STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968443	10/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Living Southern Style Of Brevard Llc	821 Georgia Ave Rockledge, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:
0000-Initial Comments
Complaint inspection CCR# 2014006715 was conducted on and Living Southern Style of Brevard, LLC Assisted Living Facility had deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC
Based on observation and interview the facility failed to obtain prior approval from the Agency Central Office before increasing their number of beds.

Findings:

Review of the Assisted Living Facility license that expired on on at 6:45 AM revealed the facility was licensed for 6 beds. Tour of the facility at 6:45 AM revealed the census was 7.

Review of the Admission/discharge log revealed resident #2 was admitted on Review of the Assisted Living Facility Health Assessment Form (1823) dated revealed diagnoses of , multiple aneurysms and indicated the resident needed assistance with self-administration of medications.

In an interview with the administrator on at approximately 10 AM who stated resident #2 was an emergency placement by Adult Protective Services, she further stated she was not aware she needed approval from the agency when she was overcapacity. She also stated the resident was being discharged on

Class III

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0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and interview the facility failed to ensure for 1 of 3 sampled residents (#3) had all of the required information on the Assisted Living Facility Health Assessment Form (1823).

Findings:

Resident record review for resident #3, who was admitted on , revealed an 1823 with nodate and indicated diagnosis of chronic kidney . The facility did not obtain the required information on the 1823.

In an interview with the administrator on at 10:30 AM who stated she was not aware the 1823 did not have the required information.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to ensure when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the Medication Observation Record for 1 of 3 sampled residents (#1).

Findings:

Observation of the Medication Pass on at 11 AM revealed Staff E (Med Tech), charted the medication for resident #1 on the Medication Observation Record (MOR), obtained medication from locked storage, compared the Medication Observation Record (MOR) to label, poured water in a cup, put medication in a cup, returned medication to storage and did not read label to resident.

The Med Tech did not follow the appropriate procedure to assist residents with self-administration of medications, did not take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container, return to storage and document on the MOR for resident #1.

In an interview with the administrator on at approximately 10:30 AM who stated, she

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was not aware the unlicensed staff was not following proper procedures when assisting the residents with self-administration of medications.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview the facility failed to ensure staff maintained an accurate, daily Medication Observation Record (MOR) for1 of 3 sampled residents (#2).

Findings:

Review of the 2014 MOR revealed resident #2 received assistance with self-administration of medications.

The following medications were not charted as given, there were no initials in the box and no indication the reason the medication was not charted:
(iron supplement) 325 milligrams (mg) daily was not given on , 9/7, 9/8, 9/9, and
DR 60 mg daily was not given on , 9/7, 9/8, 9/9 and
(for pain) 7.5 mg twice a day at 8 AM on , 9/7, 9/8, 9/9, and
and at 8 PM was not given on 9/7, 9/8, 9/9,
Cyclobenazprine (muscle relaxant) twice a day at 8 AM on and and at 8 PM on
100 mg twice a day for 7 days at 8 AM and 8 PM on 9/5, 9/6, 9/7, 9/8 and was not given.

In an interview with the administrator on at approximately 10:30 AM who stated she was not aware the MOR was not up to date and stated the medications were given.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on record review and interview the facility failed to ensure they had the required amount of fruit, milk and water in the 3 day emergency supply and menus were dated and kept on file for 6 months.

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Findings:

Review of the emergency food supply revealed the facility did not have milk, had 15 ounces of fruit and had one gallon of water.

Based on a census of 7 residents, the amount of milk to be available for 7 residents x 0.5 quarts x 3 days = 10.5 quarts. The amount of fruit needed for 7 residents was 7 x 8 ounces x 3 days = 168 ounces. The amount of water needed for 7 residents was 7 x 3= 21 gallons.

Review of the posted menu revealed the cycle 4 menu was posted. The menu was not dated and they were not kept on file for 6 months.

In an interview with the administrator on [redacted] at 10:30 AM who stated she did not have enough milk, fruit or water.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on observation, record review and interview the facility failed to obtain a physician's order to assist with self-administration of medications for 1 of 3 sampled residents (#3).

Findings:

Resident record review for #3 revealed an Assisted Living Facility Health Assessment Form (1823) with no date that indicated the resident self-administered medication.

Review of the schedule for [redacted] and the Medication Observation Record revealed the unlicensed staff assisted with self-administration of medications.

There was no documentation to review that indicated the facility had obtained an order from the physician for the resident to receive assistance with self-administration of medications.

In an interview with the administrator on [redacted] at approximately 10:30 AM who stated the facility needed to get an order to clarify that stated the resident needed assistance with self-administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Living Southern Style Of Brevard Llc
821 Georgia Ave
Rockledge, FL 32955

RE: CCR #2014006715

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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