RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Serenity House
14355 Highgrove Road
Spring Hill, FL 34609

RE: CCR #2014004185

Dear Administrator:

This letter reports the findings of a compliance survey that was conducted on , 2014 by a representative of this office.

Enclosed 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 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristy J. Mennella
Field Office Manager

KJM/amw

Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967923	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Serenity House	14355 Highgrove Road Spring Hill, FL 34609	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0050 - 58a-5.0185(1) Fac - Medication - Self Administered Medications S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced **complaint survey** (CCR #20140041 85) **was conducted at Serenity House Assisted Living on** . Deficient practice was identified at the time of this survey.

0050-Medication - Self Administered Medications 58A-5.0185(1) FAC
Based on observations and interviews the facility failed to provide assistance with self-administration of medication correctly for 1 of 4 residents observed by failing to read the label in the presence of the resident (resident #4).

Findings:

1. On at approximately 1:00 PM an Staff B was observed giving resident #4 his . She brought the pill bottle to where the resident was and compared the label with the MOR. She then dumped the pill capsules into the medication lid and handed the lid to the resident and said here is your pills. Staff B then retrieved Voltaren gel and told resident #4 it was time for his gel. Staff B then squeezed approximately 6 grams onto a gloved hand and asked Resident #4 where she needed to rub it on to the resident's neck.

Once Staff B was done with the she told resident #4 it was time for his breathing treatment. Staff B gave resident a vial of liquid (Albute-sol) and said here is your medication. Staff B then untwisted the medication cup on the and held it for the resident to pour in the vial of medication. Staff B replaced the medication cup top and handed the breather tube to the resident and turned on the machine.

2. On at approximately 2:05 PM an interview was conducted with the Administrator (who observed Staff B during the medication pass for resident #4). The Administrator verbally confirmed Staff B did not read the label of the medication in the presence of resident #4.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interviews the facility failed to maintain mechanical and electrical appliances and devices in good working order for 5 of 5 residents.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Findings:

1. On at approximately 11:10 AM a tour of the facility was conducted. The kitchen stove door was observed to be m missing a glass panel and the handel on the oven door was broken. The refriderator on the back porch which is used to stores resident food for residents, had rust spots all over the front of it. Further observations revealed the freezer or refridgerator doors were over lapped and would not close tightly unless you pushed hard to shut them.

2. On at approximately 11:50 AM the Administrator was asked about th stove, the refridgerator and wheelchair. She said she was trying to get parts for the stove oven door but she will probaly replace it. She said she will eaither repaint or replace the refridgerator on the back porch.She said she will get her maintance man to address these issues right away.

Class III