



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Arc of Putnam County Inc
2201 Husson Avenue
Palatka, FL 32177

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative 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: AL11964064	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER Arc Of Putnam County Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Husson Avenue Palatka, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced abbreviated biennial licensure survey was conducted at ARC of Putnam County Assisted Living Facility in Palatka, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

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

Based on observations record reviews and interviews the facility failed to ensure that 1 of 5 residents received their medication as prescribed (resident #5).

Findings:

On at approximately 3:10 PM staff A was observed assisting residents with there medication. Staff A retrieved resident #5's twisthaler 220 mcg inhaler, which stated inhale 1 puff by mouth once daily in the evening.

On A record review of resident #5 medication observation record (MOR) showed the resident has two different inhalers with two different prescriptions. The second inhaler discovered is HFA inhale 2 puffs by mouth three times daily. According to the MOR it was the which was suppose to be given at 3:00 PM instead of the

On at approxiamtely 3:10 p.m. and interview was conducted with staff A. Staff A was asked why was the inhaler given to the resident so early when the directions say in the evening. Staff A said it was evening time to her. At approximately 3:40 PM staff A was asked why she did not follow the prescription on the inhaler. She said she was nervous and the resident has two inhalers and she got them mixed up.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on interviews and record reviews the facility failed to have a CORE trained manager for an Administrator who is over more than one facility which effects 12 of 12 residents.

Findings:

On at approximately 10:00 AM an interview was conducted with employee A who stated she has been the manager of the facility since 2012. She said she took the CORE training but she has not passed the test. She said the Administrator is over two facilities.

On a record review was conducted on employee A and it was observed that she did not have proof of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964064	(X3) DATE SURVEY COMPLETED 10/09/2014
NAME OF PROVIDER OR SUPPLIER Arc Of Putnam County Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2201 Husson Avenue Palatka, FL 32177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

passing the CORE exam in her training records.

On _____ at approximately 2:53 PM an interview was conducted with the Administrator regarding employee A being the manager of the facility and not being CORE trained. He stated he knows he is suppose to have a CORE trained manager at the facility and employee A has taken the CORE test 3 or 4 times. He said he just had two other employees take the exam this past Saturday and he should have a CORE trained manager as soon as he gets their results.

Class III

0083-Training - First Aid and _____ 58A-5.0191(4) FAC

Based on record reviews and interviews the facility failed to have a direct care staff in the facility at all times with _____ and First Aid training for 12 of 12 residents (staff A).

Findings:

On _____ during a record review of direct care staff A training records it was observed that her _____ and First Aid had expired on _____.

On _____ at approximately 11:30 AM Staff A was asked if she is ever by herself with the residents at the facility. She stated yes. She said she is scedualued to take the _____ First Aid class sometime this month.

Class III