

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965048	(X3) DATE SURVEY COMPLETED 09/08/2014
NAME OF PROVIDER OR SUPPLIER Emeritus At Oviedo	STREET ADDRESS, CITY, STATE, ZIP CODE 1725 Pine Bark . . Oviedo, FL 32765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Initial Comments

The biennial re-licensure survey with Limited Nursing Service (LNS) was conducted on
Emeritus at Oviedo 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 interview the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the Medication Observation Record for 1 of 11 sampled residents (#4).

Findings:

Observation of the medication pass on at 11 AM revealed staff D, Med Tech, obtained medication from locked storage, compared the Medication Observation Record (MOR) to the label, poured water in a cup, put medication in a cup, charted medication on the MOR, returned medication to storage and did not read label to resident.

Staff D did not follow the appropriate procedure to assist the residents with self-administration of medications, did not take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the MOR for resident #4,

In an interview with the administrator on at approximately 2:25 PM who stated, she was not aware the unlicensed staff was not following proper procedures when assisting the residents with self-administration of medications.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus At Oviedo
1725 Pine Bark
Oviedo, FL 32765

RE: Biennial Re-Licensure with Limited Nursing Services

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 30 days 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

