STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965241	09/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Stanley House	718 Walton Rd Defuniak Springs, FL 32433	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced biennial standard survey with Limited Nursing Services was conducted on 24-25, 2014 at Stanley House Assisted Living Facility. Deficiencies were found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, and interview, the facility failed to ensure 2 of 3 sampled residents the right to independent personal decisions (#3, #5) and 1 of 3 residents observed during medication pass the right to adequate and appropriate healthcare. (#2)

1. A review of Resident #3's record revealed that the resident's contract was signed by a name other than Resident #3. There was no paperwork in the resident's record to validate the person that signed the document as a legal representative for this resident.

On at approximately 11:14am, an interview conducted with the facility's executive director (ED) revealed that the resident's daughter was the person that had signed the contract. She revealed that the resident's daughter was the resident's power of attorney (POA). When asked to provide evidence of appointment of POA for Resident #3, the ED confirmed that she has no documentation in any of the resident's records to confirm the appointment.

2. Record review of the contract for sample resident #5 revealed the contract was signed on by the resident's daughter, power of attorney. Record review and interview with the executive director on at approximately 11:27AM revealed the daughter is the resident's power of attorney. When asked if the facility has documentation of this power of attorney the Executive Director was unable to provide documentation of the daughter's power of attorney. She stated she could call the daughter and get it though. At approximately 11:43AM the Executive Director provided the surveyor documentation of the the daughter's power of attorney which she stated she had just received from the resident's daughter via email.

3. Medication pass observation was done on at 12:18PM with staff A, a Licensed Practical Nurse. The nurse was observed to clean her hands with sanitizer. The nurse then began to prepare the medications for sampled resident #2. The nurse punched out two pills into her bare left hand and placed them in a medication cup; she continued to draw up the resident's remaining medications, placed them in the medication cup with the . The was the only medication the nurse placed in her bare left hand, the others she placed directly into the medication cup from their punch cards. The nurse delivered the medications to the resident who took all the medications with a glass of water. Interview with the staff A at approximately 12:22PM revealed she is aware she placed the in her bare hand and stated she knew she should not have as soon as she did it and usually does not do that. Interview with the Executive Director (Licensed Practical Nurse) on at approximately 3:40PM revealed they do not have any specific policy concerning the handling of medications with bare hands. However it is her expectations that the nursing staff and the medication techs do not handle any medications with their bare hands; it is an control issue. She stated Staff A is a recent nurse graduate and she also attended the class for assisting residents with self-administration of medications which also teaches them not to handle medications with their bare hands. She further stated Staff A reported to her immediately this issue and she has received 1:1 in service concerning the control issue.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Stanley House
718 Walton Rd
Defuniak Springs, FL 32433

Dear Administrator:

This letter reports the findings of a biennial state licensure survey including limited nursing services 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 me at 850-412-4540.

Sincerely,

Patricia McGuire for
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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