STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967394	08/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nursing Care By Angels Alf	2440 Emerson Drive Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Initial Comments
A biennial re-licensure survey was conducted on , 2014. Nursing Care by Angels Assisted Living Facility had deficiencies found at the time of the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on interview, record review and observation the facility failed to ensure a pill organizer was not used for a resident who needed assistance with self-administration of medication for 1 0f 1 resident (#1).

Findings:

On , 2014 at 9:45 AM the unlicensed staff member was observed providing resident #1 with assistance with self -administration of medication. The unlicensed staff obtained resident#1's medication from a pill organizer and put one pill into a soufflé cup. The staff provided resident#1 with the soufflé cup of medication and a cup of water then resident #1 swallowed the medication. The unlicensed staff then returned the pill organizer back to a clear bin with the rest of resident #1's medication.

On , 2014 at 10:38 AM during an interview with the owner, she reported resident #1's daughter refills the pill organizer biweekly. The owner confirmed resident #1 was not capable of taking the pills out of the pill organizer and taking her own medication. The Owner stated, "She can only put the pill in her mouth.

A review of resident #1's Health Assessment 1823 Form dated revealed that Resident #1 has a diagnosis of and needed assistance with self-administration of medication.

On at 11:10 AM during an interview with resident#1's daughter, she confirmed that she did fill resident #1's medication in the pill organizer at the ALF.

Class III

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	AL11967394	08/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Nursing Care By Angels Alf	**2440 Emerson Drive Se Palm Bay, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to follow the appropriate assistance with self- administration of medication procedures for 1 of 1 resident (#1). Specifically, the ALF unlicensed staff failed to provide resident#1 with the correct prescribed amount of medication and read the medication label in the presence of the resident as required in Florida Statute. 429.256.

Findings:

On . 2014 at 9:45 AM the unlicensed staff was observed providing resident #1 with assistance with self-administration of medication. The unlicensed staff obtained resident#1's medication from a pill organizer and put one pill into a soufflé cup. She provided resident#1 with the soufflé cup of medication and a cup of water then resident #1 swallowed the medication. The unlicensed staff failed to read the medication label in the presence of Resident#1.

On . 2014 at 9:45 AM during an interview with the unlicensed staff, she confirmed she was not a licensed nurse.

Review of resident#1's Health Assessment 1823 Form dated . revealed resident #1 has a diagnosis of . and needed assistance with self-administration of medication.

On . 2014 at 10:42 AM the unlicensed staff was observed handing resident#1 one tablet in a soufflé cup. Resident #1 swallowed the medication with water. The unlicensed staff failed to read the medication label in the presence of resident#1.

On . 2014 at 10:42 AM during an interview with the unlicensed staff, she reported the medication she handed to resident#1 was a pain medication. She stated, "We supposed to give it to her."

A review of resident #1's Medication Observation Record (MOR) revealed Pain Relief 650, take two tablets by mouth every six hours (8AM, 2PM, 8PM).

On . 2014 at 11:09 AM during an interview with resident#1, she was asked did she know the name of the medications she was taken; she responded "I don't know honey"

Class III

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Nursing Care By Angels Alf	**2440 Emerson Drive Se Palm Bay, FL 32909**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the Assisted Living Facility (ALF), failed to ensure 1 of 1 resident (#1) Medication Observation Record (MOR) was updated immediately each time the medication was administered. Specifically, the unlicensed staff signed resident #1's MOR prior to her medications were administered.

Findings:

A review of resident #1's MOR was conducted on . 2014 at 11:09 AM. The MOR revealed the unlicensed staff signed her initials indicating . 2014 2 PM and 8 PM medications was administered.

On . 2014 at 12:00 PM during an interview with the unlicensed staff, confirmed she signed for the morning and night medications at the same time. She stated she does not usually sign for the entire day.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Nursing Care By Angels Alf
2440 Emerson Drive Se
Palm Bay, FL 32909

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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