STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965667	10/31/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Oaks At Greenacres	3400 Jog Rd Greenacres, FL 33467	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . . through . . . . . at Arbor Oaks at Greenacres. The facility had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interviews, and record review, it was determined the facility failed to ensure that the Medication Observation Records (MORs) were accurate and completed thoroughly upon medication assistance provided to a resident, for 1 out of 8 residents (Resident #14) observed during the med pass.

The Findings Include:

During record review of Resident #14's MOR for the month of 2014 to ensure proper scheduled medication times were followed, it was revealed that staff did not sign off on the following:

. . 1 mg, 1 tablet by mouth at 2 PM and 8 PM on . . . . . .

The DON reviewed Resident #14's current MOR and acknowledged that there were no signatures for this medication on the aforementioned date. She acknowledged there was no explanation on the back of the MOR why these medications were not signed off by staff.

Class III

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	AL11965667	10/31/2014
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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, it was determined the facility failed to ensure that the medication cart was locked and secured at all times. As evidence of 1 out of 4 staff members (Staff E) observed during medication pass leaving the medication cart unlocked and unattended.

The Findings Include:

Medication pass observation was to begin at approximately noon on [redacted] according to the Director of Nursing (DON). On [redacted] at 11:55 AM, the medication cart in the Memory Care Unit was observed unattended and unlocked. Three Certified Nursing Assistants (CNAs) and approximately 30 residents were present in the [redacted] this time. The LPN on duty (Staff E) walked to the medication cart at Noon.

When this writer asked Staff E on [redacted] at Noon why the cart was unlocked, she stated, "I always lock it. I was called away by a family member and got distracted and forgot I guess."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arbor Oaks At Greenacres
3400 Jog Rd
Greenacres, FL 33467

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on
31, 2014 by representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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