STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	2050 58th St N Clearwater, FL 33760	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training -

Specific Tag Findings:

Assisted Living Facility

A biennial state licensure survey was conducted on in conjunction with a complaint survey CCR #2014007338

The Adkinson's Retirement Home assisted living facility had deficiencies at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on interview, observation and a review of the medication storage cart and MORS, the facility was storing a non-resident's medications in the central storage area where resident medications were being stored. (Resident #1).

Findings Include:

A second observation of the medication cart was made at 5:20 P.M. with the Assistant Administrator. The cart was unlocked and the following medications were in the medication cart for Resident #1:

Valproic 250 mg. take 3 capsules by mouth three times a day.
100 mg. 1 and 1/2 tabs 2 times a day.

The Assistant Administrator removed the medications from the cart at 5:30 P.M.

Class III

0076 58A-5.0186 FAC

Based on observation, interviews and a review of facility files, including policies and procedures, the facility failed to have written policies and procedures regarding

Findings Include:

Interviews with the Administrator and Assistant Administrator at 4:45 P.M. revealed that they were not aware of the need for this policy and procedure. In addition, facility staff had not been given information related to the facility policy, nor had they been trained in O's. Three (3) staff files were reviewed, but the Administrator admitted to not training any of the staff they have.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	**2050 58th St N Clearwater, FL 33760**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - **58A-5.0191(11) FAC**

Based on observation, interviews and a review of facility files, including policies and procedures, the facility failed to train their staff on their policies and procedures regarding

Findings Include:

Interviews with the Administrator and Assistant Administrator at 4:45 P.M. revealed that they were not aware of the need for this policy and procedure and did not have one. In addition, facility staff had not been given information related to the facility policy, nor had they been trained in SO's. Three (3) staff files were reviewed, but the Administrator admitted to not training any of the staff they have.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

RE: CCR #2014007338 & a Biennial State Licensure Survey

Dear Administrator:

This letter reports the findings of a complaint and a state licensure survey that was conducted on , 2014 by representative(s) of this office.

Attached is the provider's copies of the State (5000-3547) Forms, 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,

For Patricia Reid Caufman
Field Office Manager

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

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