STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vick Street Manor	22332 Vick Street Port Charlotte, FL 33980	

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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:
These are the results of an unannounced Biennial and Limited Mental Health (LMH) survey conducted on through at Vick Street Manor, an Assisted Living Facility (ALF) located in Port Charlotte, FL.

The following is a description of non-compliance:

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to assure that a health assessment was completed to indicate in Section 2-B, B., the level of assistance needed in the self-administration of medications for 1 (Resident #11) of 3 sampled residents records reviewed.

The findings include:

A Resident Health Assessment for Assisted Living Facilities (AHCA form 1823) was completed for Resident #11 on Under Section 2-B, in regards to medications, the resident's physician did not indicate if the resident needs help with taking her medications. On at 3:00 p.m., the surveyor confirmed this finding with the Administrator.

On at 10:31 a.m., during an interview with Staff F, she stated Resident #11 does require assistance with self administration of her medications.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and one of one resident record review for side rails and staff interview, the facility failed to ensure Resident #2 had physician orders for her 1/2 Side Rails.

The findings include:

Observation on at 9:55 a.m. showed ½ SR on Resident #2's bed. A review of Resident #2's record on showed there were no physician orders of ½ side rail.

An interview was conducted with Staff A on at 3:00 p.m. She was not able to find the physician orders for the ½ side rail and stated she will call the physician and obtain this order.

On at 9:15 a.m. record reviewed showed an order for a hospital bed. It did not mention the side rail.

An interview was conducted with Staff A on at 9:20 a.m. She reviewed this order and acknowledged this order does not mention ½ side rail.

Class III

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	AL11911223	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

L241-LMH - Records 58A-5.029(2) FAC
Based on one of one Limited Mental Health (LMH) resident record review, facility record review, and staff interview, the facility failed to ensure they had the required information in Resident #12's record.

The findings include:

1. A review of the admission/discharge log on identified Resident #12 as a LMH resident. On at 9:15 Staff also identified Resident #12 as a LMH resident. A review of Resident #12's record showed he was admitted to the facility on There was no placement assessment by the mental health provider, there was no community living support plan and no SSI/ form.

An interview was conducted with Staff A on at 11:10 a.m. She reviewed Resident #12's record and acknowledged these items were not in his record. She stated she will call his case manager to get these items.

A review of Resident #12's record on at 9:00 a.m. showed these items were not in his record.

An interview was conducted with Staff A at 9:15 a.m. on She stated she had not received these items from the case manager.

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on staff record review for Limited Mental Health (LMH) training and staff interview, the facility failed to ensure 2 (Staffs F and G) of 3 employees had the required training.

The findings include:

An interview was conducted with Staff A on at 11:45 a.m. She indicated that Staffs F and G, who are direct care staff, care for LMH residents in the facility.

A review of Staff F's personnel record showed she was hire on She had an updated training for LMH on There was documentation on she had one hour of the required 3 hours updated training for LMH.

A review of Staff G's personnel training showed she was hired on There was no documentation in her record showing she had the initial 6 hour training of LMH within 6 months of being hired.

Staff A reviewed these two records and confirmed these trainings were not documented in their records.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

Dear Administrator:

This letter reports the findings of a Biennial and Limited Mental Health (LMH) survey that was conducted on , 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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