STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Americare Assisted Living	2992 Day Road Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd 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 biennial licensure survey and complaint survey CCR#2014002545 were conducted on at Americare Assisted Living in Deltona Florida. Deficiencies were identified during the biennial survey. Complaint CCR#2014002545 was unsubstantiated.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on record review, staff interview and observation the facility failed to ensure the services of a licensed nurse to provide supervision of unlicensed staff or perform vital signs for 1 of 10 sampled residents. (Resident # 7)

The findings include:

During an observation of the medication pass on at 11:30 am, the Medication Technician (MT) was observed taking and pulse for Resident #7.
After taking the vital signs the MT poured the residents medication, 10 milligram (mg), and handed it to the resident.

Review of the Medication Observation Record (MOR) for Resident #7 revealed the MT performed and recorded and pulse everyday. An interview with the MT on at 11:40 am confirmed that the MT's took the vital signs and recorded the outcome. The taking of vital signs was not monitored by a nurse.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility staff failed to retrieve a properly labeled medication container during medication observation for 1 of 10 sampled residents. (Resident # 4)

The findings include:

On at 11:45 AM during medication observation for Resident #4, the Medication Technician (MT) assisted the resident to her glucose testing ( ). The The MT retrieved the testing supplies and provided the device with lancet to the resident who independently tested her sugar. The results of the test determined Resident #4 required the administration of sliding scale (2 units). coverage instructions were observed taped to a cabinet door. The MT retrieved a pre-filled syringe from the residents refrigerator and provided to the resident for self administration. Observation of the residents refrigerator revealed multiple pre-filled syringes. The syringes had been pre-filled by the Registered Nurse and were dated
In an interview with the MT on at 11:45 AM, she confirmed that she had given Resident #4 her pre-filled

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syringe containing what she believed to be 2 units of .

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on staff interview and record review the facility failed to ensure staff receive a minimum of one hour in-service training for control, including universal precautions and facility sanitation, reporting major incidents, adverse incidents, emergency procedures, resident rights and recognizing and reporting 1 of 3 sampled personnel records (Employee #2).

The findings include:

Review of the personnel record for employee #2 revealed required inservice training had not been provided. Employee #2 had been employed since .An interview was conducted with the administrator on at 2:30pm and confirmed that Employee #2 had not had the mandatory inservices.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on staff interview and record review the facility failed to ensure employees received mandatory ( ) education within 30 days of employment for 1 of 3 employees (Employee # 2)

Review of the personnel record for Employee #2 revealed no documentation that mandatory education had been completed. Employee #2 had a hire date of . An interview was conducted with the administrator on at 2:30pm and confirmed there was no record of education in the file.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff interviews the facility failed to provide a safe and sanitary living environment for 3 of 32 resident and in common areas. (# , 9 and 13)

The findings include:

During a tour facility on at 10:15 AM, the following was observed:

The corner of the the wall between the library and dining damaged from the floor to the top of the wall. There was no plaster left on the corner and sharp metal frame was exposed.

The three hallways leading to resident were badly scuffed and need of repainting.

was observed with multiple large dark stains over the entire carpeted area. The walls were badly scuffed and in need of paint.

was observed with numerous large dark stains over the entire carpeted area.

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An interview was conducted with the administrator on at 2:45pm. She stated she was aware that the carpeting needed to be replaced and that walls need repainting. She was aware of the damaged corner of the wall with metal exposed and stated it was from resident wheelchairs. She further added the facility does not have a maintenance person but would have the wall repaired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Americare Assisted Living
2992 Day Road
Deltona, FL 32738

RE: CCR #2014002545

Dear Administrator:

This letter reports the findings of a state biennial licensure and complaint survey that was conducted on , 2014 by representatives 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 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

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