



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on
2014 by representative(s) of this office.

Enclosed 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 , 2014 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965252	(X3) DATE SURVEY COMPLETED 09/25/2014
NAME OF PROVIDER OR SUPPLIER Residences	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21st Circle Ocala, FL 34471	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Extended Congregate Care Services, and Limited Nursing Services monitoring survey was conducted at Residences at Cala Hills in Ocala, Florida on 09/25/2014. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on interview, observation, and record review the facility failed to ensure medications were securely stored.

Findings:

An observation conducted on 09/25/2014 at 9:20 AM revealed on top of one of the medication carts there was a bottle of eye drops, and 2 medication cups containing crushed medications. There was no employee at the medication cart. An employee was observed walking back toward the medication cart.

An interview conducted on 09/25/2014 at 9:20 AM with Staff A, LPN (Licensed Practical Nurse) revealed I was right here, I just had to go over and help one of the residents. He was going to When this writer asked about putting the medications in the medication cart, and locking it; the LPN responded the cart was locked, it would have taken too long. I went to stop him from falling. The LPN stated the medications in the medication cups were 20 meq, and Plus. The eye drops were eye drops. The LPN verified the medications should not have been left on the medication cart unattended.

Record review of the Policy and Procedures entitled Medication Storage dated 09/25/2014 revealed centrally stored medication shall be kept in a locked cabinet or other locked storage receptacle available and accessible only to staff members responsible for supervision of self-administration and for administration of medication.

Class III

E206-ECC - Service Plans 58A-5.030(7) FAC

Based on interview and record review the facility failed to ensure a Preliminary Service Plan was completed for 1, Resident #1, of 2 sampled residents for Extended Congregate Care (ECC).

Findings:

Record review of Resident #1's chart revealed the resident was admitted to Extended Congregate Care on 09/25/2014 and a Preliminary Service Plan was not completed for the resident.

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An interview conducted on _____ at 2:08 PM with the Director of Resident Services revealed I was the one who put the resident on ECC services, and I wasn't aware a preliminary service plan was needed.

Class III