STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910671	08/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fort Lauderdale Retirement Home	401 Se 12th Court Fort Lauderdale, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014006039, was conducted on [redacted] at Fort Lauderdale Retirement Home. The facility had a deficiency found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review, and interviews, the facility failed to ensure that proper procedures were followed for assisting with self-administration of medication for 7 out of 9 residents (Residents #!, #2, #3, #4, #5, #6, and #7) with 1 out of 2 staff members (Staff D) observed during medication pass.

The Findings Include:

During observation of medication pass on [redacted] beginning at 8:00 AM, Staff D, Resident Assistant, gave medications to Residents #1, #2, #3, #4, #5, #6, and #7 without stating the names of their medications. She popped the pills out of the packets into the residents hands without stating what the medications were.

Staff D was observed on [redacted] at 8:16 AM popping the pills out of the packet into Resident #3's hands. The resident dropped her [redacted] pill on the medication cart opposite the one Staff D was using. A tray with empty cups for water was sitting on the medication cart. Staff D picked up the pill from the top of the medication cart and gave it to Resident
#3.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910671	**08/20/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fort Lauderdale Retirement Home	**401 Se 12th Court Fort Lauderdale, FL 33316**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fort Lauderdale Retirement Home
401 SE 12th Court
Fort Lauderdale, FL 33316

RE: CCR #2014006039

Dear Administrator:

This letter reports the findings of a complaint 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
Enclosure

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