call and get clarification on crushing medications for this resident.

2) Employee C was observed on at approximately 9:00 AM to obtain Resident #2's medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR (Medication Observation Record) for 2014 and initialed each medication on the MOR as having been provided (prior to being offered to the resident). Employee C did not identify the medications to Resident #2 at any time during this observation.

3) Employee C was observed on at approximately 9:15 AM to obtain Resident #3's medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR (Medication Observation Record) for 2014 and initialed each medication on the MOR as having been provided (prior to being offered to the resident). Employee C did not identify the medications to

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Resident #3 at any time during this observation. Upon entering Resident #3's , Employee A (Licensed Practical Nurse) was with this resident. Employee A took the medications from Employee C and placed them on a paper napkin. Employee A was then observed to hand each medication (one at a time) to Resident #3 with her (Employee A) bare hands. Resident #3 was observed to consume her medications.

4) Employee C was observed on at approximately 9:40 AM to obtain Resident #4's medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR (Medication Observation Record) for 2014 and initialed each medication on the MOR as having been provided (prior to being offered to the resident). This resident's medications were observed to be packaged in the "bingo card" manner. Employee C was noted to utilized the tip of her ball point pen to open each individual pack on the bingo card (in order to obtain access to the medication). Employee C did not identify the medications to Resident #4 at any time during this observation.

5) Employee C was observed on at approximately 9:30 AM to obtain Resident #5's medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR (Medication Observation Record) for 2014 and initialed each medication on the MOR as having been provided (prior to being offered to the resident). Employee C did not identify the medications to Resident #5 at any time during this observation. Employee C was observed to place this resident's medications on a paper napkin (in front of the resident). Employee C was then observed to pick up each medication, individually, and place in Resident #5's hand with her (Employee C's) bare hands (that had not been washed/sanitized). Resident #5 was observed to consume her medications one at a time.

6) Employee C was observed on at approximately 9:57 AM to obtain Resident #6's medications from the medication cart without washing/sanitizing her hands. She reviewed the MOR (Medication Observation Record) for 2014 and initialed each medication on the MOR as having been provided (prior to being offered to the resident). Employee C did not identify the medications to Resident #6 at any time during this observation. Employee C was observed to obtain this resident's from the medication "bingo" card by utilizing the tip of her ball point pen to open this

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individual dose and then place it in the soufflé cup with the other medications.

During interview with the Administrator, conducted on [redacted] beginning at approximately 12:30 PM, the above noted medication technique concerns were reviewed. She acknowledged that staff who provide assistance with the self-administration of medications should wash/sanitize hands prior to and between resident contact. She also acknowledged that staff should not be utilizing their bare hands to handle and/or hand medications to residents and that a ball point pen should not be utilized to open medication packaging. She stated the MOR should be initialed after each resident is observed to take his/her medications and not prior to. She stated she is in the process of clarifying which medications are to be crushed for Resident #1. She stated she was not aware of the requirement for unlicensed staff to identify the medications to the residents prior to providing assistance with medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emmanuel Care Assisted Living Facility
3628 Daisy Ave
Palm Beach Gardens, FL 33410

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2014 by a representative 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 representative. Should you have any questions please call this office at (561)381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb
XG90

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