STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965786	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Four Seasons Alf	5080 Wayside Drive Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-10/20/2014
0160-Records - Facility-10/20/2014
0165-Risk Mgmt & Qa; Adverse Incident Report-10/20/2014

Revisit Repeat Tags:
0000-Initial Comments-
0010-Admissions - Continued Residency-58a-5.0181(4) Fac
0025-Resident Care - Supervision-58a-5.0182(1) Fac
0053-Medication - Administration-58a-5.0185(4) Fac

Specific Tag Findings:
0000-Initial Comments
The revisit to Complaint investigation CCR#2014005107 and to the Limited Nursing Services (LNS) monitoring visit was conducted on and Four Season ALF had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
A0010 remained uncorrected:

Based on observation, record review and interview the facility failed to have a nurse available to administer medications to 1 of 4 sampled residents (#2).

Findings:

Review of physician orders dated stated (for 2 milligrams (mg) at 12 PM and on (for pain) 50 mg three times a day.

Observation of the Medication Pass for resident #2 on at 12:10 PM Staff A, the unlicensed staff, obtained the and the from locked storage, compared Medication Observation Record to label, crushed medication, put medication in pudding, read label to resident, gave resident a spoon with pudding and medication and encouraged the resident to take the medication. The resident fed herself 1/2 of the pudding with a spoon and left 1/2 pudding with medication on the spoon. The resident was cued and prompted to take the remaining pudding with medication. The resident had not taken the remainder of medication after several staff tried to encourage her at 12:40 PM. The resident was and did not respond to the staff cueing her. The resident did not get the full dose of her medications.

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the Assisted Living Facility Health Assessment Form dated and updated indicated diagnoses of and stated the resident needed assistance with medications.

Review of the staff schedule for through revealed the unlicensed staff worked and assisted with medications. There was no nurse available to administer medications to the resident.

The administrator was informed the resident was inappropriate for continued residency in the facility as a nurse was needed to administer her medications.

In an interview with the administrator on at approximately 12:45 PM she stated the facility did not have a nurse to administer the resident's medications.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
A0025 remained uncorrected:

Based on observation, record review and interview the facility failed to follow physician orders for 1 of 2 sampled residents (#2).

Findings:

Review of physician orders dated stated (for 2 milligrams (mg) at 12 PM and on (for pain) 50 mg three times a day.

Observation of the Medication Pass for resident #2 on at 12:10 PM staff A, the unlicensed staff, obtained the and the from locked storage, compared Medication Observation Record to label, crushed medication, put medication in pudding, read label to resident, gave the resident a spoon with pudding and crushed medication and encouraged the resident to take the medication. The resident fed herself 1/2 of the pudding with a spoon and left 1/2 pudding with medication on the spoon. The resident was cued and prompted to take the remaining pudding with medication and had not taken remainder of medication after several staff tried to encourage her at 12:40 PM. The resident did not get the full dosage of her medication. The resident was and did not respond to the staff cueing her.

Review of the Assisted Living Facility Health Assessment Form dated and updated

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Four Seasons Alf	5080 Wayside Drive Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

indicated diagnoses of and stated the resident needed assistance with medications.

Review of the staff schedule for through revealed the unlicensed staff worked and assisted with medications. There was no nurse available to administer medications.

In an interview with the administrator on at approximately 12:45 PM she stated the facility did not have a nurse to administer the resident's medications.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
A0053 remained uncorrected:

Based on observation, record review and interview the facility failed to have a nurse available to administer medications to 1 of 2 sampled residents (#2).

Findings:

Review of physician orders dated stated (for 2 milligrams (mg) at 12 PM and on (for pain) 50 mg three times a day.

Observation of the Medication Pass for resident #2 on at 12:10 PM Staff A, the unlicensed staff, obtained the and the from locked storage, compared Medication Observation Record to label, crushed medication, put medication in pudding, read label to resident, gave the resident a spoon with pudding and crushed medication, and encouraged the resident to take the medication. The resident fed herself 1/2 of the pudding with a spoon and left 1/2 pudding with medication on the spoon. The resident was cued and prompted to take the remaining pudding with medication and had not taken remainder of medication after several staff tried to encourage her at 12:40 PM. The resident did not get the full dosage of her medication. The resident was and did not respond to the staff cueing her. The resident was and did not respond to the staff cueing her.

Review of the Assisted Living Facility Health Assessment Form dated and updated indicated diagnoses of and stated the resident needed assistance with medications.

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the staff schedule for [redacted] through [redacted] revealed the unlicensed staff worked and assisted with medications. There was no nurse available to administer medications.

In an interview with the administrator on [redacted] at approximately 12:45 PM she stated the facility did not have a nurse to administer the resident's medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Four Seasons Alf
5080 Wayside Drive
Sanford, FL 32771

RE: Revisit to CCR#2014005107 w/LNS

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 20, 2014by 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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