STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968306	08/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels On Your Shoulder	487 Godfrey Rd Se Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= B
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= B
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= B
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= B

Initial Comments
The biennial re-licensure survey was conducted on . . . . . Angels on Your Shoulder Assisted Living Facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview the facility failed to ensure that 1 of 4 residents (#3) was treated with consideration and respect and with due recognition of personal dignity, individuality and need for privacy.

Findings:

At approximately 10:30AM on . . . . . resident #4 was observed coming out of resident #3's . . . . . a towel with wet hair. Resident #4 stated she just had her shower in there (meaning the . . . . . resident #3).

At approximately 11:28AM on . . . . . in an interview with resident #4 she stated she uses the . . . . . of resident #4's . . . . . she does not like to use the . . . . . the men use.

At approximately 1:30 PM in a follow up question to resident #3 she stated she does not mind resident #4 using the . . . . . her . . . . . .

In an interview with the Administrator at approximately 2:43 PM on . . . . . she stated that resident #4 does not like to use the . . . . . her . . . . . the men use it. The administrator stated that there are times when she has observed resident #4 using the . . . . . her . . . . . , but normally she goes into resident #3's . . . . . The Administrator stated she would call the family of resident #3 and resident #4 and move them in together in resident #3's . . . . . , since it is a 2 person . . . . . .

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview the facility failed to have residents keep their medication locked if they are absent from the [redacted] 2 of 4 sampled residents (#2 and #3) and to secure prescription medication for 1 of 4 sampled residents (#2)

Findings:

On [redacted] at approximately 8:35AM during the tour it was observed that resident #2 had a box on his night stand by the right of the door to the [redacted] The box was labeled Voltran 1% gel apply to right knee four times daily. Resident #2 shares the [redacted] Resident #1. Resident #1 was not in the [redacted] this time of the observation.

On [redacted] at approximately 8:35AM during the tour it was observed that resident #3 had 2 bottles of over-the-counter eye drops on her night stand by her bed and in-between the other bed inside the [redacted] (Gen Teal liquid gel drops and Equate lubricant eye drops).

At approximately 10:30AM on [redacted] Resident #4 was observed coming out of Resident #3's [redacted] a towel with wet hair. Resident #4 stated she just had her shower.

In an observation at approximately 10:34AM on [redacted] staff A (the Administrator a Registered Nurse), left the medication for resident #2 out on the kitchen table in a blue cap with no staff nearby. Staff A went out of the [redacted] Other residents were observed walking by the table.

In an interview with the staff A at approximately 10:47AM on [redacted] she stated she should have never left the prescription medication unattended.

At approximately 11:28AM in an interview with resident #4 she stated she uses the [redacted] of resident #4's [redacted] she does not like to use the [redacted] the men use.

In an interview at approximately 10:30AM the administrator was made aware of the medication not being secure. The administrator secured the Voltran 1% gel in the locked medication cabinet. The eye drops in resident #3's [redacted] on the table while the resident was not in her [redacted] after the administrator was informed that they should be kept locked.

In an interview with the Administrator at approximately 2:43PM on [redacted] she was made aware of the over-the-counter eye drops still out in resident #3's [redacted] The Administrator stated she would take care of it.

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0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation, interview and record review the facility failed to ensure that a label was placed on the over-the-counter medication by a pharmacist or health care provider when the Registered Nurse (Staff A) administered the tablets.

Findings:

During an observation of the medication pass by staff A (registered nurse) on [redacted] at approximately 10:05AM an over-the-counter medication was dispensed to resident #1. The label on the packaged stated: [redacted] 400 mcg. There was no pharmacist or health care provider label on the bottle.

On [redacted] a record review of resident #1's file revealed a prescription order for [redacted] for [redacted] 400 mcg 1 tablet by mouth daily.

In an interview at approximately 2:43 PM on [redacted] with the administrator, she stated she was a Registered Nurse. The Administrator stated she did not know that a Registered Nurse could not dispense over-the-counter medication not labeled by the health care provider or the pharmacist. She stated she would take care of it.

Class [redacted]

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff had documentation of annual assessment for [redacted] signed by the healthcare provider and 1 of 3 sampled staff (Staff C) had a freedom from Communicable [redacted] Status statement.

Findings:

On [redacted] a record review for staff C was completed. The record revealed that staff C was hired on [redacted]. Further review revealed no Communicable [redacted] Status statement.

On [redacted] a record review for staff B was completed. The record revealed that staff B was hired on [redacted]. The [redacted] status was on a plain piece of paper with no letter head. It is unknown as to who signed the paper and there is no title after the signature. There was no phone number, or status of the person that signed the paper dated [redacted].

In an interview with the administrator at approximately 2:43 PM on [redacted], that she was not able to find the Communicable [redacted] Statement for Staff B. The Administrator stated she would get one.

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In an interview with the Administrator at approximately 2:43PM on , the administrator stated she would send staff C back to get a statement on letterhead with the title of the person that signed and their license number.

Class

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff (Staff C) received the required in-service training.

Findings:

On a record review for staff C was completed. The record revealed that staff C was hired . Further review revealed that she had a certificate that noted a combination of 8 hours of training. The certificate included control, Major incident reporting, and Emergency Preparedness and evacuation. The certificate did not note that adverse incident training was received. There was no way to determine that staff C received the training for the amount of time required for each type of training.

In an interview with the administrator at approximately 2:43PM on , an opportunity was provided to find the syllabus for the courses to show how many hours for each section that staff C took. The Administrator was not able to find that. The Administrator stated she would go back to the person that provided the courses and get a more descriptive certificate. The Administrator stated she would have staff C take Adverse Incident training.

Class

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled unlicensed staff (C) who provided assistance with the resident's medication received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) and 1 of 3 sampled staff (staff B) who provided assistance with medication did not have evidence of the completion of an initial 4 hour medication training.

Findings

An interview with staff C on at approximately 10:40AM was completed. Staff C stated she assists with the self-administration of medication.

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An interview with Staff B on [redacted] at approximately 1:00PM was completed. Staff B stated she assists with the self-administration of medication.

On [redacted] a record review was completed for staff C. The record revealed that staff was hired on [redacted]. Further review revealed that staff C had her initial 4 hours of Medication training on [redacted]. The updated certificate 2 hour certificate was dated [redacted] was signed by an unknown person with an unknown title. A Registered Nurse or licensed pharmacist shall issue the training per 58A-5.0191(5), F.A.C.

On [redacted] a record review was completed for Staff B. The record revealed that staff B was hired on [redacted]. Further review of the file revealed that staff B did not have the initial 4 hours of medication training but she did have a 2 hour updated certificate dated [redacted].

In an interview with the administrator at approximately 2:43 PM on [redacted] the administrator stated she could not find the initial 4 hours of medication training for staff B. The administrator stated she would send staff B for the initial 4 hour medication update training.

In an interview with the administrator at approximately 2:43 PM on [redacted] she stated she did not know where staff C received her 2 hours of medication update training. She stated she would send staff C back to get 2 hours of medication training, or clarification on the certificate.

Class [redacted]

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Angels On Your Shoulder
487 Godfrey Rd 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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