STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965260	05/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amore' At Kanner Highway Llc	1634 S. Kanner Hwy. Stuart, FL 34994	
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2014001470 and CCR #2014002912 was conducted on through Amore' at Kanner Highway LLC had deficiencies found during the investigation related to CCR #2014001470.

Deficient practice identified at CCR#2014001470 at A 0052, A 0056 and A 0084.

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

Based on record review and interviews, the facility failed to ensure medications prescribed with directions for use " as needed " (PRN), for 6 out of 6 sampled residents (Residents #1, #2, #5, #6, #7 and #8) did not require independent judgment on the part of an unlicensed person, and were given at the request of competent residents.

The findings include:

On the Medication Observation Records (MOR's) for the sampled residents were reviewed with the following medications identified as given to residents by unlicensed staff who made the decision of when and under what circumstances to give the medication to residents with

a) Resident 1 (diagnosis of 2013 MOR:
1) medication) liquid, to be given every 4 hours as needed
2) medication) tablet, to be given every 4 hours as needed
3) Oxyfast pain reliever) liquid, to be given every 4 hours for pain or

b) Resident 2 (diagnosis of 2014 MOR:
1) medication) tablet, to be given twice daily as needed
During an interview with staff B on at 11 AM, it was revealed resident #2 received this medication to prevent the resident from walking without assistance (at risk for to prevent resident

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from trying to stand by herself.

c) Resident #5 (diagnosis of 2014 MOR:
medication) tablet, to be given twice daily as needed
During an interview with staff B on at 11 AM, it was revealed Resident #5 receives this medication when the resident screams or scratches staff

d) Resident #6 (diagnosis of 2014 MOR:
1) medication) capsule, to be given at bedtime as needed
2) medication) tablet, to be given every 4 hours as needed for given when resident screams or fights with staff

c) Resident #7 (diagnosis of 2014 MOR
During an interview with staff B on at 11 AM, it was revealed Resident #7 receives this medication to medication) tablet, to be given twice daily as needed given to keep resident calm

f) Resident #8 (diagnosis of 2014 MOR:
medication) tablet, to be given twice daily as needed
During an interview with staff B on at 11 AM, it was revealed resident #8 receives this medication given to keep resident from standing without assistance and when he fights with staff

The medications listed above were documented as given by unlicensed staff numerous times on various dates during the months indicated.

During interview with the Executive Director at approximately 1:00 PM on she acknowledged that the listed medications were given by unlicensed staff to residents that had requiring judgement or discretion by the unlicensed staff when assisting with self-administration of medication.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and an interview, the facility failed to ensure the health care provider was contacted and requested to provide revised instructions for medications prescribed with directions for use " as needed " (PRN) for 6 out of 6 sampled residents (Residents #1, #2, #5, #6 , #7 and #8).

The findings include:

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Amore' At Kanner Highway Llc	1634 S. Kanner Hwy. Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On the Medication Observation Records (MOR's) for the following residents were reviewed with the listed discrepancies identified:

a) Resident 1-J 2013 MOR:
1) medication) liquid, to be given every 4 hours as needed.
2) medication) tablet, to be given every 4 hours as needed.

b) Resident 2-A 2014 MOR
medication) tablet, to be given twice daily as needed.

c) Resident 5-A 2014 MOR:
medication) tablet, to be given twice daily as needed.

d) Resident 6-A 2014 MOR:
medication) capsule, to be given at bedtime as needed

e) Resident 7-A 2014 MOR:
1) (inhalation treatment) solution, to be given every 6 hours as needed
2) medication) tablet, to be given twice daily as needed

f) Resident 8-A 2014 MOR:
Collyrium (eye wash) solution, to be given as needed before Polytrim dosing.

During interview with the Executive Director at approximately 1:00 PM on she acknowledged that the listed medications required revised instructions for use to include specific parameters for unlicensed staff to follow when assisting with self-administration of medication. She also acknowledge the resident's physician had not been contacted to request revision to aforementioned order to preclude independent judgment by staff. It was also confirmed none of the above prescribed medications included the circumstances under which it would be appropriate for the resident to request the medication.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and an interview, the facility failed to ensure that 3 out of 3 sampled unlicensed staff members (Staff A, B and D) who provided assistance with self-administered medications had successfully completed an initial 4 hour training and a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF.

The findings include:

The personnel files for Staff A, B and D were reviewed on [redacted] for documentation of an initial 4 hour training and a minimum of 2 hours of continuing education training annually on providing assistance with self-administered medications and safe medication practices in an ALF. The following training for these unlicensed resident aides who provided assistance with self-administration of medication to residents was reviewed.

a) Resident Aide A-Date of Hire [redacted]. There was no medication training available for review within the employee's file.

b) Resident Aide B-Date of Hire [redacted] There was no medication training available for review within the employee's file.

C) Resident Aide D-Date of Hire [redacted]. Resident D's last documented medication training was on [redacted] for 4 contact hours, no further training within the file.

The Executive Director was interviewed at approximately 1:00 PM on [redacted] and acknowledged that the documentation was not present and that no further information was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

Re: CCR #2014001470 & 2014002912

Dear Administrator:

This letter reports the findings of a State Licensure Complaint Survey that was conducted on , 2014 by a representative from 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/jw
Enclosure
XO90

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