



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Century Oaks
4001 Stack Boulevard
Melbourne, FL 32901

RE: Revisit to CCR#2014003470

Dear Administrator:

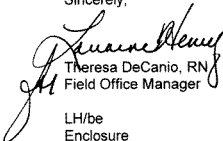
This letter reports the findings of a complaint investigation revisit survey conducted on 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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 (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965743	(X3) DATE SURVEY COMPLETED 09/11/2014
NAME OF PROVIDER OR SUPPLIER Century Oaks	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 Stack Boulevard Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-09/12/2014

0052-Medication - Assistance With Self-Admin-09/12/2014

Revisit Repeat Tags:

0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments

A revisit to CCR#2014003470 was conducted on 9/12/14. Century Oaks had a deficiency found at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Tag A056 REMAINED UNCORRECTED

Based on interview and record review the facility failed to make every reasonable effort to ensure that prescriptions for residents who received assistance with the self-administration of medication are filled or refilled in a timely manner for 1 of 4 sampled residents (#2).

Findings:

Review on _____ of the _____ 2014 MOR (Medication Observation Record) listed _____ 4.5 mg patch one every 24 hours. The MOR was blank for _____. There was no indication as to why the resident missed the medication.

On _____ at approximately 11:00 AM in an interview with the supervisor of the medication records she revealed the resident ran out so she ordered the medication. She stated that the Medication arrived on _____ between 7PM and 9PM, but could not be more specific since she was not working at the time the medication was delivered. When asked why the medication was allowed to run out she had no response.

On _____ at approximately 11:05 AM in an interview with the administrator she stated she did not know why the resident's medication ran out. The administrator stated she will implement changes. She stated from now on second shift will be in charge of counting medications and the residents will have no less than a 5 day supply on hand.

Class III