STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964862	(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER **Fountain Of Youth**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 Bana Villa Court Tampa, FL 33635**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

Assisted Living Facility

A Biennial Licensure Survey was conducted on

The Fountain of Youth had deficiencies found at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review & interview the facility failed to ensure that 1 (#4) of 5 residents were assessed for appropriateness of admission 60 days prior or within 30 days after admission.

Findings Include.

1. A review of the record for Resident #4, admitted on revealed the initial medical examination on file (1823) was dated . This health assessment (1823) was done almost 6 months prior to admission to the facility. The facility name on the examination was that of the previous facility. The administrator during discussion at about 3:30 p.m. acknowledged that she did not have a new assessment completed upon admission.

2. Further, this health assessment indicated that the resident required medications administered by licensed staff. The facility only employs non-licensed staff trained in assisting residents with self-administered medications.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon interview & record review the facility failed to ensure a written record was maintained and updated as needed for any changes in mental or physical health for 1 (#4) of 2 residents reviewed.

Findings Include:

1. During an interview with resident #4 on , at about 10:30 a.m. he stated he had a during the night. The administrator verified this information during interview at 3 p.m..

2. A review of the residents record revealed there was not any documentation in the form of progress notes concerning the resident's . The administrator verified that she had not written any notes about the yet. There was not any documentation in this residents record concerning any other the resident has had

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since admission, there frequency or description of the type & intensity of

3. Further record review revealed a notation for , follow-up appointment at the clinic for
There is also a notation in the progress notes for a appointment on . Resident #4 has been on 1.5 gr, 2 tabs at h.s. (hour of sleep) per the Medication Observation Record (MOR) for 2014.

There was not any documentation in this resident's record concerning any for the resident since admission.

Class III

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

Based upon confidential interviews, the facility failed to provide scheduled activities at least 6 days a week for a total of not less than 12 hours per week.

Findings Include:

During confidential interviews on 3 of 6 residents stated there was not any planned activities in the facility. One resident stated there were coloring books & puzzles you could do if wanted to & watching TV. Another resident stated they needed more activities. This resident also said they received no exercise & just sat around all day. The 3rd resident said "we really don't have nothing" when asked about activities offered by the facility. The resident said as "long as they have TV its alright with me".

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon resident interviews, the facility did not ensure that residents were treated with dignity & respect as it relates to resident preference.

Findings Include:

1. During confidential resident interviews on , 1 resident stated that they only are allowed to have 1 cup of coffee in the morning, they can't get 2 cups. The resident added if they ask for another cup they are told "no".

In an Interview with the administrator at about 12 noon, she said the residents get a large cup of coffee in the morning & that her dietitian said it was alright.

2. During confidential resident interviews 2 residents stated they were told to go to their at 7 p.m. the residents said they thought it was because the administrator is going home & the staff coming on duty wanted it that way. The residents said they would prefer to stay up later to watch TV.

Class III

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

Based upon record review & interview, the medication records were not maintained accurately & up to date for 3 (#1, 2 & 4), of 3 residents reviewed for medications.

Findings Include:

1. A 11 review of the Medication observation record (MOR) for Resident #2 revealed it noted that the resident was to receive .50 mg., 1 tab every 12 hours at 9 a.m. & 5 p.m. The prescription label on the read ".25 mg 1 tab every 12 hours".

During an interview with the administrator, approximately 2 p.m. she said that she made an error while filling out the medication record for the month of , adding previously the resident had been on the .50 dosage which had been changed.

2. A review of the 2014 medication for Resident #1 revealed that the MOR was not annotated that the resident received her medications as follows;

40 mg. 1 tab daily - the MOR was not annotated for & for the 9 a.m. dosage.

5 mg 1 tab every 8 hours - the MOR was not annotated for 3 p.m. & 11 p.m. dosage on . The MOR was not annotated at all on that the resident received her medication. The MOR was not annotated for 7 a.m. dosage on 11

Carbamazene 100 mg. 1 tab every 12 hours-The MOR was not annotated that the resident received the medication on at 9 p.m. & at 9 a.m..

3. The MOR for Resident #4 was not annotated that the resident received his medications as follows;

1.5 gr 2 tabs at bedtime-The MOR was not annotated that the resident received his medications on at 9 p.m..

750 mg 2 tabs twice daily-The MOR was not annotated that the resident received his medications at 9 p.m. on & 9 a.m.on

The MOR was not annotated that the resident received his Daily Vits., 1 daily; , dissolve under the tongue once daily and 1 mg, 1 tab daily.

The administrator during interview, at approximately 1 p.m. said she had given the medications but had not noted the medications as given on the MORs since the surveyor had arrived.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 11/20/2014
FORM APPROVED

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based upon record review & staff interview, the facility failed to ensure that menus were dated & planned a week in advance & kept on file for 6 months.

Findings Include:

A review of the facility menus, on , revealed they were not dated for the weeks served. During an interview, at approximately 11:30 a.m., the administrator said she had not been dating the menus.

Additionally, there was not a substitution list. When asked about a substitution list for any menu changes, the administrator said she had forgotten she was supposed to document the substitutes.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Fountain Of Youth
9001 Bana Villa Court
Tampa, FL 33635

RE: CCR #2014010174

Dear Administrator:

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

Attached is the provider's copy of the , 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,

Pat Reid for

Patricia Reid Caufman
Field Office Manager

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