STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967844	06/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nomel's ALF Inc #2	332 Biscayne Lane Sebastian, FL 32958	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0083-Training - First Aid And 05/2014
0085-Training - Nutrition & Food Service-06/05/2014

Revisit Repeat Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey revisit was conducted on 06/05/2014 at Nomel's ALF Inc #2. The facility had a licensure deficiency identified at the time of the visit.

The following deficiency was uncorrected during the Relicensure survey revisit: A 054

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) or "Medication Chart" was accurate and up-to-date, for 2 out of 2 sampled residents (Residents 1 and 2).

The findings include:

On at 8:00 AM, the 2014 MOR's were reviewed for Resident #1 and #2 and the following discrepancies were identified:

A review of the MORs for the month of 2014, for Resident #1 and #2, revealed they were blank. It was noted that staff had failed to document assistance with medications to the residents on the MORs. The medications listed for each resident at various times (as physician ordered) throughout the day had not been initialed by staff on the medication assistance documents (MOR's) as required.

During interview with the Administrator at 8:15 AM on she stated that the pharmacy had created the MOR's for facility use but had not delivered them to the facility before the beginning of the month (Sunday, 1st, 2014). She stated they arrived approximately and said medications were given to the residents but had not been documented yet. Documentation of assistance with all residents' medication had not been done for 4 days 1-4, 2014).

The facility is required to obtain a Pharmacist Consultant due to this uncorrected citation.

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This is an uncorrected deficiency from the Relicensure survey conducted on

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Nomel's ALF Inc #2
332 Biscayne Lane
Sebastian, FL 32958

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit that was conducted on 5, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the previously cited deficiencies that were found corrected and the uncorrected deficiency that was identified on the day of the revisit. 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
Enclosure

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