STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965877	05/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stephens Memorial Home	5805 Datil Pepper Road St FL 32086	
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= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
A biennial licensure with Extended Congregate Care survey were conducted on . The Stephens Memorial Home assisted living facility had deficiencies identified.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to properly assist 4 out of 4 residents (resident #s 3,4, 5 and 6)with self-administration of medications as defined in 429.256 F.S.

The findings include:

In an observation during medication pass on at 9:00am, the lead caregiver placed Resident #3's prescribed metroprolol, and tablets into plastic cup. The lead caregiver was then observed placing these medications into a spoon and spoon-fed the medications to the resident, without verbalizing to him which medications he received.

In an observation during medication pass on at 9:10am, the lead caregiver placed Resident #4's prescribed tablet from its container into a plastic cup. The lead caregiver was then observed placing this medication into some oatmeal, and the resident ate the oatmeal containing the medication. The lead caregiver did not verbalize to the resident medications she received.

In an observation during medication pass on at 9:15am, the lead caregiver placed Resident #5's prescribed and tablets from their respective containers into a plastic cup. The lead caregiver then handed the plastic cup with the medications to the resident and the resident took the medications one by one, without verbalizing to her the medications she received.

In an observation during medication pass on at 9:30am, the lead caregiver placed Resident #6's prescribed and tablets from their respective containers into a metal saucer. The lead caregiver was then observed placing the medications from the metal sauce on to a used place mat on the table in front of the resident and the resident took her medications orally from the table place mat along with water. The lead caregiver did not verbalize to the resident the medications she received.

In an interview with the Administrator on at 2:00pm, she stated that the lead caregiver was nervous while she performed medication pass earlier that day and that was the reason why she did not observe a clean procedure during this medication pass.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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0053-Medication - Administration 58A-5.0185(4) FAC
Based on interview and record review, the facility failed to provide medication administration to 1 out of 4 residents (resident # 1) by a licensed nurse.

The findings are:

Review of Resident #1's health assessment dated indicated that he needed medication administration for his prescribed medications. Review of the resident's 2014 medication observation record indicated that the lead caregiver administered his medications from to

In an interview with the administrator on at 2:00pm, she stated that the lead caregiver was not a licensed nurse and regularly performed medication administration for Resident # 1. She stated that the lead caregiver would usually administer the resident's medications in the morning and she would administer his medications in the evenings. She stated that she had an active nursing license and she understood that the lead caregiver may perform medication administration duties under her direct nursing supervision.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, interview and record review, the facility failed to complete the background screening for 1 out of 3 employees (employees A and C) before being hired or providing direct care services to the residents.

The findings are:

Review of Employee A's record indicated that she began working in the facility on and there was no background screening results available.

In an observation on at 4:10pm, Employee A was assisting residents with transferring and ambulation from the hallway to the dining During this observation, employee A was extending direct care services to several residents without any supervision by other staff or the administrator.

In an interview with employee A on at 4:20pm, she stated that she began working in the facility three days ago and that she was told yesterday by another caregiver that she may provide direct care to the residents. She stated that she now performed unsupervised direct care services for the residents, which included assistance with ambulation, transferring and toileting.

In an interview with the administrator on at 2:15pm, she stated that Employee A quit her position with the facility yesterday and it was her understanding that Employee A was able perform certain direct care tasks in the facility until she received the results of the employee's background screening. She stated that the facility did not have employee A's background screening results available at that time because the employee submitted her screening information on and was waiting for her results.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Stephens Memorial Home
5805 Datil Pepper Road
St FL 32086

Dear Administrator:

This letter reports the findings of a state biennial licensure with Extended Congregate Care 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

Sincerely,

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

NF/JM/sm
Enclosure

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