STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964130	10/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Clearwater	**2750 Drew Street Clearwater, FL 33759**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced complaint survey, CCR #2014007917 was conducted on .

The Emeritus at Clearwater had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to provide an on-going activity program in keeping with each resident's abilities in the memory care unit.

Findings Include:

There was an activity observed on a 9:30 a.m. on ..... in the day ..... the memory care unit. It was trivia and staff #C was asking questions which the residents were supposed to answer. There were 10 residents in a circle and 9 of those were asleep. The only one awake resident was listening to the questions and trying to answer them. Observation of the the question being asked was "who was the president before Abraham Lincoln?" The resident just shook her head. The next question was name two states that start with a "T". The resident called out Colorado. The resident assistant said that was the wrong answer. This went on for thirty minutes with the only resident participating never being able to answer any of the questions.

The next scheduled activity on ..... was "the walking club" at 11:00 a.m. which is done with the residents downstairs in the assisted living part of the facility. Today no one came from downstairs to take the residents for a walk. No other activity was done in its place.

On ..... at 11:35 a.m. eight residents were observed in the day ..... staff doing beach volley ball. A black and white movie was playing behind the staff. There was no music on. One staff was observed to throw the beach ball to each resident and the residents were observed to throw the ball back at her.

The scheduled activity for 1:30 p.m. was "making Halloween cupcakes". There were no cupcakes made instead the residents were brought over to tables and made to wait while the memory care director baked pre-made cookie dough in a toaster oven ...6 cookies at a time. When the cookies were done, he would put one on a cookie and serve it to a resident. There was some conversation going on between the residents and staff while waiting on the cookies. There was no trivia (scheduled for 2:00 p.m.) done because the cookie activity took up an hour with the residents sitting around and waiting for their one cookie. The residents could have more than one cookie but

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they would have to wait until all of the residents were served, then they could have another cookie.

The memory care director stated on . . . . . at 2:00 p.m. that he was the person responsible for the activities calendar and what activities would be done. When asked if he thought the trivia activity was appropriate considering what questions were being asked, he said probably not. He said he did not get to buy the cupcake mix so that is why it was cookies. When asked if the residents were capable of baking cupcakes, he said no. He does the baking and hands out the baked goods to the residents.

Residernt #4 said she likes the volleyball game and she likes to eat the cookies on . . . at 2:30 p.m.

The large day . . . . . the activities are done was observed on and off from 9:30 a.m. to 3:00 p.m. and most of the resident were either asleep or sitting in chairs or wheelchairs just looking around the . . . . There was some interaction with the staff but mostly residents were just looking very bored.

The facility failed to provide an activity program which meets the needs and the abilities of the residents in the memory care unit.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review, observation and interview, the facility failed to ensure that medications were being provided appropriately for three (Resident #4,Resident #5 and Resident #6) of three residents observed receiving assistance with administration of medication and the facility failed to follow the assisting with the administration of medication procedures by not telling three (Resident #4, Resident #5 and Resident #6) of three residents observed receiving assistance with administration of medication by not telling the residents what medications they were taking and not observing the other residents take their medications which was determined by three pills being found on the floor in two different areas of the memory care unit..

Findings Include:

During the tour of the memory care unit on . . . . . between 9:30 a.m. and 11:00 a.m., the med tech #A was observed calling Resident #4 to the med cart and giving her 8:00 a.m. scheduled medication at 10:00 a.m.. The med tech #A did sanitize her hands. She popped the medication into a souffle cup and handed them to the resident and prepared a cup of water. She did not tell Resident #4 what medication was in the souffle cup. While the resident was taking the medication, the med tech#A initialed the MOR as medication given. She took the empty souffle from the resident and called for Resident #5 to come to the cart. Resident #5 received her 8:00 a.m. scheduled medication at 10:20 a.m. The med tech #A gave Resident #5 her medication the same way as Resident #4. She did not tell Resident #5 what medications were in the souffle cup. Resident #6 was given his 8:00 a.m. scheduled medications at 10:35 a.m. She gave him his medication and followed the same procedure as the other two residents.

After Resident #6's medication was given , she said she had four more residents' medications to give and it was now after 10:35 am. The four residents, Resident #7, Resident #8, Resident#9 and Resident #10 had their medications scheduled for 8:00 a.m. The medication observation records (MORs) were reviewed for these

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residents to see if they had been given their medications and they had not been given yet. The MORs for these residents were reviewed at noon and they had all been initialed as given.

Staff#A was asked on [redacted] at 10:40 a., [redacted] why the residents were receiving their medications so late. She stated, " We start the medication pass after breakfast (8:30 a.m.) and today I was pulled off the cart to help with other things and this made me late in giving out the medications. " She was asked if this happens often and she confirmed that it is common to be behind with providing assistance with medications.

The policy on medication assistance pass times stated the times to give the medication are 6:30 a.m. to 10:30 a.m. for morning (AM) pass time. The policy on medication assistance pass times stated the times to give the medication are 6:30 a.m. to 10:30 a.m. for morning (AM) pass time;

Standard practice is that medications must be given within one hour before or one hour after the time indicated on the label and MOR.

The facility was not following standard practice for assisting with medication administration because the medications were observed to be given 2 hours to 2 1/2 hours from the scheduled medications time.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At Clearwater
2750 Drew Street
Clearwater, FL 33759

RE: CCR #2014007917

Dear Administrator:

This letter reports the findings of a state licensure 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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