STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942998	06/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Towers Retirement Home Management, Inc	824 SE 2nd Street Fort Lauderdale, FL 33301	
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= E
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= E

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Towers Retirement Home. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. The facility failed to ensure staff read the medication label in the presence of the resident, for 6 out of 6 (Residents #8, #10, #11, #12, #13 and #14)current residents and incorrectly prompting Resident #11 to administer his inhaler as per physician order.

The findings Include:

a)On [redacted] at 11:50 AM, an observation was made of Employee F assisting Residents #8, #11 and #14 with their medications. For each resident, the employee removed the medication card from the medication cart and popped the medication from the medication card into the residents' hands. Employee B failed to identify the medication given to any of the 3 residents whose medication assistance was observed.

b)On [redacted] at 12:00 PM an observation was made of Employee F assisting Resident #11 with his inhaler, and prompting him to take a second puff. A review of resident #11's Medication Observation Record and Medication Label revealed that the resident is to inhale 1 puff 4 times daily.

c)On [redacted] at 12:40 PM, an observation was made of Employee F assisting Residents #10, #12 and #13 with their medications. For each resident, the employee removed the medication card from the medication cart and popped the medication from the medication card into the residents' hands. Employee B failed to identify the medication given to any of the 3 residents whose medication assistance was observed.

A review of Resident's #8, #10, #11, #12, #13 and #14's, record revealed their AHCA form 1823 documents that they need assistance with self administration of medications.

d)In an interview conducted on [redacted] at 11:05 AM with Resident #8, he stated that the staff assisting with self administration of medications never tell him what medications they are giving him.

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In an interview conducted on . . . . . at 10:30 AM with Resident #10, she stated that the staff assisting with self administration of medications never tell her what medications they are giving her.

In an interview conducted on . . . . . at 10:50 AM with Resident #9, he stated that the staff assisting with self administration of medications never tell him what medications they are giving him.

In an interview conducted on . . . . . at 12:05 PM with Staff F, she confirmed that she did not read the medication labels to the residents on . . . . . or tell them what medications they were taking. She also confirmed that she did tell Resident #11 to inhale 2 puffs, and that she did not realize he was only to take 1 puff.

In an interview conducted on . . . . . at 12:15 PM with the Administrator and Assistant Administrator, they were informed of the concerns observed during assistance with the residents' self -administration of their medications. They confirmed that unlicensed staff was not reading the medication labels to the residents, as they were unaware of the requirement.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation, interviews and record review, the facility failed to ensure a safe and clean living environment in 5 out 32 . . . . observed and in the dining .

The findings include:

During the tour on . . . . . at 9:00 AM, it was noted that multiple residents' common area and the dining painting, carpeting and air conditioning repair.

1) In , a floor tile by the closet was missing.

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2) In , the window air conditioning unit was not properly sealed on either side of the window.

3) In , the AC was stuck on 69 and was blowing l air, it could not be adjusted.

4) The wall in was dirty and the carpet was dirty beyond repair.

5) In the dining the base of the medication cart, it was observed that the base boards and the floor was very soiled and stained with very dark substance. The outside wall at the entrance of the kitchen was noted to be dirty and discolored. By the sitting area on the West and South side the walls were noted to be stained and/or the wall needed to be repaired.

During an interview with the residents on during the morning interviews, they all indicated that they were not pleased with the state and appearance of their

During a tour with the Administrator on at 2:00 PM, all the aforementioned were discussed and he confirmed all the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Towers Retirement Home Management, Inc
824 SE 2nd Street
Fort Lauderdale, FL 33301

Dear Administrator:

This letter reports the findings of a state licensure 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 **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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com