STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	06/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mills Assisted Living Facility	701 9th Street Riviera Beach, FL 33404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 Relicensure survey with Limited Mental Health was conducted on at Mills Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, interviews and record review, the facility failed to ensure medications for residents assisted with self-administration of medications by unlicensed staff were properly stored for 1 of 3 sampled Residents (#9).

The findings include:

A tour of the facility was conducted on beginning at 8:15 AM while accompanied by Employee A. While in Resident #9's 8:25 AM, a partially filled container of was observed on her nightstand. In an interview conducted at that time, Employee A stated she did not know the resident had this medication. She acknowledged facility staff should be monitoring residents for items like this. Review of Resident #9's records revealed she required assistance with self-administration of medications. Further record review revealed no physician order for this medication.

During an interview with the Administrator on at 11:12 AM, she acknowledged the findings.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications did not change the orders for a medication without a written health care provider order, for 1 of 3 sampled residents (Resident #13).

The findings include:

A medication review was conducted for Resident #13 on beginning at 11:49 AM with Employee A present. Review of her records revealed a written health care provider order dated that called for XL 25 milligrams by mouth daily at 8:00 AM, hold if is below Review of her and 2014 medication observation records (MORs) and the medication container prescription label revealed matching orders. Further review of her records revealed no documentation showing facility Certified Nurse Aides (CNAs) measured the resident's

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prior to assisting with the medication for both months.

During an interview conducted at 1:12 PM, Employee A stated checks were not being performed for this resident. She acknowledged the HCP's written order called for same. This was discussed and acknowledged by the facility's Administrator on at 1:15 PM.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to ensure residents had comfortable mattresses, for 3 of 16 mattresses used by residents. As evidence of the mattresses were breaking down indicated by significant indentations in the mattresses.

The findings include:

A tour of the facility was conducted on beginning at 8:15 AM while accompanied by Employee A. The following concerns were noted:

1. At 8:17 AM, in resident shared by two residents, both mattresses were observed to have indentations in the upper center of the mattresses in an area about 18 inches wide and 2 feet long; offering no support for the resident's body.

2. At 8:20 AM, in resident , the resident bed (closest to the was observed to have an indentation in the upper center of the mattress in an area about 2 feet wide and 2 feet long; offering no support for the resident's body.

In interviews conducted at the times of observation, Employee A acknowledged the mattresses were in disrepair. This was discussed with and acknowledged by the facility's Administrator on at 11:12 AM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mills Assisted Living Facility
701 9th Street
Riviera Beach, FL 33404

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 2014 by a representative 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 **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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