STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966836	08/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cassie's Castle	208 Natchez Trace Royal Palm Beach, FL 33411	
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
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure survey was conducted on . . . . at Cassie's Castle. The facility had deficiencies found at the time of the visit.

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

Based on observation and staff interview, Employee A failed to follow procedures set forth in 429.256 F.S. as it pertains to the removing of a prescribed amount of medication from the original, labeled container, and placing an oral dosage in the resident's hand, or placing the dosage in another container, for the resident to take by mouth, for 1 out of 3 residents observed during the medication pass.

The findings include:

While observing Employee A assist Residents #1, #2, and #3 self-administer their medications, it was noted that Employee A removed each of the resident's medications from their individual bubble-packs by first popping the medications into her ungloved hand, and then placing the medications into a small, plastic medication cup. At one point, during assisting Resident #1, Employee A had placed all the resident's pills into the small, plastic cup, and then dumped the pills back into her ungloved hand to count the pills to make sure the correct number of pills were contained therein. Then, she placed the pills back into the small medication cup.

On . . . . . at 9:15 AM, an interview was conducted with Employee A, and she acknowledged that the Residents' pills were placed into her ungloved hand before being placed into the medication cup.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

During observation, medication record review and staff interview, Employee A failed to administer medication according to medication specifications, for 1 out of 3 residents observed during the medication pass (Resident #2).

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The findings include:

On [redacted] at approximately 8:45 AM, after Resident #2 had eaten her breakfast and was drinking a cup of coffee, Employee A was observed assisting Resident #2 with her self-administered medications. It was noticed by the surveyor that one of the medications given at this time was [redacted] .50 mcg. The label stated that the medication was to be given each morning, and there was a sticker on the bubble pack next to the label which stated, "Take on an empty stomach with plenty of water".

During interview with Employee A on [redacted] at 9:15 AM, Employee A was asked about the label on the medication specifying that the medication was to be given on an empty stomach, with plenty of water. The employee appeared to be unaware of the instructions. Employee A stated she would make a note of this and make sure it was given correctly in the future.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cassie's Castle
208 Natchez Trace
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure 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/dso
Enclosure: State form 5000-3547
XG90

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