STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965499	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southern Live-In Of Brandon	619 Princeton Street Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted in conjunction with a complaint survey, CCR# 2014005120, on .

The Southern Live In of Brandon, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review for 2 sampled residents, 2 (#5 & 7) were incomplete.

Findings include:

A review of the health assessment (1823) for residents #5 & #7 revealed that the portion of the health assessment forms (1823) indicating the type of assistance the residents required with medications was left blank. The assessment for resident #5 was dated . The assessment for resident #7 was dated .

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based upon record review & staff interview, one resident (#5) receiving Hospice services did not have the required documentation on file.

Findings include:

A review of the record for resident #5 on revealed although this resident was receiving Hospice services, there was not a Hospice Care Plan on file and the facility did not have an interdisciplinary plan of care between Hospice and the facility, resident and/or family indicating the residents health, psycho-social & spiritual needs could be met at the facility.

The administrator during interview at about 4pm acknowledged this information was not on file.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

During facility tour & interview, it was observed that the facility staff was not following appropriate procedures concerning supervision of self administered medications for 1 (#7) of 3 residents observed.

Findings include:

1. During a tour and interview with resident #7 on at approximately 11:45am, on the bedside next to the resident was observed ~7 multi colored pills in a small cup. The resident said these were her morning medications but she was not ready to take them when staff brought them to her. The resident said she knew what they were and added that the staff brings them to her in the am and she takes them when ready. The resident informed the surveyor she'd take them soon. When it was explained to her that the staff were suppose to watch her take them, the resident said she sleeps late because she's up all night.

Shortly after this interview, the administrator was made aware of this issue and came to the resident's ensure the resident received her medications in the presence of the RN surveyor from this agency.

2. During interview with staff at about 9:30am, staff informed the surveyors that she draws up the of resident #2 for the resident to self administer. This staff is not a licensed nurse.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based upon observation and interview, the facility failed to ensure medications were kept locked at all times.

Findings include:

During facility tour on at about 9:30 a.m. the medication closet in the kitchen area was observed unlocked. Medications were visible inside the open door. During interview with staff concerning residents on , staff proceeded to show the surveyors the medication box where was kept in the refrigerator. The box was not locked as it had been broken per staff interview. She added it had been that way for some time.

Class III

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

Based upon a review of 3 sampled personnel records, 1 (C) of 3 staff files did not contain documentation of having an annual update.

Findings include:

A review of the personnel record for staff C revealed that the last documented test on file was dated . No further annual updates could be found on file.

Class III

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0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon record review 2 (B & C) of 3 staff did not have documented evidence of training in the following required areas.

Findings include:

A review on revealed;

1. The personnel records for both staff B & C did not contain documentation of training in resident rights, the facility elopement response policy & procedures, reporting & recognizing , neglect & , reporting of major incidents, reporting of adverse incidents, and safe food handling procedures. Both staff were hired in 2014.

2. A review of the record for staff B revealed no documentation of training in the facility emergency procedures.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon record review, the facility failed to ensure that 1 staff scheduled to be on duty alone did not have 1st Aid certification from an approved provider.

Findings include:

A review of the personnel record for staff B revealed that the 1st aid card on file reflected the staff had taken the this 1 hour class on line through RN.org. On line or 1st aid courses are not considered approved courses.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Southern Live-In of Brandon
619 Princeton Street
Brandon, FL 33511

RE: CCR# 2014005120 & Biennial

Dear Administrator:

This letter reports the findings of a complaint survey and a biennial state licensure survey that were conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey and the deficiencies that were identified relative to the biennial state licensure survey. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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