STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964388	06/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Tuskawilla	1016 Willa Springs Drive Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
Limited Nursing Services monitoring visit conducted on . . . . Emeritus at Tuskawilla had a deficiency found at the time of the visit.

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview the facility failed to ensure 1 of 6 sampled staff (C), who assisted with self-administration of medications, received the required 4 training in providing assistance with medications and safe medication practices in an assisted living facility.

Findings:

Review of personnel files for Staff C, who assisted with self-administration of medications, revealed there was no documentation to indicate staff C had completed the initial 4 hours of training in providing assistance with medications and safe medication practices in an assisted living facility (ALF).

In an interview with the Resident Care Director on . . . . at approximately 4 PM who stated the staff did not have documentation of the training in her personnel file and indicated the staff received the 4 hour training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Tuskawilla
1016 Willa Springs Drive
Winter Springs, FL 32708

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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