STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910568	05/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden View Alf	526 N. Mary Ave. Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0026-Resident Care - Social & Leisure Activities-05/30/2014
0030-Resident Care - Rights & Facility Procedures-05/30/2014
0092-Food Service - General Responsibilities-05/30/2014
L243-Lmh - Training-05/30/2014

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit survey was conducted at Garden View Assisted Living Facility located in Panama City, FL on . Deficient practice was identified at the time of the survey.

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

Based on observation of medication pass, staff interview and resident record review the facility failed to provide proper assistance with medications by not reading the label of the medication (to include the medication and the dosage) for 5 of 5 sampled residents (#1, 2, 3, 4 and 5) and failed to provide the ordered dose of medication to 1 of 5 sampled residents (#4).

The findings include:

An observation of medication assistance pass was conducted with the Administrator on at approximately 10:15 AM. The Administrator was observed to pop the pills into the hand of 4 residents (#1, 2, 3, and 5) from the labeled medication package. She read only the name of the medication to all residents and not the dose of the medication. She then handed resident #4 his ProAir inhaler and instructed resident #4 to "take one puff". The label of resident #4's ProAir inhaler stated take 2 puffs. Resident #4's Medication Observation Record (MOR) was reviewed on . The MOR stated the resident was to take 2 puffs of the ProAir inhaler.

An interview was conducted with the Administrator on at approximately 10:45 AM. She confirmed she should have asked resident #4 to take 2 puffs of his ProAir inhaler and that she only read the names of the medications to the residents.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Garden View Alf
526 N. Mary .... Ave.
Panama City, FL 32404

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2014by representative(s) 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

BBT7

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