STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965260	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Amore' At Kanner Highway Llc	1634 S. Kanner Hwy. Stuart, FL 34994	
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 - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

0000-Initial Comments

A standard bienneal survey was conducted on . The Amore at Kanner Highway assisted living facility did have deficiencies at this time during its biennial survey.

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

Based on observation and an interview, the facility failed to ensure proper steps with assistance with self-administration of medication were followed for 2 of 7 sampled residents (Resident #1 and #8).

The findings include:

a) On at 11:30 AM, Resident #1 was provided a prescribed crushed pill in applesauce by an unlicensed staff member (Staff B) by the staff member approaching the resident and spooning the medication into the resident's mouth without verbalizing the medication and without the resident participating in self-administering the medication. During interview with the executive director at approximately 2:30 PM on this date, she stated she did not consider this "administering" medication and that the steps taken by the unlicensed resident aide were "assisting with self-administration" of the medication.

b) On at 11:47 AM, Resident #8 was provided a prescribed liquid medication by an unlicensed staff member (Staff B) by the staff member approaching the resident and pouring the medication into the resident's mouth without verbalizing the medication and without the resident participating in self-administering the medication. During interview with the executive director at approximately 2:30 PM on this date, she stated she did not consider this "administering" medication and that the steps taken by the unlicensed resident aide were "assisting with self-administration" of the medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965260	(X3) DATE SURVEY COMPLETED 09/03/2014
NAME OF PROVIDER OR SUPPLIER Amore' At Kanner Highway Llc	STREET ADDRESS, CITY, STATE, ZIP CODE 1634 S. Kanner Hwy. Stuart, FL 34994	
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Florida Statute, 429.256(3)(c), notes that assisting a resident with self-administration includes "Placing an oral dosage in the resident ' s hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth."

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation and interview, the facility failed to have a 3-day emergency food and water supply on hand based on the number of meals the facility provides to the residents.

The findings are:

In an observation on at approximately 10:10am, accompanied by the administrator, throughout the kitchen and dining areas, there was no storage identified for the required 3-day resident emergency food and water supply. In an interview with the administrator on at 10:15am, she stated that she did not know of any area in the facility in which there was a 3-day resident emergency food and water supply stored.

In an interview with the facility's food service manager on at 10:35am, he stated that the facility did not have an established 3-day resident emergency food and water supply and that he was directed to order this supply by the administrator approximately 2 weeks ago but is not currently in the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Amore' At Kanner Highway Llc
1634 S. Kanner Hwy.
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a State Biennial Survey that was conducted on 2014 by a representative from 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/jw
Enclosure

XG90

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