STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932655	11/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
The Inn At Plaza West Health Center	912 American Eagle Blvd. Sun City Center, FL 33573	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

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
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on .

The Inn at Plaza West Health Center, assisted living facility, had deficiencies at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC

Based upon record review & interview, the facility failed to ensure that 1 (#2) of 3 residents received administration of medications as ordered by the health care practitioner.

Findings include:

A review of the record for Resident #2 revealed that the physical examination (1823) dated indicated the resident requires medications to be administered by licensed staff.

During an observation of the afternoon medication pass, at about 1p.m. on this date, a staff trained to assist residents with medications was passing Resident #2's medications.

Per interview with facility management at about 4p.m., they had already contacted the health care provider for clarification orders.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based upon record review and interview 1 (staff C) of 3 personnel records reviewed did not contain documented evidence of freedom from communicable including on an annual basis.

Findings include:

A review of the personnel record for staff C, hired on , revealed no written statement from a health care provider that the individual was free from signs & symptoms of communicable . In addition, the last documented update on file was dated .

During interview with the management, at approximately 4:30p.m., it was verified that the required information could not be located but they would take immediate action to correct.

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Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon record review and interview 2 (B & C) of 3 personnel records reviewed did not have documentation of all required training, for safe food handling and emergency evacuation procedures.

Findings include:

1. A record review on revealed the personnel file for staff B, hired on did not contain documented evidence of an in-service related to safe food handling.

2. A record review of the personnel file for staff C, hired on , did not have documented evidence of training related to emergency evacuation procedures.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based upon record review & interview, 1 staff (B) of 3 staff responsible for assisting residents with medications had not attended a 2 hour continuing education within the past year.

Findings include:

A review of the personnel record for staff B, who is a med tech responsible for assisting residents with medications during the 11pm to 7am shift, revealed the last documented medication related continuing education on file was a 2 hour update on .

Management staff during discussion concerning this issue, at approximately 4:15pm, acknowledged they could not find documentation of a more recent update.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
The Inn at Plaza West Health Center
912 American Eagle Blvd.
Sun City Center, FL 33573

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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
Field Office Manager

PRC/kor

Enclosure: State (5000-3547) Form

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