| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964280 | 09/10/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Forest Lake Manor | 252 Forest Lake Blvd Daytona Beach, FL 32119 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced change of ownership licensure survey was conducted at Forest Lake Manor on 2014. Forest Lake Manor deficiencies found at the time of the visit.

**0008-Admissions - Health Assessment 58A-5.0181(2) FAC**
Based on Health Assessment (HA) review and staff interview, the facility failed to ensure that a Health Assessment was complete for 1 of 3 sampled residents, Resident #3.

The findings include:

Resident #3 had a Health Assessment dated . However, one of the pages was missing, page 4 which specified if the resident needed assistance with self-administration of medications.

Employee C on at 1:03 p.m. confirmed that they did not have page 4 of the Health Assessment for Resident #3.

Class III

**0054-Medication - Records 58A-5.0185(5) FAC**
Based on record review and staff interview, the facility failed to maintain accurate Medication Observation Records (MORS) for 2 of 6 sampled residents, Residents #3 and #5.

The findings include:

1. Review of the 2014 MOR at 8:30 a.m. revealed 137 micro gram was not signed for Resident #3 at 6:00 a.m. Employee G was present and signed it in front of the surveyor. She stated that she gave it this morning at 6:00 a.m. but did not sign for it yet.

2. Resident # 5 had a physician order for ointment, apply to affected areas twice a day x 10 days. The Resident's 2014 MOR did not reveal this medication or that staff gave this.

Employee I , on at 1:20 p.m. stated that the ointment should have been given by the

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medication technicians and it should be on the MOR for 2014 and it was not.

Class III

**0056-Medication - Labeling and Orders 58A-5.0185(7) FAC**
Based on record review and resident and staff interview, the facility failed to fill/ refill medications in a timely manner for 2 of 4 sampled residents, Residents #5 and #4.

The findings include:

1. Resident #5 had a order for 5 mg daily. Review of the resident's 2014 Medication Observation Record (MOR) did not reveal this new order. Review of the 2014 MOR revealed it was started on .

Employee C on at 10:33 a.m. stated she called the resident's pharmacy and the pharmacy told her that they received the order for this medication on and delivered it two days later on .

2. Employee B, a Medication Technician was assisting Resident #4 on at 8:41 a.m. with her medications. When the resident poured the pills in her hand she told him that she was missing one little white pill. She stated it was for her . Employee B reviewed the resident's MORs and then identified the pill as 50 mg. He confirmed he did not have this medication to give the resident. He stated he would look into why it was not ordered timely.

Class III

**0079-Staffing Standards - Levels 58A-5.019(3) FAC**
Based on employee record review, review of the facility schedules, and staff interview, the facility failed to maintain a work schedule that ensured the facility always had one staff member working in the facility at all times that was trained in First Aid and ( ) to ensure the safety of the 47 residents residing at the facility.

The findings include:

During an interview with the Administrator on at 12:20 a.m., she was asked to provide the current staff schedule for the facility. Review of the schedule found the facility has four caregivers that work the 11:00 p.m. to 7:00 a.m. shift.

The Administrator confirmed during interview on at approximately 2:00 p.m., the four staff members that rotate working the 11:00 p.m. to 7:00 a.m. shift were Employee A, J, K, and L. The Administrator was asked to provide evidence Employee A, J, K, and L had the required First Aid and training.

During further interview with the Administrator on at 2:08 p.m. she was asked how she ensures the facility always has a staff member working that has the required first aid and training. She stated the facility has nurses that cover from 7 am to 11 p.m. She was asked to provide documentation the nurses had training.

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During interview with the Business Office Manager at approximately 2:15 p.m., he was asked if he could provide evidence the facility always has an employee trained in First Aid and in the facility at all times. He looked through his employee records and could not locate evidence of training for enough employees to meet the requirement. He stated he also could not provide evidence of the training for First Aid for Employee A, K, L and training for Employee J, K, and L or the two nurses Employee M and N.

The findings were confirmed by the Administrator on at approximately 3:00 p.m. .

Class III

**0083-Training - First Aid and 58A-5.0191(4) FAC**
Based on employee record review, review of the facility schedules, and staff interview, the facility failed to ensure one staff member working in the the facility at all times was trained in First Aid for 3 of 8 sampled employees (Employee A,K,L) and trained in ( ) for 5 of 8 sampled employees.(Employee J,K,L,M,N)

The findings include:

During an interview with the Administrator on at 12:20 a.m., she was asked to provide the current staff schedule for the facility. Review of the schedule found the facility has four caregivers that work the 11:00 p.m. to 7:00 a.m. shift.

The Administrator confirmed during interview on at approximately 2:00 p.m., the four staff members that rotate working the 11:00 p.m. to 7:00 a.m. shift were Employee A, J, K, and L. The Administrator was asked to provide evidence Employee A, J, K, and L had the required First Aid and training.

During further interview with the Administrator on at 2:08 p.m. she was asked how she ensures the facility always has a staff member working that has the required first aid and training. She stated the facility has nurses that cover from 7 am to 11 p.m. She was asked to provide documentation the nurses had training.

During interview with the Business Office Manager at approximately 2:15 p.m., he was asked if he could provide evidence the facility always has an employee trained in First Aid and in the facility at all times. He looked through his employee records and could not locate evidence of training for enough employees to meet the requirement. He stated he also could not provide evidence of the training for First Aid for Employee A, K, L and training for Employee J, K, and L or the two nurses Employee M and N.

The findings were confirmed by the Administrator on at approximately 3:00 p.m.

Class III

**0162-Records - Resident 58A-5.024(3) FAC**
Based on interviews with residents and staff, and facility record reviews, the facility failed to provide a copy of the

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quarterly written statement of funds to 2 of 5 sampled residents whose financial records were reviewed (Residents #13 and #17).

The findings include:

An interview was conducted with Resident #13 at 11:20 am on . She stated that the facility maintained funds for her, however did not provide her with a financial statement of the account.

A facility record review was conducted with the Business Office Manager (BOM) at 1:30 pm on . He confirmed the facility did maintain a personal account for Resident #13. He stated all residents received the most recent financial statements on . He reviewed her record, however could not produce a statement of Resident #13's account for the month of . The most recent statement was dated .

Four additional files were reviewed with the BOM for compliance with quarterly accounting statements, and found no evidence that Resident #17, who also had an account, received a quarterly statement.

The BOM confirmed the lack of quarterly statements for Residents #13 and #17. He stated he was in the process of setting up a new system for personal funds accounting. He acknowledged the requirement for quarterly statements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Forest Lake Manor
252 Forest Lake Blvd.
Daytona Beach, FL 32119

Dear Administrator:

This letter reports the findings of a state licensure change of ownership survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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