STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953207	07/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fountainview	145 Executive Center Drive West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 Fountainview Assisted Living Facility. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview, the facility failed to ensure an accurate medication observation (MOR) was maintained to ensure residents received medications as ordered by the physician, for 1 of 3 residents (Resident #3) observed for medication pass.

The findings include:

Review of the physician order for Resident #3 revealed an order for . 10 mEq twice daily . Observation during the medication observation pass with the Med Tech (Staff G) at 3:30 PM revealed the med tech (Staff G) removed a pain medication (as needed & requested by resident) from the medication cart for Resident #3. The Med tech also removed a . 10 mEq tablet. The surveyor asked the med tech how long before a scheduled time can medications be given. Staff G said one hour. The surveyor asked her what time it was now. She said 3:30 PM. The surveyor asked what was the scheduled time for the . The med tech said it's ordered twice a day, looked a the MOR and said it is due at 5 PM. The Med Tech entered the resident's . gave the pain medication and the . tablet to the resident who took it with water at 3:35 PM.

During an interview with the Resident Care Director at approximately 4:50 PM, she revealed the med techs have one hour before & after a scheduled medication time to provide the medications to the residents. She said 'you gave lots of prompts so she should have known'.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953207	07/09/2014
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0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that each staff member had a written statement by a Health Care Provider documenting the individual had an annual status statement or examination in the file, for 1 out of 7 sampled staff records reviewed (Staff G).

The findings include:

Review of the personnel files with the Director of Human Resources (HR) and the Resident Care Director at approximately 4:58 PM revealed Staff G, a med tech / certified nursing assistant, was hired on . Review of the Health Statement revealed it was dated that had a check on the line for 'do not have any signs or symptoms of . There was no other Health Statement for this staff member. This was confirmed by the Director of HR and the Resident Care Director.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Fountainview
145 Executive Center Drive
West Palm Beach, FL 33401

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 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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