STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	08/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Four Seasons Alf	5080 Wayside Drive Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision 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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint investigation CCR#2014005107 was conducted on [redacted] and [redacted]. Four Season ALF had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview the facility failed to ensure the Assisted Living Facility Health Assessment Form (1823) was completed on the updated 1823; Form [redacted] 2010 for 2 of 4 sampled residents (#1 & #3).

Findings:

Review of the 1823 dated [redacted] for resident #1 and the 1823 for resident #3 dated [redacted] revealed the Form 1823 was completed on the 1823 with a date of 2009. There was no documentation to review that indicated the required, updated [redacted] 2010 Form 1823 was completed for residents #1 and #3.

In a phone interview with the administrator on [redacted] at approximately 3:45 PM who was not aware the required, updated 1823 forms were not completed.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to ensure physician's orders were followed for 1 of 10 sampled residents (#2).

Findings:

Observation of the Medication Pass on [redacted] at 11:45 AM revealed resident #2 was given [redacted] (for pain) 50 milligrams (mg).

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Review of physician order dated revealed 50 mg three times a day at 8 AM, 4 PM and 8 PM.

Review of the Medication Observation Record revealed 50 mg three times a day was given at 8 AM, 12 PM and 4 PM on through .

In an interview with the med tech on at approximately 1 PM who stated the resident needed pain medication at 12 PM as she was in pain.

The facility did not follow physician orders to give the medication at 4 PM and gave it at 12 PM. There was no documentation to review that indicated the physician had been contacted to change the medication order.

In a phone interview with the administrator on at approximately 3:45 PM who stated she was not aware the medication was no given at the right time.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to ensure when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage for 1 of 4 sampled residents (#2).

Findings:

Observation of the Medication Pass on at 12:05 PM revealed Staff A (unlicensed staff) obtained the medication from locked storage, put the medication in a cup, crushed medication, returned the medication to storage, put the medication in applesauce, took the cup to the resident, attempted to assist the resident to hold the spoon, resident #2 was unable to hold spoon. Staff A fed the resident the medication on the spoon.

Staff A did not follow the appropriate procedure to assist residents with self-administration of medications, did not take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, put the medication in

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a cup and give to the resident to take for Resident #2.

In a phone interview with the administrator on ..... at approximately 3:45 PM who stated, she was not aware the unlicensed staff was not following proper procedures when assisting the resident with self-administration of medication.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview the facility failed to have a nurse available to administer medications to 2 of 4 sampled residents (#1 & #2).

Findings:

1. Observation of the Medication Pass on ..... at 12:05 PM revealed Staff A (unlicensed staff) obtained the medication from locked storage, put the medication in a cup, crushed the medication, returned the medication to locked storage, put the medication in applesauce, took the cup to resident, attempted to assist the resident to feed themselves with a spoon, resident #2 was unable to hold the spoon and the staff fed the resident the medication with the spoon.

Staff A did not follow the appropriate procedure to assist residents with self-administration of medications, did not take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, put the medication in a cup and give to the resident to take.

2. Resident record review revealed an Assisted Living Facility Heath Assessment Form (1823) for resident #1 dated ..... indicated the resident needed medications administered.

Review of the staff schedule for ..... through ..... revealed the unlicensed staff worked and assisted with medications. There was no nurse available to administer medications.

In a phone interview with the administrator on ..... at approximately 3:45 PM who stated she was not aware resident #1 had an order for medication administration and was not aware resident #3 needed medications administered. .

Class III

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0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to have written documentation of grievances and how they responded to them for 1 of 4 sampled residents (#1).

Findings:

The agency received information that resident #1 had missing items.

Review of the Elder Intervention Report number 2014EI000181from the Seminole County Sheriff's Office revealed on at 8:04 PM they responded to the facility. The family member stated to the officer that some of resident #1's property, a mattress and undergarments were missing. The family member stated the facility did not know what happened to the missing belongings.

The facility owner stated the mattress was soiled and no longer usable therefore, it was discarded. He advised that he was not aware of the matter at hand and would replace the if needed.

There was no documentation to review that indicated the facility had received a grievance regarding missing items and how they responded to the grievance.

In a phone interview with the administrator on at approximately 3:45 PM who stated the facility did not have documentation of their grievances and how they responded to them.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when law enforcement conducted an investigation at the facility for 1 of 4 sampled residents (#1).

Findings:

Review of the Elder Intervention Report number 2014EI000181from the Seminole County Sheriff's Office revealed on at 8:04 PM they responded to the facility. The family member stated to the officer that he was concerned that resident #1 was abused or mistreated. He also stated some of the resident's property, a mattress and undergarments were missing. The family member stated the facility did not know what happened to the missing belongings. The family member was concerned that the facility staff

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did not have the training to administer medications, provide appropriate care to resident #1's or were able to communicate in English with the resident.

The facility owner stated, to the officer, the mattress was soiled and no longer usable therefore, it was discarded. He advised that he was not aware of the matter at hand and would replace the if needed.

The adverse incident report was requested and was not available for review.

In a phone interview with the administrator, on at approximately 3:45 PM who stated an Adverse Incident Report was not completed when law enforcement came to the facility to conduct an investigation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: CCR #2014005107

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on . 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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