STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968343	08/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Mj Pavillion Inc	728 South Endeavor Dr Winter Springs, FL 32708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= B

Initial Comments
The biennial re-licensure survey conducted on . . . . . MJ Pavillion Assisted Living Facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to have a consent completed for the use of side rails for 1 of 4 sampled residents (#1), and failed to document resident weights every six months for 1 of 4 sampled residents (#2).

Findings:
1. Observation on . . . at 9:15 AM revealed resident #1 had side rails on her bed. The resident was sitting in a high top wheelchair and was unable to raise and lower the rails. In an interview with the administrator on . . . . at approximately 10 AM who stated the resident was on hospice.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated . . that indicated diagnoses of . . . . . and . .

There was no documentation to review that indicated the facility obtained consent for the use of the rails from the resident's representative.

2. Resident record review revealed and 1823 dated . . . . . that indicated diagnoses of . . . . . .

Review of the weights revealed the facility did not have documentation of the resident's weight in . . . 2013. The facility documented the resident weights in . . 2013 as 160 pounds (lbs.) and in . . 2014 as 130 lbs.

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In an interview with the administrator on at approximately 2:30 PM who stated the consent for the use of the rails was not signed for resident #1 and she was unable to locate the weight for resident #2.

Class III

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

Findings:
Observation of the Medication Pass on at approximately 2 PM revealed the unlicensed staff crushed (for , put the medication in food and fed it to resident #1. Resident #1 was unable to hold the spoon.

A licensed nurse did not administer medications to resident #1.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and and stated the resident needed administration of medications.

In an interview with the administrator on at approximately 2:45 PM who stated she was not aware the resident needed her medications administered.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on observation, record review and interview the facility failed to ensure staff were assigned duties that were consistent with their education for 2 of 4 sampled residents (#1 & 2).

Findings:
1. Observation of the Medication Pass on at approximately 2 PM revealed the unlicensed staff crushed (for , put the medication in food and fed it to resident #1. Resident #1 was unable to hold the spoon.

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Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and and stated the resident needed administration of medications.

2. In an interview with the administrator on at approximately 2:30 PM who stated the facility crushed the resident #2's medications.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and and stated she needed assistance with medications.

In an interview with the administrator on at approximately 2 PM who stated she was not aware the medication needed to be administered for residents #1 and #2.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview the facility failed to ensure training certificates had the number of hours of the training program and the trainer's name was legible and their credentials were on the certificate for 1 of 2 sampled staff (A).

Findings:
Review of the personnel file for staff A revealed the following certificates did not indicate the number of hours of the training and the credentials of the trainer:

Control
Activities of Daily Living

Neglect and
Safe Food Handling
Medication Training

In an interview with the administrator on at approximately 2:30 PM who was not aware the number of hours and credentials were required to be on the training certificates.

Class

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview the facility failed to ensure they had the required amount of water in the 3 day emergency supply.

Findings:
Review of the emergency food supply revealed the facility had 7.5 gallons of water.
Based on a census of 4 residents, the amount of water to be available for 4 residents x 1 gallon x 3 days = 12 gallons. The facility needed 4.5 gallons of water.

In an interview with the administrator on at 2:30 PM who stated she did not have enough water.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observation, record review and interview the facility failed to obtain a physician's order to crush medications for 2 of 4 sampled residents (#1 & #2).

Findings:
1. Observation on at approximately 2 PM revealed the unlicensed staff crushed (for and put the medication in food and fed it to resident #1.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and

2. Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and and stated she needed assistance with medications.

In an interview with the administrator on at approximately 2:30 PM who stated the facility crushed the resident's medications.

There was no documentation to review that indicated the facility had obtained an order from the physician to crush medications for residents #1 and #2.

In an interview with the administrator on at approximately 2:30 PM who stated she did not obtain an order from the physician to crush medications for resident #1 and #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mj Pavillion Inc
728 South Endeavor Dr
Winter Springs, FL 32708

RE: Biennial Re-Licensure

Dear Administrator:

This letter reports the findings of a state licensure 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 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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