| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968381 | 07/28/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Songbird Villa I, Llc | 11030 56th Place North West Palm Beach, FL 33411 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced Relicensure survey was conducted on at Songbird Villa I. The facility had deficiencies found at the time of the visit.

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**
Based on observation, record review and interview, it was determined the facility failed to post the correct telephone number for the Agency for Health Care Administration (AHCA) complaint hotline.

The findings include:

During an initial tour of the facility conducted with the Manager, on beginning at approximately 8:25 AM, a posting of AHCA was observed. It was noted the number on the posting was incorrect. During an interview with the Manager , at this time, she was asked why the incorrect number for AHCA was posted; as it had an (877) prefix instead of the correct prefix of (888). In addition, the posted documentation only noted the name of AHCA and the incorrect telephone number, it did not identify that this was the consumer complaint hotline number. The Manager stated she was not aware that it was an incorrect telephone number. Further tour of the facility revealed no other posting indicating the correct number for AHCA,

Class III

**0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC**
Based on interview and record review, it was determined the facility failed to ensure that each unlicensed employee that provides assistance with the self administration of medications received the required minimum of 2 hours annual training on providing assistance with self administered medications

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and safe medication practices in an assisted living facility, for 1 of 3 sampled employee records reviewed (Employee A).

The findings include:

During employee record review and interview conducted with the Administrator on beginning at approximately 10:25 AM, she was provided the opportunity to locate Employee A's (with date of hire noted as annual 2 hour trainings in the topic of providing Assistance with the Self Administration of Medications. The Administrator acknowledged that the only documentation on file, for Employee A, related to medication training was the 4 hour initial training from . The Administrator stated she would go ask Employee A if she had any other trainings. The Administrator returned and stated that Employee A indicated that she did not have any other documentation of the required medication trainings. During subsequent interview with Employee A, she was asked if she had received any additional medication training since related to providing assistance with the self administration of medications. She replied that she had not. She stated she was not aware she needed to have additional trainings every year.

During further interview with the Administrator, she confirmed Employee A provideds assists to the residents residing in the facility daily with their medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Songbird Villa I, LLC
11030 56th Place North
West Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure 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/dso
Enclosure: State form 5000-3547
XG90

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