STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967960	07/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A New Age Of Senior Care At Wellington, Inc	1074 C/d Hyacinth Place Wellington, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR#2014007228, was conducted on at New Age of Senior Care at Wellington. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to provide a completed health assessment, for 2 out of 3 residents (Residents #1 and #5).

The findings are:

Review of Resident #1's record indicated that her health assessment dated on required the resident to receive medication assistance but it did not specify what form of medication assistance the resident needed. Further review failed to indicate any documents or evidence of aforementioned missing information.

Review of Resident #5's record indicated that she was admitted to the facility on and her health assessment dated on did not contain a physician signature or the prescribed form of medication assistance the resident needed. Further review failed to indicate any documents or evidence of aforementioned missing information.

In an interview with the Administrator on at 3:45pm, he stated that he was aware that Resident #1's health assessment did not contain the necessary medication assistance information and that

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Resident #5's health assessment did not contain the physician's signature or the resident's medication assistance information.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, interview and record review, the Assisted Living Facility failed to provide or arrange proper medication administration, for 1 out of 4 sampled residents (Resident # 1) .

Findings include

In an observation on at 12:00pm, Resident #1 was observed handling her injectable medication with extensive verbal cuing from the facility's caregiver. At this time the resident managed to self administer her medication by injecting it into her abdomen, with verbal cuing from the Caregiver.

Review of Resident # 1's Health Assessment dated indicated that the resident needed medication assistance, but it did not indicate further the type of medication assistance she needed. Further review failed to indicate any documents or evidence of aforementioned missing information.

In an interview with resident #1's physician on 2014 at 3:30PM, he stated that resident # 1 " absolutely " was not able to give her injections and needed medication administration.

In an interview with the Administrator on at 3:50PM, he acknowledged that the resident's health assessment was incomplete and did not offer direction to the type of medication assistance she needed with her injectable .

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
A New Age Of Senior Care At Wellington, Inc
1074 C/d Hyacinth Place
Wellington, FL 33414

RE: CCR #2014007228

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on . 2014 by a representative from 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/jw
Enclosure

XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com