| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967442 | 07/23/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Golden Abbey Ormond Beach | 1410 Hand Avenue Ormond Beach, FL 32174 | |
| 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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced biennial relicensure survey was conducted at Golden Abbey of Ormond Beach on 2014. Deficiencies were identified.

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**
Based on observation, a review of resident records, and interview with the Administrator, the facility failed to ensure accurate and complete documentation on the Resident Health Assessment (AHCS form 1823) for 3 of 3 sampled residents whose assessments were reviewed (Residents #1, #2 and #4).

The findings include:

A review of Resident #1's record found she was admitted on . The Resident Health Assessment for Resident #1 was signed by the examining practitioner however was not dated as to when it was completed. Section B of the assessment was not checked to indicate whether the resident required assistance with the self-administration of her medication, nor was the level of assistance she required completed by the examiner.

A review of Resident #2's record found a Resident Health Assessment dated and signed by the examining practitioner. Section B of the assessment noted Resident #2 required assistance with the self-administration of medication, but was not completed to indicate the level of assistance she required.

An observation of Resident #4 was conducted at 12:07 pm on in the dining Employee C, a medication technician, approached the resident with a small medicine cup full of medications. She was observed to place the cup to his mouth, and pour the pills directly into his mouth. An observation of Resident #4's hands revealed they were contracted inward, however Resident #4 was observed feeding himself his lunch using an adaptive spoon.

A record review for Resident #4 found a Resident Health Assessment dated (per the facsimile stamp across the top of the assessment). The examining practitioner indicated in Section B that Resident #4 was able to administer his medications without assistance. The examiner also assessed Resident #4 as being able to feed himself independently.

An interview was conducted with Employee C at 1:55 pm on She confirmed that she administered Resident #4's medications by placing them directly into his mouth, explaining he does not have functional use of his hands. She confirmed Resident 4 fed himself using an adaptive spoon. She stated Resident #4 would be physically capable of taking his medications himself, if they were placed in his food on his adaptive spoon.

An interview was conducted with the Administrator at 3:23 pm on He stated he was unaware the Health Assessments were incomplete for Residents #1 and #2, and inaccurate for Resident #4. He acknowledged the

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requirements for complete and accurate assessments.

Class III

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**
Based on observation, resident record review, and interview with the staff, the facility failed to ensure freedom from physical for 1 of 2 sampled residents (Resident #1) with bedrails.

The findings include:

During a tour of the facility at 9:45 am on was entered. The furnished with a single bed that had a headboard and siderail configuration that was permanently affixed to the frame of the bed. The construction of the device resembled a crib, except the siderail pieces on either side of the bed could not be lowered or removed. They extended approximately 3 or more feet from the headboard toward the foot of the bed, on either side of the mattress.

A facility record review found that was occupied by Resident #1. A resident record review revealed Resident #1 had a diagnosis of Per the Resident Health Assessment (not dated), Resident #1's behavioral status was described to be "stable on meds". She was assessed as being independent with all activities of daily living, and was able to ambulate without assistance. Resident #1 was not receiving hospice services at the time of survey. Review of the physician's orders found none for the use of siderails.

An interview was conducted with the Administrator at 1:23 pm on He confirmed that Resident #1 was not under hopice care. He stated the bed with the built in siderail device in Resident #12's left by a previous resident. He acknowledged that there was no order or consent for the railing, and they would have to be removed.

Class III

**0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC**
Based on observation, resident record review, and interviews with staff, the facility failed to ensure that unlicensed staff who provided assistance with self administration of medication performed duties within the approved scope of duties in accordance with Section 429.256(4), of the Florida Statutes for 1 of 1 sampled residents who received (Resident #3).

The findings include:

During a tour of the facility at 9:45 am on was observed with an concentrator in the A facility record review found this occupied by Resident #3.

An interview was conducted with Employee F ( an unlicensed a Care at 10:43 am on She stated Resident #3 was on hospice, and they came in several times per week to assist this resident. Employee F stated she assisted Resident #3 with her because the resident was unable to do it herself. She said several nights ago, Resident #3 asked her for Since Resident #3 spoke no English, she informed Employee F of her need by putting her hand across her chest, and breathing heavily. Employee F stated she then put the on for this resident.

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Record review for Resident #3 found she received hospice services, and had a written Physician's order dated for 2 litres via nasal canula (nc) as needed (prn) for

An interview was conducted with the Administrator at 3:32 pm on He stated he was not aware that unlicensed staff were assisting Resident #3 with the administration of He acknowledged that only licensed staff were permitted to do so.

Class III

**0053-Medication - Administration 58A-5.0185(4) FAC**
Based on observation, and staff interview, the facility failed to ensure that a licensed staff member administered medications to 1 of 1 sampled residents (Resident #4) whose medications were administered during the survey.

The findings include:

An observation of Resident #4 was conducted at 12:07 pm on in the facility's dining Employee C, a medication technician, dispensed the following medications into a small plastic medicine cup: 30 milligrams (mg), and 10 mg. She approached the resident with the cup, spoke quietly to him, then placed the cup to Resident #4's mouth. She then poured the pills directly into Resident #4's mouth.

A record review for Resident #4 found a Resident Health Assessment dated (per the facsimile stamp across the top of the assessment). The examining practitioner indicated in Section B that Resident #4 was able to administer his medications without assistance.

An interview was conducted with Employee C at 1:55 pm on She confirmed that she administered Resident #4's medications by placing them directly into his mouth, explaining he dis not have functional use of his hands.

An interview was conducted with the Administrator at 3:32 pm on He acknowledged that only licensed staff could provide medication administration to residents. He was not aware that unlicensed staff were administering medication to Resident #4.

Class III

**0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC**
Based on observation and an interview with the administrator, the facility failed to ensure a safe living environment for all 44 residents at the facility.

The findings include:

During a tour of the facility on , 2014, observation of the main hallways of the facility revealed carpeting was soiled and in need of deep cleaning. Seams in the main hallways were frayed and have become a potential area for residents, visitors and staff to trip while walking. In addition, #7, #10, and #25, were exceptionally dirty and in need of deep cleaning. had visible water damage and a dark substance resembling mildew or mold around the base of the wall mounted air conditioner. This was confirmed in an interview with the administrator on , 2014, at 2:30pm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 23, 2014 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida