STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965700	07/08/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Maple Leaf Assisted Living	24 Mead Place Stuart, FL 34997	
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 - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) monitoring survey was conducted on . . . . . at Maple Leaf 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 and interview, the facility failed to ensure that medications keep in the medication cart as Over The Counter (OTCs) pills were not expired.

The findings include:

Observations of the medication cart with the Administrator who is a registered nurse at approximately 11:40 AM, revealed the following medications / Over The Counter (OTCs) in the cart had expired:

a. Two spray bottles of (6 ounces each): one had expired on . . . . . and one on
b. :s-44 4 ounces had expired on , and
c. Peptol- 8 oz bottle with approximately 1 teaspoon left in it & had expired on

d. Also in the bottom drawer in a blue container there were two unidentified pills: one loose orange pill & 1/2 white tablet.
Interview with the Administrator (registered nurse) at approximately 11:55 AM, revealed she thought the orange pill was a . . . . . and was not sure of the white 1/2 tablet.
It could not be determined how long these OTCs were in the medication cart but the Administrator agreed that these had expired and should have be disposed.

Class III

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0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation & interview, the facility failed to ensure it maintained Over The Counter products (OTCs) that were labeled with a residents' name.

The findings include:

1) Observation of the medication observation pass conducted with the registered nurse administrator at approximately 8:50 AM, revealed she prepared medications for Resident #1 that included Pain 650 mg and MVI for Her with D3 (taken from the bottom drawer of the cart). Both these medication were observed to be in OTC (over the counter) bottles. The resident's full name was not listed on the bottle; the resident's initial were observed on the bottle.

The Administrator said at 8:52 AM, that is the way it always is and I have never had a problem before.

2) Observations of the medication cart with the Administrator who is a registered nurse at approximately 11:40 AM, revealed the following medications / OTCs (over the counter) pills in the cart with no resident names on them and no prescription label:

(a) In the top drawer: cream, cream, cream, Hypergel, Normlgel, & creams 3 suppositories, and Zeasorb-AF. There was no name or resident prescription label on either of them. The administrator said staff would use them if needed for themselves, not for the residents. The Administrator, then said staff could use them for the residents in an emergency.

(b) In the 2nd drawer: a bottle of that was still sealed. The Administrator said the son brought them to Resident #1 and he wouldn't take it back so they are still here. There was no name on them. There was also a bottle of

(c) In the 3rd drawer: two bottles of 500 mg bottle. There was no name on them but the Administrator said they were for Resident #2. She said the for Resident #2 is now in a bubble packet.

Also in the 3rd drawer: a bottle of 81 mg with no name on them; & 14 tablets

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OTC in a box with no name.

(d) In the Bottom drawer: 24 fl oz (fluid ounces) that was partial filled; 9 oz; and OTC in a box.

Also in the bottom drawer was a blue plastic container that contained: a bottle of 325 mg in a box, two spray bottles of 6 oz each; s-44 (4 oz); Peptol- 8 oz bottle (approximately 1 teaspoon left in bottle), n-100 liquid 4 oz bottle; and a bottle of Extra Strength Pain Relief liquid 8 oz.

It could not be determined how long these OTCs were in the medication cart but some of them had expired. Refer to A0055.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on personnel record review and interview, the facility failed to ensure that all staff have evidence of a negative examination documented on an annual basis, for 2 out of 2 sampled staff (Staff A and the Administrator).

The findings include:

Review of the personnel file provided for Staff A, the Administrator, revealed the last medical assessment for being free of signs & symptoms of was on

At 9:52 AM, the Administrator said she missed her last medical appointment and has an appointment for later in the month. She said she works in the facility 24 hours a day each day of the week (lives here) and has contact with all the residents. At approximately 11:35 AM, she said she will need a chest x-ray, as she has recently had a She said there is one other staff member who works part time 4 days a

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week.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Maple Leaf Assisted Living
24 Mead Place
Stuart, FL 34997

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a monitoring 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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