STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966564	10/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Carolina Care	2460 Kathi-Kim Street Cocoa, FL 32926	
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 - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint investigation # 2014006739 was conducted on . . . . . Carolina Care had deficiencies found during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to ensure the health assessment contained all required information for 2 of 3 sampled residents (#1 and #2).

Findings:

Resident record review on . . . . . at approximately 12:30 PM for resident #1 revealed the resident was admitted to the facility on Continued review revealed a health assessment report dated . . . . . Further review revealed an assessment that was not dated.

In an interview on . . . . . at approximately 1:30 PM with the house supervisor, who stated she was unable to locate another assessment.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on interview and record review the facility failed to ensure a nurse was available to administer medications to 2 of 3 sampled residents (#2 and #3) who had medications with parameters and required judgment as to give or hold the medications.

Findings:

Resident record review on . . . . . at approximately 12:30 PM for resident #2 revealed a health assessment report dated . . . . . that listed diagnoses of . . . . . scoliosis, ... chronic back pain, stenting lumbar . . . . . total knee . . . . . and . . . . . The report indicated she needed medications administered. A prescription label dated . . . . . indicated . . . . . 0.1 mg take one as needed. The

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Medication Observation Record (MOR) listed 0.1 mg and was marked as given on 7/3, 7/8, and . Another MOR page listed check needs to be 2 x daily. The special instructions were every 8 hours for SBP greater than 160 or DSP greater than 95. The MOR listed the and was marked as given on . The MOR also listed all the other resident medications and was marked off as given by the unlicensed staff.

Resident record review on at approximately 1:30 PM for resident #3 revealed a health assessment report dated that listed diagnoses of high , lower back pain, L4-L5 left leg and . Assistance was needed with self-administration of medications. The assessment indicated 50 mg for SBP greater than 160. Do not give if HR is less than 60, if administer notify physician. /Atelenol 50 mg . Contact MD if SBP < 100 or HR less than 50. The and MOR listed 50 mg and /Atelenol 50 as well as twice daily. The medications were given daily.

Resident record review on at approximately 1:30 PM for resident #1 revealed a health assessment report dated that listed diagnoses of , multi infarct, and aphasia. She needed medications administered. Review of the 2014 MOR revealed the unlicensed staff administered the resident her medications.

In an interview with the house supervisor on at approximately 3PM who stated she was not aware that unlicensed staff could not give medications that had parameters. As for the health assessment for resident #2 she did not notice it indicated administration. The facility did not have a nurse and the unlicensed staff assisted the residents with their medications.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review the facility failed to ensure all staff were assigned duties consistent with his/her level of education, training, preparation and experience and allowed unlicensed staff to administer medications with parameters that required them to exercise judgment as to whether or not to give a medication to 2 of 3 sampled residents (#2 and #3).

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

Findings:

Resident record review on at approximately 12:30 PM for resident #2 revealed a health assessment report dated that listed diagnoses of scoliosis, chronic back pain, stenting lumbar , total knee The report indicated she needed medications administered. A prescription label dated indicated 0.1 mg take one as needed. The Medication Observation Record (MOR) listed 0.1 mg and was marked as given on 7/3, 7/8, and Another MOR page listed check needs to be 2 x daily. The special instructions were every 8 hours for SBP greater than 160 or DSP greater than 95. The MOR listed the and was marked as given on . The MOR also listed all the other resident medications and was marked off as given by the unlicensed staff.

Resident record review on at approximately 1:30 PM for resident #3 revealed a health assessment report dated that listed diagnoses of , high , lower back pain, L4-L5 left leg and Assistance was needed with self-administration of medications. The assessment indicated 50 mg for SBP greater than 160. Do not give if HR is less than 60, if administer notify physician. /Atelenol 50 mg Contact MD if SBP < 100 or HR less than 50. The and MOR listed 50 mg and /Atelenol 50 as well as twice daily. The medications were given daily.

Resident record review on at approximately 1:30 PM for resident #1 revealed a health assessment report dated that listed diagnoses of multi infarct, and aphasia. She needed medications administered. Review of the 2014 MOR revealed the unlicensed staff administered the resident her medications.

In an interview with the house supervisor on at approximately 3PM who stated she was not aware that unlicensed staff could not give medications that had parameters. As for the health assessment for residents #1 and #2 she did not notice it indicated medication administration. The facility did not have a nurse and the unlicensed staff assisted the residents with their medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Carolina Care
2460 Kathi-Kim Street
Cocoa, FL 32926

RE: CCR #2014006739

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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